

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

**A. PROJECT IDENTIFICATION**

1. Applicant/CON Action Number

**Amedisys Hospice, LLC/CON #10592**

3854 American Way, Suite A  
Baton Rouge, Louisiana 70816

Authorized Representative: Regarner Thompson  
(225) 299-3198

**Peoples Hospice and Palliative Care, LLC/CON #10593**

507 Yesteroaks Circle  
Gulf Breeze, Florida 32561

Authorized Representative: Timothy Buttell  
Vice President  
(850) 723-7076

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc./CON #10594**

1626 Jeurgens Court  
Norcorss, Georgia 30093

Authorized Representative: Neil L. Pruitt, Jr., Chairman and  
Chief Executive Officer  
(770) 279-6200

**VITAS Healthcare Corporation of Florida/CON #10595**

201 South Biscayne Blvd., Suite 400  
Miami, Florida 33131

Authorized Representative: Louis R. Tamburro  
Vice President of Development  
(973) 477-3225

2. Service District/Subdistrict

Hospice Service Area 2A – Bay, Calhoun, Gulf, Holmes, Jackson and  
Washington Counties

**B. PUBLIC HEARING**

A public hearing was not held or requested regarding the proposed hospice projects.

**Letters of Support**

**Amedisys Hospice, LLC (CON application #10592)** submitted no letters of support regarding the proposal and the Agency received none independently in support of this proposal.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** provides letters of support immediately after the application cover page of CON application #10593. Many of these letters specifically support the applicant's Schedule C-Conditions (see item C of this report). Letters of support originating from inside HSA 2A (or providers that serve HSA 2A) these are from, by county of origin:

- Hospitals
  - Acute care
    - Bay, Gulf and Jackson
  - Long term care
    - Bay
- SNFs
  - Bay and Jackson

Letters from Ascension Sacred Heart (Port St. Joe - Gulf County) and Jackson Hospital (Marianna - Jackson County) indicate a willingness to discuss contracting for inpatient and respite beds. Nursing homes interested in contracting for inpatient hospice beds and respite include Signature Healthcare at the Courtyard (Marianna – Jackson Co.), Signature HealthCare of North Florida (Graceville – Jackson Co.) and Emerald Shores Health and Rehabilitation (Callaway – Bay County).

The applicant also has support letters from Chipola Health and Rehabilitation Center (Marianna - Jackson County), Sacred Heart Medical Group (Port St. Joe - Gulf County) and Anchor Home Health, LLC (Wewahitchka – Gulf County). Dr. Ahmed Rezk, Rainbow Pediatrics (Panama City Beach – Bay County) indicates his group would be willing to discuss serving as a Pediatric Hospice advisor to Peoples.

Other support letters of note include senior executives from:

- Clifford Chester Sims State Veterans Nursing Home stating a willingness to partner with People's "to provide care for our veterans"

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- Catholic Charities of Northwest Florida (CCNF) Executive Director indicates his organization works to serve those in need—and poverty, hunger and homeless. The reviewer notes Peoples proposes to provide \$10,000 a year to CCNF to provide housing homeless and indigent persons at end-of-life to assure their access to hospice care.

The applicant provides excerpts of letters of support in response to items E.2. of the application which are cited in this report.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594):** The applicant's letters of support are from primarily within HSA 2A and Bay County residents. The Agency notes that the applicant provides excerpts of its letters of support on pages 6 – 11 and again on pages 97 – 106 of the application. The Agency reproduces below portions of some of CON application #10594's letters of support:

*Roger Hall, President Ascension Sacred Heart Gulf states "...PruittHealth is an existing provider in this Subdistrict having opened its skilled nursing facility in the 4th quarter of 2018, less than one year ago. In fact, it opened just after Hurricane Michael devastated the area. Since opening it has been a steadfast member of the healthcare community. As part of PruittHealth's mission, it focuses on the continuum of post acute care venues... We understand it will open this hospice and also add home health at the time. With that continuum available to its nursing home patients and the community at large, it will be a hospice with a different orientation than the ones that currently exist in our service area.*

*I believe it is important to award that need to the company who entered our community at the most devastating time, and assisted in uplifting the healthcare community when it was so needed. Please approve PruittHealth's... hospice so that it can provide a continuum of care within its new PruittHealth - Panama City facility and also meet the hospice needs of many in their own homes ... "*

Jeff Mislevy, Chief Executive Officer - Covenant Care Hospice states his hospice *"will work to establish a long-term relationship with (PruittHealth's) skilled nursing facility in this market so that we, too, can provide effective hospice care to their patients. Perhaps the most appealing feature of the PruittHealth Hospice..application is that PruittHealth is committing to a much needed effort to provide a safe and reliable environment for hospice care in this market.*

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*As you are probably aware, the need for a new hospice provider that has been identified in this market is largely due to the outflux of residents in this area after many lost their homes due to Hurricane Michael. PruittHealth Hospice is conditioning their Certificate of Need application on the development of a dedicated unit at their skilled nursing facility whereby those who have been displaced by Hurricane Michael (or any future storms), can receive care in a safe and secure setting. Their unit will be specially designed to care for hospice patients and I believe that it will be heavily coveted by Service Area 2A residents.”*

*Greg Brudnicki, Mayor City of Panama City states “...During the aftermath of Hurricane Michael, while so many healthcare facilities were dealing with devastation, PruittHealth – Panama City, a newly constructed nursing home with state-of-the-art facilities, opened and began serving our community needs. It was so helpful given all the healthcare facilities that were temporarily closed and PruittHealth truly ingrained itself within our community. PruittHealth is a newcomer to our area but has provided our community with an outstanding delivery model for post-acute care.*

*Sanden S. Speedling, MHS, CPM, Administrator/Health Officer Florida Department of Health - Bay County states “...PruittHealth is already a known quantity in this market as they recently opened a 77-bed skilled nursing facility, PruittHealth - Panama City, in the area. That facility, which is JCAHO accredited and opened deficiency free, will soon add 24 more beds, taking it to a total of 101. It is my understanding that PruittHealth Hospice will draft an agreement with PruittHealth - Panama City where it will treat residents of Service Area 2A displaced by Hurricane Michael or future storms and in need of hospice care at PruittHealth - Panama City. I believe that this sort of service is desperately needed in this area and will that it will continue to provide great benefit to our residents after future storms as well.*

*As provided through the proposal above, PruittHealth Hospice has undertaken a great amount of research on this project. They have accessed the needs of the service area through their very own market survey and are incorporating programs and services that match our needs. Further, having a provider that maintains its own Continuum of Care is crucial in today's marketplace. These types of initiatives help to increase the quality of care provided all the while lowering costs. Further, experienced providers such as PruittHealth Hospice, the largest provider of hospice services in Georgia, bring a level of expertise in their services that tends to be unmatched by other providers.”*

*Gary Owens, Executive Director, Northwest Florida Rural Health Network states “...One of the conditions that PruittHealth Hospice will place on its application will be to commit to providing hospice care to individuals*

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*displaced by storms such as Hurricane Michael in their newly built nursing home, PruittHealth - Panama City. This endeavor will help our area tremendously as it will serve as a safety net for all future storm victims.*

*PruittHealth Hospice is also conditioning its application on the implementation of their robust palliative care program. I believe that this initiative will also have a great impact as we have a great number of individuals awaiting care through many managed care providers.”*

Ashraf Misal Khan, MD, Family Practice, Springfield Medical Center writes " ... I have hospital privileges at our two acute care hospitals, Gulf Coast Regional Medical Center and Ascension Sacred Heart Bay and also our long term acute care hospital, Select Specialty - Panama City. On average, I am the attending physician for nearly 1,000 inpatients per year these hospitals...Being embedded in the Bay County community with its wonderful PruittHealth - Panama City, PruittHealth is familiar with the area's healthcare needs. It is also a quality provider and active participant in all of our community activities.

*By adding hospice services to their continuum, PruittHealth will be a significant benefit to our area's terminally ill patients and their families. I am confident in PruittHealth's ability to implement a quality program to meet our communities' needs. By approving PruittHealth, it can provide a continuum within its nursing home as well as in the patient's home.”*

*PruittHealth also includes support letters from three home health agencies (two serving all six, one serving four SA2 counties) and two Bay County physician offices (one cited above).*

**VITAS Healthcare Corporation of Florida (CON application #10595)** provides letters of support and lists them by name and organization (Tab 45 of the application). These letters are from a range of health organizations, social service organizations, leaders of religious, racial and ethnic groups/other entities. While all of the letters are dated in November or December 2019 and most are signed or have letterhead to validate origin from the referenced organization(s), most are from outside HSA 2A.

VITAS provides excerpts of its letters of support (page 27 and intermittently through page 77) in the Program Summary portion of CON application #10595. The Agency reproduces below some portion(s) of VITAS' letters of support addressed from within HSA 2A. The reviewer notes that the letters of support partially reproduced below did not appear in the CON application #10595 Project Summary narrative.

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Trilla A. Mays, Ed.D., MSN, RN - Dean of Health Services, Chipola College writes “...Our support is based upon:

- *VITAS is a Florida based organization with over 40 years’ experience*
- *VITAS significantly contributes to the communities it serves*
- *VITAS provides community outreach programs that provide excellent educational tools with proven success*
- *VITAS is recognized nationally as a leader in end-of-life care*

*We believe that our students at Chipola College would benefit from VITAS becoming a hospice provider for our area in many ways. Our students would have access to more clinical opportunities, scholarships for both Nursing Assistants and Registered Nurses, education regarding palliative and end-of-life care, and employment.”*

Carole A. Summey, Executive Clinic Director-St. Andrew Community Medical Center, Inc. “...*St. Andrew Community Medical Center is a free community medical center that provides free care to patients at or below 200% of the Federal Poverty Level and who do not have any medical insurance. The facility supports having additional options and resources for the appropriate patients for hospice services in our AHCA District 2A.”*

Tab 44 of CON application 10595 contains letters stating the facility is willing to consider partnering/entering into negotiations to establish a contractual agreement with VITAS Healthcare Corporation of Florida for an inpatient level of care, should CON application #10595 be approved (listed by name and county):

- Jackson Hospital (Marianna - Jackson County)
- Community Health and Rehabilitation Center (Panama City – Bay County)
- River Valley Rehabilitation Center (Blountstown - Calhoun County)
- St. Andrews Bay Skilled Nursing and Rehabilitation Center (Panama City - Bay County)

VITAS also provides letters of support/stories from VITAS patients and their families (Tab 16 of the application) that are expressions of gratitude and appreciation.

### **C. PROJECT SUMMARY**

**Amedisys Hospice, LLC (CON application #10592)**, also referenced as Amedisys, AH, or the applicant, is a for-profit limited liability company formed in the State of Louisiana on January 26, 2004 and authorized to do business in the State of Florida on October 21, 2019. The applicant is

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applying to establish a new hospice program in hospice program in HSA 2A. AH's affiliate, Amedisys, Inc. (or AI), the parent, acquired Compassionate Care Hospice (CCH) in February 2019. CCH provides hospice services in the following HSAs: 3E, 6B and 11.

Amedisys, Inc. is a post-acute health care service company with three operating divisions: home health, hospice and personal care. AI is focused on care in the home and owns/operates 471 care centers in 38 states in the United States and the District of Columbia.

In this batching cycle, Amedisys also proposes to establish new hospice programs in HSAs 3A and 10.

The applicant expects issuance of license and initiation of service in February 2021.

The applicant proposes \$1,093,539 in total project costs.

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

### **General Operations to Enhance Geographic Access**

1. The applicant conditions approval of this application on the provision it will open a satellite office in the Marianna area of Jackson County during its second year of operation.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. A signed declaratory statement.
- b. Copies of relevant correspondence with AHCA regarding licensure.

### **Clinical Programs and Related Services to Enhance Programmatic Access**

2. The applicant will implement its Cardiac & Pulmonary Connections program upon licensure and commencement of services and will make it available to all eligible patients with a qualifying cardiovascular or pulmonary disease.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. Program policies and procedures and resumes/CVs of advanced nurse practitioners and the Program Medical Director.

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- b. *Calendar of Events and/or Meetings, letters of invitation, etc. for area cardiologists regarding the time and place of quarterly meetings.*
- c. *Confirmation of meetings or conference calls with staff of local hospitals to view the Program.*

3. The applicant will implement its End-Stage program for Alzheimer's/Dementia upon licensure and commencement of operations.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. *Program policies and procedures.*
- b. *The number of patients served by disease condition.*

4. The applicant will implement a Palliative program upon commencement of services in Year one.

*Measurement: Documentation will be included in the annual CON condition compliance report identifying the number of patients served.*

5. The applicant will offer Alternative Therapy Services, beyond the core hospice benefit, including, but not limited to, Companion Therapy (pet therapy), Music Therapy, Reiki, Aromatherapy and Massage Therapy upon commencement of services in year one.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. *Program policies and procedures.*
- b. *The number of patients and patient visits.*

6. The applicant will implement its Haircuts for Hospice program, led by an Amedisys volunteer coordinator, upon commencement of services in year one.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. *Program policies and procedures.*
- b. *The number of patients and treatments (e.g. haircuts, shampoos, and shaves).*

7. The applicant will implement its Sitting Vigil program, led by an Amedisys volunteer coordinator, upon licensure and commencement of operations so that "No One Dies Alone."



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*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. Program policies and procedures.*
- b. The number of volunteers, patients and patient visits.*

**Staffing and Staff Development**

8. Registered Nurses (RNs) will be encouraged to become Certified Hospice and Palliative Nurse (CHPN) certified

*Measurement: Documentation will be included in the annual CON condition compliance report with the number and percent of supervisory RN's who are CHPN certified.*

9. All Social Workers will have either a Master's Degree in Social Work (MSW) or be a Licensed Clinical Social Worker (LCSW) upon the date of hire or within six months of hire.

*Measurement: Documentation will be included in the annual CON condition compliance report with resumes/CV's and/or licensure numbers and date of issuance.*

10. Within year one and thereafter, the applicant commits to providing Continuing Education Units (CEU) offerings for **Amedisys-employed** registered nurses, licensed practical nurses, occupational therapists, physical therapists, and licensed social workers at no charge through the Applicant's CEU courses accredited by the American Nurses Credentialing Center, Florida State Board of Physical Therapy Association, American Occupational Therapy association, and the National Association of Social Workers.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. Policies and procedures.*
- b. A list of the number of employees receiving CEU credits by skill position, the number of credits, and the accrediting agency.*

11. The applicant will provide all eligible employees the opportunity to complete educational courses that will support the hospice's efforts of providing the highest level of quality care and achieve operational excellence. A Tuition Reimbursement Award of up to \$2,000 annually will be available to all eligible and approved full-time hospice employees. All eligible employees are not required to apply for financial assistance but have the opportunity available to them if they choose.

*Measurement:*

- a. *The Human Resource Policy for Tuition Reimbursement will be provided in the annual compliance report.*
- b. *Documentation will be provided in the annual compliance report with the number of employees receiving the tuition reimbursement benefits, the amount received, current positions within the applicant's hospice, and the degree or training the employee is working towards.*

12. The applicant will offer its LPN to RN Internship Program within one year of licensure and commencement of services.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. *Policies and Procedures*
- b. *A list of the number of enrolled LPNs in the program, if any.*

### **Quality of Care**

13. The applicant will provide a 24/7 telephone answering service for patients and families that is jointly operated by TeleMed, Inc. and Amedisys Triage Nurses.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. *Program policies and procedures.*
- b. *Copies of publications and materials with information about the 24-hour service.*
- c. *A list of the number of calls by date.*

14. Caregivers will utilize bedside tablets in order to promote and document evidence of continuity and quality of care.

*Measurement: Documentation will be provided in the annual compliance report with a list of purchased equipment.*

15. The applicant has conditioned approval of this application on the provision it will become accredited by the Accreditation Commission for Health Care (ACHC) upon licensure and certification.

*Measurement: Documentation will be included in the annual CON condition compliance report.*

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16. The applicant will exceed the national average in the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Satisfaction Survey based on the most recent available data in terms of: (1) Getting timely help; (2) Getting help for symptoms; and, (3) Rating of Hospice.

*Measurement: Documentation will be provided in the annual compliance report with the Applicant's ratings in comparison to the national averages.*

17. The applicant will exceed the national average in the Hospice Item Set (HIS) Survey based on the most recent available data in terms of at Least One Hospice Visit when Death is Imminent in the Last Three Days of Life from Registered Nurses, Physicians, Nurse Practitioners, or Physician Assistants.

*Measurement: Documentation will be provided in the annual compliance report with the Applicant's ratings in comparison to the national averages.*

**Community Education and Outreach**

18. The applicant will implement its "We Honor Veterans" program upon licensure.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. A list of Veterans Administration (VA) facilities visited by provider type, date, and contact person.*
- b. Examples of educational information and related materials for staff, patients, and families.*
- c. Copies of correspondence, as applicable, between the Applicant's Medical Director and the Medical Directors of the area's VA Hospitals regarding hospice services.*
- d. A list of veteran's organizations, clubs, and social organizations (e.g. Amvets, VFW, American Legion, etc.) visited or contacted by name, date, and contact person.*

19. The applicant will implement a Comprehensive outreach program to assisted living facilities (ALFs) and skilled nursing facilities (SNFs) and will visit licensed ALF and SNF providers in the hospice service area upon commencement of operations.

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*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. *A list of facilities visited by provider type, date, and contact person.*
- b. *Examples of educational information and related materials for staff, residents or patients, and families.*

20. The applicant will implement its Trees in Memory program upon licensure and commencement of operations.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. *Program policies and procedures.*
- b. *The number of trees planted in honor of patients deceased.*

21. The applicant will offer at least two community education programs annually such as walks, church festivals, health fairs, Veterans ceremonies, and other community events in Jackson and Holmes Counties to educate the community at large on the benefits of holistic end-of-life care through hospice.

*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. *Calendar of Events and/or Meetings, letters of invitation, etc. regarding the time and place of events.*
- b. *Co-sponsorship of events.*

**Finance Commitments to Enhance Financial Access**

22. The applicant will apply for participation in Florida's Medicaid program within six months after receiving Medicare certification as a hospice provider.

*Measurement: Documentation will be included in the annual CON condition report.*

23. The applicant commits to providing financial relief through the Amedisys Foundation to all eligible and approved employees and patients. The Amedisys Foundation allows eligible employees experiencing severe financial need due to unexpected emergencies such as natural disasters, serious illness or injury, funeral expenses, or extreme circumstances to apply for a grant of up to \$2,500. Patients can apply for financial support of up to \$500 for general bills and comfort items, and up to \$1,500 for burial assistance.

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*Measurement: Documentation will be included in the annual CON condition compliance report including:*

- a. Policies and procedures.*
- b. A list of the employees and patients receiving financial assistance*

24. The applicant will provide a combination of at least five percent annually of total patient days to patients who are reimbursed under Traditional Medicaid, or Managed Medicaid, or Uncompensated care.

*Measurement: Information regarding the annual number of days provided in these categories as a percentage of total days will be provided in the CON condition compliance report.*

**Peoples Hospice and Palliative Care, LLC (CON application #10593)**, a private-for-profit entity referenced as Peoples, Peoples Hospice, PHPC or the applicant, proposes to establish a new hospice program in HSA 2A. The entity was originally established in April 2016 and reactivated on October 17, 2019 for the purpose of seeking CON approval to establish the proposed project. Peoples Hospice is an affiliate of Family Hospice Group (FHG), currently operating three hospices in Georgia and Alabama. Peoples indicates it will open offices in Bay, Gulf and Jackson Counties to provide staff timely access to hospice patients on Tab 3, page 3-4 of the application.

The applicant expects issuance of license in December 2020 and initiation of service in January 2021.

The applicant proposes \$803,946 in total project costs.

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

- **Provide \$10,000 a year to Catholic Charities of Northwest Florida to provide housing for homeless and indigent persons at end-of-life to assure their access to hospice care.**

Measure: The hospice provides an annual report that details expenses from and remittance to Catholic Charities to house patients for the purpose of receiving end-of-life care.

- **Employ a board-certified music therapist to provide individualized music activities to meet patient needs.**

Measure: The hospice provides an annual report of the music therapist's cases.

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- **Employ a specially-trained social worker to provide patients assistance with their eligibility for financial assistance, including Medicaid.**  
Measure: The hospice provides an annual report of cases enrolled and programs used.
- **Contract with a board-certified pediatrician to lead the pediatric track and participate in care team review.**  
Measure: The hospice provides an annual report of pediatric cases in the program track.
- **Contract with a board-certified cardiologist to oversee the *Heart of Peoples* end-stage heart disease program.**  
Measure: The hospice provides an annual report of cases participating in the program.
- **Provide technology supports to hospice patients, including, but not limited to cell phones (provided via Verizon Wireless), fall monitoring devices, and other telemedicine options that may be required.**  
Measure: The hospice provides an annual report of numbers of cases and the devices/supports that were provided.
- **Develop and distribute an annual report of community benefit.**  
Measure: The hospice develops a report that addresses the priorities for the previous year, services provided by county, feedback from directors and councils, and priorities for the future. Accomplishments by the Community Outreach Council is included.
- **Create a Community Outreach Council, comprised of three individuals from each of the six counties. The Council provides feedback on the hospice's rural program, improved access, and identifies any problems within the counties. The Council meets three times a year.**  
Measure: The hospice provides the Council's accomplishments in the annual report of community benefit.
- **Contract with a chaplain in each of the six counties to provide spiritual counseling to hospice patients.**  
Measure: The hospice annually reports the chaplain's names under contract, their affiliations, and include the 'Year in Review' that each chaplain prepares.

**United Hospice of West Florida, Inc., d/b/a PruittHealth Hospice – Service Area 2A, Inc. (CON application #10594)**, a for-profit newly formed entity referenced as PruittHealth - 2A, PH-2A or the applicant, proposes to establish a new hospice program in HSA 2A. The applicant's name was changed with the Secretary of State's Office on December 3, 2019 to PruittHealth Hospice – Service Area 2A, Inc.

PruittHealth, Inc. (PH or PruittHealth) was founded in 1969 as the Toccoa Nursing Center in Toccoa Georgia. PruittHealth currently provides administrative-related services to its affiliated health care providers in Florida, Georgia, North Carolina and South Carolina and proposes to provide all the administrative-related responsibilities for the proposed project. PruittHealth Hospice has been providing end-of-life services to patients and families since 1993, and operates a total of 25 hospice programs in Georgia, South Carolina and North Carolina.

The ultimate parent company is United Health Services, Inc. (UHS). UHS does not currently provide hospice services in Florida.

In this batching cycle, PruittHealth also proposes to establish new hospice programs in HSAs 3A and 6A.

The applicant expects issuance of license on September 1, 2020 and initiation of service on October 1, 2020.

The applicant proposes \$389,360 in total project costs.

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

1. The applicant will assure its affiliate, PruittHealth - Panama City is available to shelter PruittHealth Hospice - 2A patients in need of shelter either during an emergency event or subsequent to such an event in the service area.
2. The applicant will implement a hospice unit at PruittHealth - Panama City which is capable of serving both routine and inpatient hospice patients.
3. The applicant will train relevant PruittHealth - Panama City direct care staff on policies and procedures specific to hospice patient needs, enabling appropriate services to be provided to PruittHealth Hospice - 2A patients on a continuing basis.
4. The applicant will implement a Camp Cocoon Day Camp Program in Service Area 2A.
5. The applicant will collaborate with Rural Health Partnership to help support rural outreach efforts of this organization.

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6. The applicant will employ one Community Relations Representatives in year one and two in year two who will be focused on carrying out **rural outreach** efforts among their other responsibilities.
7. The applicant will assure that all Community Relations Representatives employed by PruittHealth Hospice - 2A in years one and two will be cross trained to carry out any and all outreach efforts to support one another and the overall mission of the PruittHealth Hospice - 2A program.
8. The applicant will implement PruittHealth's Veteran Recognition Program and will implement the *We Honor Veteran's* Campaign through the National Hospice and Palliative Care Organization.
9. The applicant will implement a program designed to reduce hospital re-admissions; the current program utilized by PruittHealth is INTERACT 3.0. The program to be implemented will either INTERACT 3.0 or other similarly designed program based on the most recent quality driven program PruittHealth determines to be available at the time of implementation.
10. PruittHealth will develop a Palliative Care Program in Subdistrict 2A during year two.
11. The applicant will partner with the Second Wind Dreams Program to continue efforts in realizing past dreams for its patients.
12. The applicant will incorporate Disease Management CarePaths and the Peaceful Path Program into the Subdistrict 2A operations.
13. The applicant will participate in a company-wide Annual Quality Report to demonstrate transparency in operations and make this Quality Report available to the public.
14. The applicant will incorporate PruittHealth's QAPI Plan into the Subdistrict 2A operations.
15. The applicant will assure all staff maintains ongoing training and continuing education credits utilizing Pruitt University and at no cost to the employees.
16. The applicant will adopt PruittHealth's Committed to Caring Campaign and in doing so will make efforts to host free health screenings, including blood pressure, diabetes, and hearing tests, as well as educational sessions. Additionally, the applicant will participate in the PruittCares Foundation allowing for emergency assistance to its caregivers affected by devastating hardships or natural disasters.

All of these conditions will be measured by furnishing AHCA with certificates, declaratory statements and other information, as needed on an ongoing basis.



**VITAS Healthcare Corporation of Florida (CON application #10595)**, a for-profit entity referenced as VITAS, proposes to establish a new hospice program in HSA 2A. VITAS's parent company is CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in the following HSAs: 1, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11.

In this batching cycle, VITAS also proposes to establish a new hospice program in HSA 6A.

The applicant expects issuance of license on March 1, 2020 and initiation of service on April 1, 2020.

The applicant proposes \$929,062 in total project costs.

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

**Special Programs:**

**1. VITAS Pulmonary Care Program**

Compared to the state average, Subdistrict 2A's elderly residents have a higher percent of deaths attributable to chronic lower respiratory disease, but Medicare beneficiaries with the diagnosis comprise a lower percentage of patients receiving hospice care. VITAS has also learned from health care provider in 2A that existing hospice providers do not provide medically complex services such as hi-flow oxygen, which prevents certain patients from being discharged to hospice. Hospice Beneficiaries treated by pulmonologists have shorter hospice lengths of stay than national average. These metrics can be improved by targeted, diagnosis-specific outreach to area practitioners, improved care for pulmonary patients and community education through the VITAS Pulmonary Care Program. VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 2A. VITAS will ensure that Hi-flow Oxygen is also available as part of this program.

The program is described in in detail in Schedule B and 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:

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- 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. Documentation will be shown in a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the general manager in the annual CON conditions compliance report.
- b. Respiratory Therapist:** VITAS will employ a respiratory therapist in Subdistrict 2A who will be hired before the hospice begins operations. This 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. Compliance with this condition will be documented by providing AHCA with the start data of the respiratory therapist.
- 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. Compliance with this condition will be documented by providing AHCA with dated copies of the meeting invitations and lists of the individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- 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*. Compliance with this condition will be documented by providing AHCA with dated copies of the invitations and lists of the individuals Invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- 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 a hospice physician and other VITAS clinicians about hospice care, end-stage pulmonary disease, and caregiving and support for individuals

with respiratory disease. Compliance with this condition will be documented by providing AHCA with copies of the materials used to publicize the events, the dates of the events and lists of the individuals who attended. The information will be submitted as part of the annual CON condition compliance report.

**2. VITAS Cardiac Care Program**

Hospice utilization among patients with circulatory-related diagnoses for 2A residents is lower than the statewide average. Patients discharged by cardiologists who do receive hospice care have shorter lengths of stay than the national average. Medicare beneficiaries' hospital readmission rates are also higher than the state average for all but one hospital in Subdistrict 2A. These metrics can be improved by targeted, diagnosis-specific outreach to area practitioners, improved care for cardiac patients and community education through the VITAS Cardiac Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 2A. The program, described in Schedule B, 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. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the general manager in the annual CON condition compliance report.
- 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. Compliance with this condition will be documented by providing AHCA with dated copies of the meeting invitations and lists of individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.

- c. Healthcare 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. The presentation will focus on end-of-life care for patients with cardiac diagnoses. Compliance with this condition will be documented by providing AHCA with dated copies of the presentation invitations and lists of the individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- 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 a hospice physician and other VITAS clinicians about hospice care, cardiac disease, and caregiving and support for individuals with cardiac disease. Compliance with this condition will be documented by providing AHCA with copies of the materials used to publicize the events, the dates of the events and lists of the individuals who attended. The information will be submitted as part of the annual CON condition compliance report.

**3. Alzheimer's and Dementia Clinical Research and Support for Caregivers**

Patients with dementia represent the fastest growing group of hospice users. 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. Staff Training:** All nurses, social workers and chaplains will complete the training modules in the VITAS Alzheimer's and Dementia Care program within three months of their start date. VITAS Alzheimer's and Dementia Care program includes 2.5 hours of CEUs covering evidence-based protocols for behavioral symptoms. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the general manager in the annual CON condition compliance report.

**b. Partnership and Grant:** VITAS conditions this application on providing a grant to the Alzheimer's Project, a Tallahassee based non-profit organization serving the 2A area, to assist with support groups and education efforts that meet the emotional needs of area caregivers. The grant will total \$40,000 and will be distributed over the first two years of operations. The grant will be provided by VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks made to the Alzheimer's Project as part of the annual CON condition compliance report.

**4. VITAS Sepsis Program**

Forty percent of sepsis deaths met hospice eligibility at time on hospital admission based on a study published in JAMA 2017 (Rhee, et. al. (2017). Incidence and Trends of Sepsis in US Hospitals Using Clinical vs. Claims Data. JAMA, 318(13), 1241-1249). Furthermore, Death rates from Sepsis are higher for residents of 2A than the statewide average. In addition, hospital discharge rates to hospice for sepsis patients are lower than the statewide average. Sepsis patients receiving hospice services either in-hospital or post-discharge have shorter lengths of stay and lower readmission rates than the national average. Many members in the health care community miss the opportunity to recognize hospice eligibility for this disease demographic VITAS has created a library of resource for health care professionals to better understand when to refer to hospice and what specific concerns they have with the value that VITAS can bring in the care model. These metrics can be improved by targeted, diagnosis-specific outreach to area hospitals and physicians through the VITAS Sepsis Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 2A. The program, described in Schedule B, 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 Sepsis Program Resource Manual within three months of their start date. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.

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- b. Provider Input:** VITAS will publicize and hold meetings with hospital staff and physicians to serve as a forum to discuss VITAS' sepsis program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs. Compliance with this condition will be documented by providing AHCA with dated copies of the meeting invitations and lists of individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- c. Healthcare Provider Education:** VITAS will offer an annual sepsis-related continuing education presentation to area health care providers for at least the first three years of operations. The presentation will focus on end-of-life care for patients with sepsis diagnoses. Compliance with this condition will be documented by providing AHCA with dated copies of the presentation invitations and lists of the individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- 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 a hospice physician and other VITAS clinicians about hospice care for sepsis patients, and caregiving and support for individuals with sepsis. Compliance with this condition will be documented by providing AHCA with copies of the materials used to publicize the events, the dates of the events and lists of the individuals who attended. The information will be submitted as part of the annual CON condition compliance report.

**5. Veterans Program**

Veterans have unique end-of-life needs and benefit from specialized programming and care. Veterans comprise almost 30 percent of the population 65 and older in Subdistrict 2A.

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. This program is described in detail in Schedule 8. Compliance will be documented by submitting a dated list of the names of patients who participate in the annual condition compliance report.

VITAS conditions this application on offering to install a Veterans Wall in at least three area assisted living facilities or nursing homes 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. Compliance will be documented by submitting dated correspondence to area assisted living facilities offering to sponsor and create the wall in the annual condition compliance report.

VITAS conditions this application on the Subdistrict 2A program entering the We Honor Veteran program and achieving Level 4 commitment to the program within the first two years of operations. VITAS regularly participates in the We Honor Veterans Program, which is described in detail in Schedule 8. Compliance will be documented by submitting the date the program becomes a recruit and the date it achieves Level 4 status in the annual condition compliance report.

**6. Bridging the Gap Program and Medical/Spiritual Toolkit**

Hospice use rates among black Medicare beneficiaries in Subdistrict 2A are lower than the statewide average, particularly in Jackson county, where there is a large percent of African American residents. Provider and community education can help increase hospice use rates.

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. This program is described in detail in Schedule B. VITAS conditions this application on offering the *Bridging the Gap* program in Subdistrict 2A during the first year of operations. Compliance will be documented by submitting a dated list of correspondence and offers to provide the program, a description of the training, and a list of attendees.

VITAS is working with the National Medical Association to create a *Bridging 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. VITAS conditions this

application on providing the toolkit to health care providers and pastors in Subdistrict 2A the first year it is available. Compliance will be documented by providing a copy of the materials and a list of people who received the toolkit in the annual condition compliance report.

**7. Assisted Living Facility (ALF) Outreach and CORE Training Program**

The existing hospices provided less than 11 percent of their patient days to ALF residents, which is lower than the 22 percent state average and 24 percent VITAS average. Hospice staff who receive ALF CORE Training will be better equipped to meet ALF residents' needs and partner with ALF staff. This training is described in detail in Schedule B.

VITAS conditions this application on having its Team Manager, social worker and hospice representative complete ALF CORE Training within the first year of operations. Compliance with this condition will be documented by providing AHCA with the date the VITAS staff members received training as part of its CON condition compliance report.

VITAS also conditions this application on sponsoring a CORE training program for area ALF staff during the first two years of operations. Compliance with this condition will be documented by providing AHCA with a copy of the Invitation to the CORE training, and a list of who attended the training as part of its CON condition compliance report.

**8. Palliative Care Program and Resources**

Palliative care is an important component of hospice care which VITAS offers to all of its patients. Hospital and Physicians in Subdistrict 2A indicated there is a greater need for access to these services. These services are described in detail in Schedule B. Some Subdistrict 2A residents who would benefit from palliative care services are not yet eligible or ready for hospice services. Determining what services are appropriate for each patient requires a detailed, focused conversation on end-of-life goals and advance care planning. 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 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 advance care planning and goals of care conversations. Compliance with this condition will be documented by providing copies of these documents in the annual CON condition compliance report.
- b. Bringing VITAS Palliative Care into 2A:** To provide palliative care to patients who are not ready or eligible to receive hospice care, VITAS Palliative Medical Associates, a VITAS-affiliated physician led consultative practice will provide services to palliative care patients in Subdistrict 2A within the first two years of operations. Compliance with this condition will be documented by a letter from Palliative Medical Associates stating the physicians initially providing services, the office location and the opening date. This will be submitted in the annual CON condition compliance report.
- c. Providing Services to Subdistrict 2A:** VITAS will bring palliative chemotherapy, inotrope drips and radiation to optimize pain and symptom management, as appropriate: Compliance with this condition will be documented by a count of Subdistrict 2A patients that have received palliative chemotherapy, inotrope drips, and radiation. This will be submitted in the annual CON condition compliance report.

**9. Provider Education and Training Programs**

VITAS recognizes the need for additional on end-of-life care training of physicians, nurses and social workers in the service area based on communication with a variety of local health care provider. Education programs will provide these practitioners with information and tools to better identify patients that would qualify for and benefit from hospice care.

VITAS will offer an ELNEC (End-of-Life Nursing Education Consortium) training program within the first year of operation. VITAS will also offer an EPEC (Education in Palliative and End-of-Life Care) training program for physicians within the first year of operation. This condition will be measured by providing AHCA with the dates, location, and list of attendees for each of these programs.

**10. Quality and Patient Satisfaction Program**

Patients benefit from hospice programs that continuously work to improve the quality of care they provide. Hospice patients and their families experience major physical, spiritual and emotional burdens. Patients need hospice providers who will alleviate their painful symptoms while families often need spiritual and emotional support during a loved one's death.

- a. Performance Improvement Specialist:** VITAS conditions this application on hiring a full-time Performance Improvement Specialist in Subdistrict 2A within the first six months of operations. This position is dedicated to supporting quality and performance improvement programs for the hospice program in 2A. 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. Compliance with this condition will be demonstrated by submitting the name and hire date of the Performance Improvement Specialist in the condition compliance report.
- b. CAHPS Ambassador Program:** VITAS conditions this application on implementing the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Ambassador Program in Subdistrict 2A 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 2A. Compliance with this condition will be demonstrated by including documentation on the CAHPS Ambassador Program, including the names and contact information of staff involved in Subdistrict 2A in the condition compliance report in the first year of operations.

**11. VITAS Staff Training and Qualification**

Hospice staff are the key to providing patients and families high-quality care. VITAS is committed to ensuring its staff in Subdistrict 2A are well-trained to provide the best possible care. VITAS conditions this application on:

- a. The medical director covering Subdistrict 2A will be board-certified in Hospice and Palliative Care medicine.

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- b. VITAS will award a salary increase and will reimburse any testing fees for RNs, LPNs, home health aides, and social workers who become certified in Hospice and Palliative Care.
- c. All employed Chaplains covering Subdistrict 2A 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.

Compliance will be shown by lists of relevant staffs showing their qualifications, and by lists showing certification dates and salary increase adjustments provided to RNs, LPNs, social workers and Home Health Aides who obtain the respective certification. This will be submitted with the annual CON condition compliance report.

**Other Conditions:**

**12. Hospice Office Locations**

VITAS is committed to increasing hospice awareness and utilization in Subdistrict 2A. Hospice offices increase hospice visibility and focused interaction with the community. VITAS recognizes the large geographic area covered by Subdistrict 2A and the fact that four of five counties in the area are designated as rural. As such, a physical presence in these communities is critical to ensuring outreach, education and awareness.

VITAS conditions this application on having three hospice offices. The main office will be in Bay County and the two other satellite offices will be located in other rural counties. By the end of the first year, the second office will be open. By the end of the second year, the third office will be open. Compliance will be demonstrated by submission of the VITAS license with the office addresses.

**13. Mobile Hospice Education and Outreach Van**

VITAS will have a mobile hospice education van, focused on outreach to residents of Subdistrict 2A, particularly those living in rural areas. The van will be available on a permanent basis. The van will provide end-of-life education to Subdistrict 2A health care providers and residents, focusing on rural and outlying areas. A log of trips made will be maintained to document the van's usage, and appropriate data will be provided to AHCA in the annual CON condition compliance report.

**14. VITAS Will Not Solicit Donations**

VITAS will not solicit charitable contributions from patients, family or friends relating to its services in Subdistrict 2A, nor engage in fundraising events for its program. Any unsolicited donations received will be given to VIT AS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community. Compliance will be provided in the annual CON conditions via an attestation and submission of a compliance report with a ledger showing any non-solicited amounts received and corresponding amounts provided to VITAS Community Connections.

**15. Outreach and End-of-life Education for 2A Residents Experiencing Homelessness, Food Insecurity and Limited Access to Healthcare**

The homeless rate in Subdistrict 2A is much higher than the statewide average and has increased since Hurricane Michael. Individuals experiencing homelessness often lack access to hospice care and positive interactions with health care providers. Area residents also have higher rates of food insecurity than the Florida average. 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 2A. The program will include the following elements:

**a. Advanced Care Planning for Area Homeless Shelter**

**Residents:** VITAS will offer at least three advanced care planning education programs to area homeless shelters for residents and staff within the first two years. 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. Compliance will be documented by providing AHCA with dated copies of offers from VITAS to area shelters to provide these programs, and a signed form from each shelter when a

program is offered, listing the staff and the number of residents who attended. These documents will be part of the annual CON condition compliance report.

- b. Partnership and Grant to Provide Housing Food Assistance:** VITAS will partner with a community organization to provide housing vouchers, improve access to shelter and food assistance for area residents experiencing food insecurity and homelessness. VITAS conditions this application on making grants totaling to \$140,000 to be distributed across two years to qualified agencies such as Feeding the Gulf Coast, Rachel's Recovery Relief, and Rivertown Community Church assisting individuals in Subdistrict 2A. The grant will be provided by VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of Bay County grantee as part of the first two annual condition compliance reports.

**16. Community Partnership Rebuilding and Recover Programs**

VITAS recognizes that Subdistrict 2A faces devastating destruction from Hurricane Michael and that more than a year later there is substantial rebuilding of the community yet to be done. This is disproportionately seen in the rural communities within the service area. In recognition of this situation that impacts all aspects of life including health care services, VITAS will partner with local organizations dedicated to the rebuilding effort and will provide a grant of \$100,000 to the Rebuild 850 or other similar organizations whose mission is to work on rebuilding projects to assist residents of Subdistrict 2A. The grant will be provided by VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks as part of the first two annual condition compliance reports.

**17. Outreach Program for Rural Residents of Subdistrict 2A.**

Hospice use rates among Medicare beneficiaries in the five rural counties in Subdistrict 2A (Calhoun, Gulf, Holmes, Jackson, and Washington) are much lower than the statewide average. VITAS is committed to increasing hospice utilization and meeting the needs of residents in these rural counties. These programs are described in detail in Schedule B.

VITAS conditions this application on having a full-time hospice representative, dedicated to outreach in the five rural counties of Subdistrict 2A during at least the first two years of operations. The representative and the core services team will be hired when

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the two rural satellite offices open. 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.

These rural counties have a much lower health literacy rate, lower educational attainment, and a higher percentage of elderly residents with low incomes than the state average. VITAS will implement its Hospice Education and Low Literacy Outreach (HELLO) program in Subdistrict 2A with a focus on rural communities. VITAS conditions this application on offering one outreach event per year 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. Compliance will be demonstrated by providing dated correspondence with area organizations offering the programs and a dated list of the events held in the annual condition compliance report.

Additional community outreach to rural communities is also critical including addressing access to health care generally as well as access for individuals with a high incidence of disease in this community such as patients with diabetes. VITAS conditions this application on providing grants totaling \$70,000 to be distributed during the first two years of operations to organizations such as St. Andrew's Community Medical Center and the American Diabetes Association or other qualified area organizations that ensure access to health care services for low income individuals and address health care education and wellness. The grant will be provided by VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks as part of the first two annual condition compliance reports.

**18. Educational Grant**

VITAS conditions this application on providing grants totaling \$100,000 over two years to Chipola College, Florida State University or another area college, university or training facility to provide scholarships, fellowships, or other education support 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. Compliance with this

condition will be demonstrated by providing AHCA with a copy of the checks and information on what program(s) the checks fund as part of the condition compliance report.

**19. Medicaid Managed Care Education**

VITAS has learned and recognizes the complexity of ensuring Medicaid patient have access to hospice care and benefits including those dually eligible for Medicare and Medicaid. VITAS conditions this application on providing monthly webinars related hospice eligibility and access that will be made available to representatives and Managed Medicaid Care Plans and AHCA administrators of the Medicaid program.

**20. Services Beyond the Hospice Benefit**

VITAS offers a comprehensive array of services as a standard part of the care provided for its hospice patients and provides hospice education to area health care providers. Other hospices either do not normally offer these or present them as additional services above and beyond normal hospice care.

VITAS conditions this application on providing the following services, which are routinely provided by all VITAS hospice programs in Florida:

- Providing admissions in the evening and on weekends to address the need identified by hospitals and physicians in Subdistrict 2A, that existing hospice providers are not offering this service. Compliance will be measure by providing the number of admissions occurring after normal business hours and weekends.
- Offering a 24-hour call system called Telecare to provide caregivers with assurance and guidance, and dispatch hospice staff when necessary. Compliance will be provided in the annual CON conditions via an attestation of the service's availability and the service's contact information.
- Providing services to address medically complex, high acuity services such as hi-flow oxygen, IV therapy, open Rx formulary, paracentesis, thoracentesis, palliative blood transfusions, palliative TPN inotropes. Compliance will be provided in the annual CON conditions via an attestation of the service's availability.
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Providing internships to area social workers, chaplains and MBA and MHA (Master of Healthcare Administration) students. Compliance with this condition will be provided as a list of the number and type of interns in 2A, their associated school and the length of their internship.

- 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, email blasts, and flyers. Compliance with this condition will be evidenced by a list of programs offered by date and how many individuals attended the program online.
- Providing a free prognostication tool through the VITAS app for all area physicians. Compliance with this condition will be evidenced by providing information on the application and copies of educational and marketing materials about the application distributed in Subdistrict 2A as part of the annual condition compliance report.
- 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. Compliance will be demonstrated by providing AHCA with an example of the dashboard and scorecard in the annual condition compliance report.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, upon Identified need or request. Compliance with this condition will be evidenced by documenting the number of individuals receiving bereavement services more than a year after the death of a family member in each annual CON condition compliance report.
- Patients benefit from programs and activities that are not part of the traditional set of hospice services. VITAS conditions this application on providing the following non-core services:
  - Life Bio
  - We Honor Veterans Program
  - Lavender Touch Experience
  - Musical Memories
  - Paw Pals
  - Music therapy
  - Massage therapy
  - Specialty children's bereavement services



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- Compliance will be documented by including a description of each program and an attestation each was been offered throughout the previous calendar year in the annual compliance report.
- VITAS' comprehensive, open-formulary pharmacy program will be available to all VITAS hospice patients. Compliance with this condition will be evidenced by a signed, declaration in the annual condition compliance report.

*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 (3) 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, Florida Statutes." Also, any conditions proposed that are required hospice services 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.

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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 Eric West 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, Chapter 59C-1, 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 45, Number 194, of the Florida Administrative Register, dated October 4, 2019, need for one hospice program was published in HSA 2A for the January 2021 hospice planning horizon. Therefore, the co-batched applicants are applying in response to published need.

Population estimates for Bay, Calhoun, Gulf, Holmes, Jackson and Washington Counties, HSA 2A and Florida overall, from January 2020 to January 2025, are shown below:

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**Population Estimates for  
Bay, Calhoun, Gulf, Holmes, Jackson and Washington Counties,  
HSA 2A Total and Florida Total  
January 2020 to January 2025**

<b>Bay County</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>JAN 2020</b>	<b>JAN 2025</b>	<b>Number</b>	<b>Percent</b>
Under 65	150,349	154,125	3,776	2.51%
65+	32,033	37,184	5,151	16.08%
<b>Bay County Total</b>	<b>182,382</b>	<b>191,309</b>	<b>8,927</b>	<b>4.89%</b>
<b>Calhoun County</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>JAN 2020</b>	<b>JAN 2025</b>	<b>Number</b>	<b>Percent</b>
Under 65	12,521	12,649	128	1.02%
65+	2,831	3,216	385	13.60%
<b>Calhoun County Total</b>	<b>15,352</b>	<b>15,865</b>	<b>513</b>	<b>3.34%</b>
<b>Gulf County</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>JAN 2020</b>	<b>JAN 2025</b>	<b>Number</b>	<b>Percent</b>
Under 65	13,106	12,946	-160	-1.22%
65+	3,286	3,572	286	8.70%
<b>Gulf County Total</b>	<b>16,392</b>	<b>16,518</b>	<b>126</b>	<b>7.48%</b>
<b>Holmes County</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>JAN 2020</b>	<b>JAN 2025</b>	<b>Number</b>	<b>Percent</b>
Under 65	16,373	16,339	-34	-0.21%
65+	4,219	4,640	421	9.98%
<b>Holmes County Total</b>	<b>20,592</b>	<b>20,979</b>	<b>387</b>	<b>9.77%</b>
<b>Jackson County</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>JAN 2020</b>	<b>JAN 2025</b>	<b>Number</b>	<b>Percent</b>
Under 65	40,920	40,226	-694	-1.70%
65+	9,980	11,057	1,077	10.79%
<b>Jackson County Total</b>	<b>50,900</b>	<b>51,283</b>	<b>383</b>	<b>9.09%</b>
<b>Washington County</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>JAN 2020</b>	<b>JAN 2025</b>	<b>Number</b>	<b>Percent</b>
Under 65	21,601	22,084	483	2.24%
65+	4,655	5,279	624	13.40%
<b>Washington County Total</b>	<b>26,256</b>	<b>27,363</b>	<b>1,107</b>	<b>4.22%</b>
<b>Hospice Service Area 2A Total</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>JAN 2020</b>	<b>JAN 2025</b>	<b>Number</b>	<b>Percent</b>
Under 65	254,870	258,369	3,499	1.37%
65+	57,004	64,948	7,944	13.94%
<b>Hospice Service Area 2A Total</b>	<b>311,874</b>	<b>323,317</b>	<b>11,443</b>	<b>3.67%</b>
<b>State of Florida Total</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>JAN 2020</b>	<b>JAN 2025</b>	<b>Number</b>	<b>Percent</b>
Under 65	16,804,097	17,493,971	689,874	4.11%
65+	4,277,046	4,887,558	610,512	14.27%
<b>State Total</b>	<b>21,081,143</b>	<b>22,381,529</b>	<b>1,300,386</b>	<b>6.17%</b>

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

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As shown in the table above, regarding the largest age 65+ population and age 65+ population growth rate in HSA 2A:

- Bay County has:
  - the highest age 65+ population as of January 2020 (32,033 age 65+ residents)
  - the estimated highest age 65+ resident population as of January 2025 (37,184 age 65+ resident population)
  - the estimated highest age 65+ population growth rate by January 2025 (an increase of 5,151 age 65+ residents)
  - the estimated highest age 65+ growth rate percentage as of January 2025 (16.08 percent)

Again, as shown in the table above, regarding the second and third largest age 65+ populations and/or age 65+ population growth counts in HSA 2A:

- Jackson County has:
  - the second highest age 65+ population as of January 2020 (9,980 age 65+ residents)
  - the estimated second highest age 65+ resident population as of January 2025 (11,057 age 65+ residents)
  - the estimated second highest age 65+ population increase in resident count by January 2025 (an increase of 1,077 age 65+ residents)
- Washington County has:
  - the third highest age 65+ population as of January 2020 (4,665 age 65+ residents)
  - the estimated third highest age 65+ resident population as of January 2025 (5,279 age 65+ resident)
  - the estimated third highest age 65+ population increase in resident count by January 2025 (an increase of 624 age 65+ residents)

HSA 2A is currently served by the following providers:

- Covenant Hospice, Inc.
- Emerald Coast Hospice

Hospice admissions in HSA 2A from July 2018 thru June 2019 are shown below:

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**Hospice Admissions in Hospice Service Area 2A**

<b>Hospice</b>	<b>Admissions 7/1/2018 – 6/30/2019</b>
*Covenant Hospice, Inc.	962
*Emerald Coast Hospice	874
<b>Total</b>	<b>1,836</b>

Source: Florida Need Projections for Hospice Programs for the January 2021 Hospice Planning Horizon, published October 4, 2019

\* Also serves an adjacent service area(s).

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

**Amedisys Hospice, LLC (CON application #10592)** provides a 10-bulleted rationale for the project and for approval of CON application #10592 (pages 35 and 36 of the application).

Amedisys confirms results of the Agency’s Fixed Need Pool for the need for an additional hospice program in HSA 2A, for the January 2021 hospice planning horizon (Exhibits 2 - 5 and Figure 2, pages 38 - 43 of the application).

AH states being committed to serve the following populations with unmet needs:

- Homeless Persons and Homeless Veterans
- Persons with End-Stage Heart, Pulmonary, Dementia and Alzheimer’s Diseases

*Regarding unmet hospice need for persons homeless and homeless veterans – Amedisys contends that there are system barriers concerning end-of-life care for vulnerable populations such as the homeless and that this is characterized by multiple systematic gaps and barriers in the health care system, as summarized below:*

- Difficult to identify people who need end-of-life care
- Challenges in prescribing pain medications
- Shelter staff/outreach workers often don't have special training on helping during this process
- Shelters aren't conducive to the care and environment needed
- It is difficult, if not nearly impossible, to deliver hospice and/or palliative care in the street, highway overpasses, or abandoned buildings

Amedisys addresses statewide homeless trends, but points out that unlike the statewide trend of reduced homelessness, the trend of homelessness of all persons and Veterans is increasing in HSA 2A and the number of total homeless has increased by nearly 11 percent

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annually since 2015 and by 28 percent during the last year. AH comments that for homeless veterans, there was a 59 percent increase from 2018 to 2019. AH contends that for both populations, it is likely that they have very limited access to hospice and palliative care services. AH uses Florida's Council on Homelessness, "2019 Annual Report," Appendix III, Tables 1 and 5, Pages 46 and 51, June 2019 to support these contentions (CON application #10592, page 53, Exhibit 6).

The applicant states that the proposed project will implement a community outreach and education program specifically tailored to the homeless population diagnosed with a terminal illness and that this program will include the following multiple elements:

- Work in partnership with community organizations that cater to the homeless population in Service Area 2A like the Doorways of Northwest Florida (NWF)
- Provide Advance Care planning medical care, medications and hospice specific services to eligible homeless hospice patients
- Develop clinical practice adaptations for the care of the impoverished hospice patients without homes utilizing the resources that the National Healthcare for the Homeless Council provides to members
- Provide training of all staff upon hire and annually surrounding clinical practice adaptations for end-of-life care for the homeless population
- Provide Social Services resources to the homeless community with individual, easily executed, Advance Directive education, access, and support
- Actively promote education programs directed towards physicians and nurses about the role of hospice in the homeless population
- Implement enhanced volunteer programs with a focus on the homeless population in Service Area 2A
- Develop positive working relationships with the Gulf Coast Veterans Health Care System to ensure that the Veteran Services Coordinator at every medical center in Service Area 2A who is responsible for providing outreach and services for homeless or at-risk Veterans is aware of the resources of the proposed Amedisys Care Center
- Execute Veterans Care Agreements for Hospice with all VA facilities in Service Area 2A

*Regarding unmet hospice needs for persons with end-stage heart, pulmonary, dementia and Alzheimer's diseases - Amedisys states having performed a more detailed and substantive analysis to identify hospice need in HSA 2A, in addition to cancer/malignant neoplasms (page 54 of the application). These other diagnoses are shown below:*

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- End-Stage Heart Disease (e.g. Hypertensive heart disease with heart failure, Hypertensive heart and chronic kidney disease, Myocardial infarctions, Atherosclerotic heart disease, Chronic Ischemic Heart Disease, Valvular diseases, etc.)
- End-Stage Pulmonary Disease (e.g. Chronic Lower Respiratory Disease, Influenza & Pneumonia, Pneumonitis, etc.)
- Mental Health Diseases (e.g. Alzheimer's Disease, Dementia, and Parkinson's Disease)

*Regarding unmet hospice need for persons with end-stage heart, pulmonary, dementia and Alzheimer's diseases*

AH states (page 60 of the application):

“...the variance of Hospice Service Area 2A to Florida in terms of the percentage discharged to hospice, or the “Alternative P Value”, is a key factor in understanding unmet needs. Positive variances indicate that hospice services are well utilized and that additional programs are needed. Concomitantly, negative variances of Hospice Service Area 3A to the State norms also represent unmet need in terms of lack of available and accessible hospice and palliative care services.”

The reviewer notes that based on the applicant's positive and negative variance determinations regarding hospice need in HSA 2A, both positive variances and negative variances identify unmet need.

AH uses the Agency's Hospital Inpatient Database File, November 2019 for CY 2018 (CON application #10592, page 62, Exhibit 10: Total Discharges from Hospitals and Discharges from Hospitals to Hospices for Residents of Hospice Service Area 2A by Disease Group/Condition and Age Cohort: 2018) to indicate the following major observations of the data when comparing HSA 2A to Florida overall:

- 9.2 percent of resident patients aged <65 years and discharged with a diagnosis of Malignant Neoplasms in Hospice Service Area 2A were admitted to a hospice, compared to the state average of 7.2 percent. Hospice Service Area 2A's discharge rate to hospice was 22.2 percent higher than the state rate
- 8.4 percent of resident patients aged 65+ years and discharged with a diagnosis of Malignant Neoplasms in Hospice Service Area 2A were admitted to a hospice, compared to the state average of 12.2 percent of Hospice Service Area 2A's discharge rate to hospice was -44.8 percent lower than the state rate
- 0.9 percent of resident patients aged <65 years and discharged with a diagnosis of All Other in Hospice Service Area 2A were admitted to a hospice, compared to the State average of 0.6 percent. Hospice Service Area 2A's discharge rate to hospice was 29.3 percent higher than the state rate

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- 4.1 percent of resident patients aged 65+ years and discharged with a diagnosis of All Other in Hospice Service Area 2A were admitted to a hospice, compared to the State average of 4.5 percent. Hospice Service Area 2A's discharge rate to hospice was -9.7 percent lower than the state rate
- For all causes and age groups, Service Area 2A residents' discharge rate from hospital to hospice of 2.3 percent was -6.4 percent lower than the state average of 2.4 percent

AH references it Schedule C-Condition #s 2 and 3. AH contends that the need for these conditions are supported by HSA 2A discharges from hospitals and discharges to hospice when compared to Florida overall, in CY 2018. AH states the use of Agency Hospital Inpatient Data File, November 2019, to reach this conclusion. See the exhibit below.

**Rank Order Summary of Discharges from Hospitals to Hospices for Residents of HSA 2A and Florida  
by Hospice Service Line  
CY 2018**

Disease Group/Condition	HSA 2A			Florida		
	Rank	Discharges	Percent of Total Discharges	Rank	Discharges	Percent of Total Discharges
Chronic Kidney Disease	6	26	3.0	6	2,380	3.5%
Debility	8	2	0.2	8	72	0.1%
Heart Disease	2	93	10.7	2	8,009	11.6%
Malignant Neoplasms	4	78	9.0	3	7,966	11.6%
Mental Health	7	6	0.7	7	359	0.5%
Neurological Diseases	5	38	4.4	5	3,817	5.5%
Pulmonary Disease	3	85	9.8	4	5,329	7.7%
All Other	1	538	62.1	1	40,881	59.4%
<b>Total</b>		<b>866</b>	<b>100.0%</b>		<b>68,813</b>	<b>100.0%</b>

Source: CON application #10592, page 63. Exhibit 11

AH states (page 93 of the application):

“The projected admissions for the Amedisys hospice of 189 in Year one and 360 in Year two is within the projections of need determined by AHCA’s uniform need methodology and should not have a material impact on the existing hospice agencies in Service Area 2A.”

**Peoples Hospice and Palliative Care, LLC (CON application #10593)**

provides an overview of the service area (pages 1-3 to 1-5 of the application). Peoples offers the following tables, by county in HSA 2A, to address estimates of population by age cohorts/demographics/health care factors:

- Table 1-1/HSA 2A Population 2019 and 2024
- Table 1-2/Selected County Demographic Characteristics
- Table 1-3/Health Care Factors for HSA 2A

Peoples discusses the federally designated Medically Underserve Area (MUA) and Health Professional Shortage Area (HPSA) designation(s) for HSA 2A, in whole or in part. Peoples points out that these federal



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designations indicate a lack of access to health care resources in the area, including physicians, hospitals and nursing homes and that this has implications for hospice access and that in turn, this calls for outreach and education other than just through the health care community. The reviewer notes that per the Health Resources and Services Administration (HRSA) website <https://data.hrsa.gov/tools/shortage-area/mua-find>, the following counties in HSA 2A have county MUA designations:

- Calhoun
- Gulf
- Holmes
- Jackson
- Washington

The same website indicates that the following county is partially designated as an MUA:

- Bay

The reviewer notes that per the HRSA website <https://data.hrsa.gov/tools/shortage-area/hpsa-find>, the following counties in HSA 2A have primary care HPSA designations based on low-income:

- Bay
- Calhoun
- Holmes
- Jackson

The same website indicates that Gulf County has HPSA designation for part of the county (again low-income) and that Washington County has a geographic HPSA designation – the only county of the six with a geographic HPSA designation.

The applicant uses 2019 Claritas to determine population estimates by ZIP Code for each of the six counties in HSA 2A. The applicant provides maps for each of the counties, along with a narrative description of other socioeconomic characteristics of each county, including hospitals and nursing homes in the area (pages 1-6 to 1-11, Figures 1-3 to 1-8 of the application).

The applicant uses sources<sup>1</sup> to address population growth by age cohort (2019 – 2024) and net migration (2010 – 2018) in the following CON application #10593 tables:

<sup>1</sup> The Agency's Florida Population Estimates and Projections by AHCA District 2010 to 2030 publication, issued February 2015 and Bureau of Economic and Business Research, University of Florida, Florida Estimates of Population 2018. Table 2.

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- Table 1-4/ HSA 2A Population Estimates and Compound Annual Growth Rate
- Table 1-5/ County Change Based on Natural Increase or Net Migration
- Table 1-6/HSA 2A Population Growth and Distribution by County

Based on the above data tables, PHPC stresses that that HSA 2A achieves growth through in-migration rather than natural growth. Also based on the above data tables, PHPC points out that while the counties do not achieve much of an overall increase in population, the elderly population 65 years and older continues to increase, with a compound annual growth rate aligned with that of the state's (2.6 percent compared to 2.7 percent). PHPC maintains that with the majority of hospice services provided to elderly residents, the population growth supports the need for another hospice in the service area.

The applicant offers population demographics tables (pages 1-13 to 1-17 of the application). PHPC uses Florida's Council on Homelessness, 2019 Annual Report, Appendix III, Table 1, to indicate that from 2015 to 2019, the Homeless population in HSA 2A grew from 317 (2015) to 488 (2019). See the table below.

**Number of Homeless in HSA 2A**

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
HSA 2A	317	310	336	381	488

Source: CON application #10593, page 1-16, Table 1-8

The reviewer notes that homelessness is again addressed by the applicant (see item E.2.a.(1) of this report).

PHPC uses sources<sup>2</sup> to indicate that HSA 2A had 15,325 veterans age 65+ in HSA 2A and that this is 42.6 percent of the total veteran population in HSA 2A (in 2018). The reviewer reproduces the HSA 2A total for each county but does not reproduce the counties individually. See the table below.

<sup>2</sup> The Agency's Florida Population Estimates and Projections by AHCA District 2010 to 2030 publication, issued February 2015 (the July 1, 2018 estimate) and Table 9L, VetPop2016 County Level Veteran Population, Office of Data Governance and Analytics, U.S. Department of Veterans Affairs.

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**Population Estimates and Veterans in HSA 2A**

<b>Area</b>	<b>2018 Population</b>	<b>Number of Veterans</b>	<b>Percent of Total Population</b>	<b>Veterans 65+</b>	<b>Percent of Veterans 65+</b>
HSA 2A	308,280	35,971	11.7%	15,325	42.6%
Florida	20,663,699	1,491,070	7.2%	770,547	51.7%

Source: CON application #10593, page 1-17, Table 1-9 (partially reproduced)

PHPC contends that the number of veterans within the service area requires that hospice providers offer programs that incorporate recognition ceremonies to honor the lives of those who provided military service to the country.

The reviewer notes that veterans are again addressed by the applicant (see item E.2.a.(1) of this report).

Peoples Hospice discusses and provides five tables regarding discharges to hospice in the area (pages 1-17 to 1-21). Peoples Hospice states a conclusion that particularly for Calhoun and Holmes County residents, local hospitals may not be the referring hospital for hospice care; these referrals are likely to come from outside the service area where the resident is hospitalized. PHPC uses a source<sup>3</sup> to address hospital discharges and deaths in HSA 2A (in 2018). The reviewer reproduces the HSA 2A total for each county but does not reproduce the counties individually. See the table below.

**HSA 2A Hospital Discharges to Hospice and Deaths**

<b>Area</b>	<b>Total Discharges from 2A Hospitals</b>	<b>Total Number of Deaths</b>	<b># Discharged to Hospice</b>	<b>Hospice as Percent of Discharges</b>	<b>Hospice as Percent of Deaths</b>
HSA 2A	26,266	3,714	724	2.8%	19.5%
Florida	2,382,671	205,461	68,361	2.9%	33.3%

Source: CON application #10593, page 1-17, Table 1-9 (partially reproduced)

PHPC contends that HSA 2A has a much lower rate of discharges to hospice as a percentage of resident deaths, indicating that the state had 33.3 percent while HSA 2A only had 19.5 percent and that further, the hospice discharge as a percentage of all discharges within the service area was also lower than the state rate.

PHPC comments that, as an example of hospice use in HSA 2A, the applicant studied the hospice admission rate in the area and compared it to the Florida rate, to determine the extent to which the population used hospice. The applicant notes that the hospice admission rate in Service

<sup>3</sup> AHCA Hospital Discharge Data, CY 2018. (Does not include psychiatric hospital discharges nor MDCs 14, 19 and 20, pertaining to pregnancy and childbirth; mental diseases; and alcohol/drugs. Data includes all other discharges and all ages).

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Area 2A increased for three consecutive six-month periods, beginning July through December 2016 and then, beginning January through June 2018, the rate dropped. Peoples Hospice stresses that until July 2018, the HSA 2A admission rate was higher than the state admission rate for hospice but beginning with July 2018, the HSA 2A admission rate dropped below the state rate. Peoples Hospice states recognition of the major impact Hurricane Michael had and continues to have on this area of the panhandle. However, the applicant asserts that the hurricane made landfall on October 10, 2018, thus the July through December 2018 data is not limited to just the quarter in which the hurricane was present and that both hospices had fewer admissions in the third quarter of 2018 than in prior quarters (CON application #10593, page 1-23, Table 1-15).

Peoples Hospice asserts that based on the above analyses, opportunities exist for expanding hospice care within HSA 2A and that additionally, the admission rate decreased and individuals referred to hospice from a hospital are more likely to be placed in an inpatient facility than return home with hospice care. The applicant contends that Peoples Hospice, with its proposed programs and services described in the application, plans to expand hospice and palliative care within HSA 2A to better meet the needs of area residents.

Regarding causes of death in the area, the applicant address this need justification in item E.2.a.(1) of this report. See item E.2.a.(1) of this report.

The applicant indicates that PHPC brings experience operating within rural, multi-county areas and with an affiliated hospice operating in Alabama, providing hospice care directly north of Holmes and Jackson Counties, Peoples Hospice tailors its proposed hospice programs to meet the unique needs of HSA 2A, including:

- ✓ Rural access and outreach
- ✓ Cardiac program
- ✓ Telehealth
- ✓ Music therapy
- ✓ Partnerships with businesses and social service agencies to serve population needs
- ✓ Staffing solutions to provide hospice services in an area affected by Hurricane Michael

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Regarding its forecasted utilization estimates, People’s points out that the applicant brings a commitment to provide locally-focused hospice care to the residents of HSA 2A and that additionally, the manager of the entity resides in the Panhandle and thus brings an understanding of the issues faced in rebuilding the 2A service area after Hurricane Michael. People’s also points affiliating with a hospice in Alabama, Dayspring<sup>4</sup>, which borders Holmes and Jackson Counties to the north. The applicant stresses that PHPC does not offer other health care services.

In the two tables below, People’s provides year one and year two forecasted estimates for the proposed project.

**Forecasted Hospice Admissions  
First Two Years HSA 2A**

	<b>Year one</b>	<b>Year two</b>
Percent Forecasted Caseload	7.0%	14.0%
Number of Cases	170	340
Percent of Net Need	28.6%	57.2%

Source: CON application #10593, page 1-27, Table 1-18

PHCP maintains that the applicant's approach reflects reasonable assumptions and allows growth within the hospice market across all hospice entities. PHPC states that the length of stay (LOS) by cause of death comes from the National Hospice and Palliative Care Organization, *NHPCO Facts and Figures, 2018 Edition*. See the table below.

<sup>4</sup> The reviewer notes that according to the website <https://dayspringhospice.com/about-us/>, Dayspring Hospice provides a coverage map that indicates that the provider covers extreme southeast Alabama with three Alabama counties (Covington, Houston and Geneva) border north/northwest Florida.

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**Forecast of Admissions, Length of Stay, and Patient Days for  
First Two Years of Operation by Diagnosis**

<b>Cause of Death</b>	<b>Percent</b>	<b>Year one</b>	<b>Year two</b>
Cancer	23.6%	40	80
Heart	30.4%	52	103
Nephritis /Kidney Disease	1.9%	3	7
Liver Disease	1.7%	3	6
Chronic Lung Disease	8.3%	14	28
Stroke	5.6%	10	19
Alzheimer's Disease	4.3%	7	14
Blood Poisoning	1.5%	3	5
Diabetes	4.2%	7	14
Subtotal	81.6%	139	278
Other	18.4%	31	63
<b>Total</b>		<b>170</b>	<b>340</b>

  

<b>Cause of Death</b>	<b>ALOS</b>	<b>Year one</b>	<b>Year two</b>
Cancer	48.0	1,929	3,858
Heart	81.9	4,236	8,472
Nephritis /Kidney Disease	38.2	126	252
Liver Disease	70.0	208	416
Chronic Lung Disease	74.9	1,059	2,117
Stroke	82.4	785	1,570
Alzheimer's Disease	110.0	797	1,595
Blood Poisoning	70.0	181	363
Diabetes	70.0	501	1,002
Subtotal		9,821	19,643
Other	70.0	2,195	4,389
<b>Total</b>		<b>12,016</b>	<b>24,032</b>
Average Length of Stay		71	71
Average Daily Census		33	33

Source: CON application #10593, page 1-28, Table 1-19

Peoples states having reviewed recent Florida hospice start-ups in multi-county service areas to determine historical market shares in the initial and second year of operation (page 1-29, Table 1-20 of the application). People's asserts that its year one and year two estimates are conservative in comparison to the recent Florida hospice start-ups in multi-county service areas.

Peoples contends that the factors below support the need in the service area:

- ✓ A growing elderly population
- ✓ Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs) within the service area, with two counties receiving the MUA designation
- ✓ A drop in hospice admissions by the two existing hospices, resulting in hospice admission rates lower than the state average
- ✓ Higher death rates per 100,000 population, particularly for heart disease
- ✓ A lower percentage of hospital discharges as a percent of service area deaths

According to the applicant, Peoples has determined and demonstrated that a locally-developed method of delivering hospice care, including disease-specific programs, outreach strategies and staff recruitment solutions to ensure necessary staff in an area rebuilding from Hurricane Michael, and local partnerships within the community.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** states the use of combinations of the following sources:

- The Agency's Florida Need Projections for Hospice Programs publication, issued October 4, 2019
- Florida CHARTS
- NHA Analysis

In assessing hospice net relative to the following tables:

- Subdistrict 2A Hospice Utilization (page 61)
- Subdistrict 2A Hospice Penetration Rate (page 62)
- Hospice Penetration Rate by Subdistrict (page 63)
- Hospice Penetration Rate, Subdistrict 2A and statewide (page 64)
- Subdistrict 2A Hospice Admissions by Program and Gaps in Admissions (page 67)
- Subdistrict 2A Resident Deaths (page 67)
- Hospice Penetration Rate Trend in Resident Deaths and Hospice Admissions (page 68)

Based on the above referenced tables, PH2-A points out that for the 12 months ending June 30, 2019 HSA 2's use rate compared to all other subdistricts is evidence that the 2A hospice use rate is below acceptable levels. PH2-A further points out that the penetration rate for the period ranked the lowest of any HSA in Florida (page 63 of the application).

The applicant next presents advantages of a PruittHealth affiliated nursing home in HSA 2A. This is addressed in E.2.a.(2) of this report.

PH2-A contends that five of the six counties in HSA 2A are designated rural per the 2010 Census. The reviewer notes that through CON application #10594 does not provide documentation to verify rural/non-rural counties in HSA 2A, according to the Florida Department of Health Office of Rural Health website

<http://www.floridahealth.gov/programs-and-services/community-health/rural-health/documents/rural-counties-2000-2010.pdf>, as well as the CMS.gov Medicare website

[https://medicare.fcso.com/Rural\\_health/166451.pdf](https://medicare.fcso.com/Rural_health/166451.pdf), five of the six counties in HSA 2A are rural (with Bay being the only urban county in

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the service area). PH2-A states the use of Florida CHARTS and NHA Analysis to indicate that in CY 2018, the five rural counties in HSA 2A accounted for 41.7 percent of HSA 2A’s total population but correspondingly accounted for 45.9 percent of the deaths in HSA 2A for the same period and additionally, the remaining county in HSA 2A (urban Bay County), accounted for 58.3 percent of HSA 2A’s total population but correspondingly accounted for 54.1 percent of the deaths in HSA 2A for the same period. See the table below.

**HSA 2A Rural Counties,  
Population and Deaths All Ages  
CY 2018**

<b>Five Rural Counties</b>	<b>Population</b>		<b>Deaths</b>	
Calhoun	15,203	4.9%	199	5.4%
Gulf	16,327	5.3%	197	5.3%
Holmes	20,449	6.6%	293	7.9%
Jackson	50,675	16.4%	667	18.0%
Washington	25,962	8.4%	347	9.3%
<b>Subtotal</b>	<b>128,616</b>	<b>41.7%</b>	<b>1,703</b>	<b>45.9%</b>
Bay County	179,664	58.3%	2,011	54.1%
Subdistrict 2A	308,280	100.0%	3,714	100.0%

Source: CON application #10594, page 72

The applicant asserts that one reason for the above disparity between rural population and deaths is because the five rural counties have an older population than Bay County, with rural areas showing more deaths proportionately.

The applicant indicates that rural and urban communities differ in three primary ways:

1. Demographic composition - rural communities have less racial and ethnic diversity than urban areas
2. Social ties and social capital - residents in both urban and rural areas may have similar amount of social ties but rural residents are more likely to have strong ties with family and friends than weaker ties with a variety of people
3. Infrastructure and institutional support - residents of rural communities do not have easy access to infrastructure within their everyday life. Infrastructure such as health care, public transportation, government agencies and entertainment outlets are not as easily accessible

PH2-A explains that the nine referenced outlying counties need special attention to ensure accessibility to hospice and the PruittHealth Hospice is an expert in providing rural hospice care and further explains that



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PruittHealth Hospice's serve a total of 315 counties, 55 percent of which are designated rural counties. The applicant provides a diagram to account for PruittHealth Hospice's rural vs. urban hospice services in other states (CON application #10594, page 63, PruittHealth Hospice Counties Served Rural vs. Urban/Metropolitan Designation).

PH-2A states a commitment to collaborate with the Rural Health Network or RHN, a quasi-government 501©(3) organization overseen by the Florida Department of Health Office of Rural Health (see Northwest Florida Rural Health Network letter of support in item B of this report). CON application #10594, Schedule C-Condition #5, addresses collaboration with the Rural Health Partnership. RHN members include safety net providers (e.g. federally qualified health centers, county health departments, rural health clinics), regional community mental health centers, primary care practices, hospitals, regional hospice and the regional Area Health Education Centers (AHEC). RHNs focus on innovative rural health care models, patient safety and health care quality issues.

PH-2A indicates the service area has a huge active and dependent military population and an even larger veteran population, noting that the military presence in and around Bay County includes:

- ▶ Tyndall Air Force Base
- ▶ U.S. Naval Support Activity Panama City - (2,800 active duty and civilian)
- ▶ U.S. Coast Guard Station Panama City - (100 Coast Guardsmen & Guardswomen)
- ▶ U.S. Army Reserve Training Center

PH2A comments on the area being a military dense community. PH2-A comments that when comparing veterans to non-veterans, as a group, veterans are much older than non-veterans and that their need for hospice care is prevalent. PH2-A states a source<sup>5</sup> to indicate that HSA 2A's age 18+ veteran population, as well as HSA 2A's age 65+ population is greater, as a percentage, than Florida's overall veteran population for these same age cohorts. PH3-A also points out that again, for the referenced veteran age cohorts (age 18+ and age 65+), each of the rural counties of HSA 2A have higher percentages of veterans in HSA 2A, than in Florida overall. See the table below.

<sup>5</sup> Florida Population Estimates, February 2015, U.S. Department of Veterans Affairs, National Center for Veteran Analysis and Statistics, Table 9L and NHA Analysis

**HSA 2A Veteran Population by County  
Ages 18+**

**Veteran Population as of September 30, 2019 and Total Population as of July 1, 2019**

County	Ages 18 and Older			Ages 65 and Older		
	Veteran Population	Total Population	Percent Veterans	Veteran Population	Total Population	Percent Veterans
Bay	24,674	143,026	17.3%	9,664	31,607	30.6%
Calhoun	1,305	12,244	10.7%	712	2,794	25.5%
Gulf	1,563	14,012	11.2%	782	3,244	24.1%
Holmes	1,690	16,430	10.3%	904	4,173	21.7%
Jackson	4,269	41,226	10.4%	2,184	9,844	22.2%
Washington	2,376	20,884	11.4%	1,149	4,610	24.9%
<b>Subdistrict 2A</b>	<b>35,878</b>	<b>247,822</b>	<b>14.5%</b>	<b>15,395</b>	<b>56,272</b>	<b>27.4%</b>
Rural Counties (*)	11,203	104,796	10.7%	5,732	24,665	23.2%
Florida	1,423,968	16,673	8.5%	753,171	4,212,806	17.9%

(\*) Designated Rural Counties per 2010 Census (defined as 100 persons or less per square mile)  
Source: CON application #10594, page 77

According to PH2-A, with a large veteran population, and an aging population within Subdistrict 2A, there are a significant number of veteran deaths each year. PH2-A notes that a veteran deaths by county of residence is no longer a report available by the U.S. Department of Veterans Affairs and that veteran deaths were calculated to be 713 based on the percent of veterans over the age of 65 and 65+ deaths. PH2-A asserts that with 713 veteran deaths annually, there is certainly demand in the market for a hospice provider that has a wealth of knowledge and experience in serving this special patient population, as PruittHealth Hospice does.

PH2-A maintains that immediately upon licensure, the applicant’s community relations representatives will meet with key personnel and discharge planners at both Panama City outpatient VA offices and the VA medical center and other outpatient VA offices throughout the panhandle.

The reviewer notes that per the U.S. Department of Veterans Affairs website <https://www.va.gov/directory/guide/state.asp?dnum=ALL&STATE=FL>, there is no VA medical center and no VA outpatient clinic located within HSA 2A. However, per the same website, there is a VA community-based outpatient clinic in Bay County (Panama City) and in Jackson County (Mariana). Additionally, there is a “vet center” in Bay County (Panama City).

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According to PH2-A, this veteran outreach is stated to promote hospice awareness, educate staff on the benefits of hospice care for veterans and introduce PruittHealth Hospice and its specialized Veteran Program. The reviewer notes that no letters of support for this project were included from any veterans groups, veteran affiliations or veteran advocacy organizations (American Legion posts/Veterans of Foreign Wars posts, etc.), though the reviewer notes that the applicant states plans to perform outreach at such veteran affiliates. The applicant discusses the PruittHealth Hospice veteran recognition program/services. The reviewer notes:

- CON application #10594, Tab 43-Veteran Programming
  - We Honor Veterans
  - Veteran Recognition Program
  - Veteran Pin & Pinning Ceremony Photographs

The applicant reiterates its Schedule C-Condition #8.

PH2-A states that PruittHealth is intimately familiar with caring for all post-acute needs for veterans and also states that PruittHealth has the VA management contract to be the nursing home provider for veterans in five locations throughout Georgia and North Carolina. The reviewer notes that CON application #10594 does not include copies of the stated VA management contracts.

The applicant again addresses unmet hospice needs regarding access to rural veterans (pages 83 - 85 of the application).

The applicant states the use of Florida CHARTS and NHA Analysis to show the following leading causes of death and the corresponding percentages, by age cohort, in HSA 2A, in CY 2018.

**HSA 2A Leading Causes of Death  
CY 2018**

Leading Cause of Death	Resident Deaths			Percent of Total		
	Ages 0-64	Ages 65+	Total	Ages 0-64	Ages 65+	Total
Hear Diseases	249	814	1,063	22.5%	31.2%	28.6%
Malignant Neoplasm (Cancer)	231	495	726	20.9%	19.0%	19.5%
Chronic Lower Respiratory Disease	63	266	329	5.7%	10.2%	8.9%
Diabetes Mellitus	38	100	138	3.4%	3.8%	3.7%
Alzheimer's Disease	0	187	187	0.0%	7.2%	5.0%
Chronic Liver Disease & Cirrhosis	45	24	69	4.1%	0.9%	1.9%
Nephritis, Nephrotic Syndrome, Nephrosis	15	50	65	1.4%	1.9%	1.8%
Parkinson's Disease	0	37	37	0.0%	1.4%	1.0%
Subtotal	641	1,973	2,614	57.9%	75.7%	70.4%
All Other Causes	466	634	1,100	42.1%	24.3%	29.6%
Total	1,107	2,607	3,714	100.0%	100.0%	100.0%

Source: CON application #10594, page 86

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PH2-A states that PruittHealth Hospice has disease specific programming that provides clinical pathways for common primary diagnoses with the goal to reduce hospital readmissions and calls to 911. PH2-A next discusses and provides tables to address how existing HSA 2A hospice providers performed in 2018 regarding penetration rates/utilization concerning death due to a primary diagnosis of cancer (under the age of 65 and age 65+), as well as death due to a primary diagnosis of non-cancer (under the age of 65 and age 65+), shown on pages 87 and 88 of the application. Based on the applicant's estimates, in 2018, compared to Florida's overall hospice penetration rate, HSA 2A penetration rates were:

- 17.4 percent lower for those age 65+ with a primary diagnosis of cancer
- 19.5 percent lower for those age 65+ with a primary diagnosis of non-cancer

PH2-A offers narrative descriptions regarding the following PruittHealth Hospice disease management programs that PH2-A states will be utilized in HSA 2A (pages 88 - 93 of the application):

- Oncology
- Cardiac
- Pulmonary
- End-stage liver disease
- Stroke
- End-stage renal disease
- Alzheimer's/dementia

The reviewer notes that in CON application #10594, Supporting Documents, the applicant provides additional written materials regarding the following programs that correlate to the seven disease management programs listed above, including one (Parkinson's Disease) that is listed in the applicant's leading causes of death table above:

- Tab 3: Alzheimer's Hospice Helps
- Tab 9: Cancer, HIV and Protein Calorie Malnutrition
- Tab 10: Cancer in End-of-life Care
- Tab 11: Cardiopulmonary Getting to the Heart of the Matter
- Tab 15: End-stage Liver Disease
- Tab 16: End-stage Renal Disease
- Tab 34: Parkinson's Disease

PH2-A states that based on its detailed assessment described in the application, there is an expectation of a total of 180 admissions in year one and a total of 414 admissions in year two, as well as corresponding

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admissions by age cohort for each of the two years. PH2-A goes on to state that given service area penetration and capture rate projections, these volumes are reasonable and realistic. See the table below.

**PruittHealth Hospice – 2A, Inc.  
CON application #10594  
Forecasted Admissions**

Year one		Year two	
Month	Admits	Month	Admits
1	4	13	29
2	4	14	30
3	6	15	31
4	6	16	32
5	6	17	33
6	16	18	34
7	18	19	35
8	20	20	36
9	22	21	37
10	24	22	38
11	26	23	39
12	28	24	40
<b>Year one</b>	<b>180</b>	<b>Year two</b>	<b>414</b>
Under 65	18	Under 65	41
Over 65	162	Over 65	373

Source: CON application #10594, page 94

In addition to admission volume for the first two years of planned operations, PH2-A offers the following estimated average length of stay (ALOS), patient days and an average daily census (ADC).

**PruittHealth Hospice – 2A, Inc.  
CON application #10594  
Forecasted Utilization**

	Year one	Year two
Admissions	180	414
ALOS	36.1	52.7
Patient Days	6,500	21,800
ADC	17.8	59.7

Source: CON application #10594, page 95

PH2-A offers a brief narrative regarding impact on existing providers (page 96 of the application), indicating an expectation of having no negative impact on existing providers.

PH2-A states a recognition that Hurricane Michael left many residents temporarily displaced and many of the sick and frail left Bay County and the region for safety before the storm, or in the days following the storm. PH2A contends that therefore, while PruittHealth Hospice certainly believes there is significant demand for a third hospice program in the subdistrict, the projected gap of 595 admissions is partially artificially

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inflated due to the displaced residents following the storm that would have otherwise been admitted to one of the two existing hospice programs.

PH2-A states that the proposed project will increase competition and that PruittHealth Hospice will ensure that existing providers do not become complacent. Additionally, PH2-A states that in the markets in which it currently operates, PruittHealth works collaboratively with other hospice providers to provide education on end-of-life issues to professionals and delivery of services. PH2-A contends that its collaborative efforts enhance the level of awareness of service alternatives, resulting in more diversity in patient types and an increase in professional referrals to hospice. PH2-A also contends the PruittHealth will take the same approach in HSA 2A and will offer its own Camp Cocoon and a care setting for their patients in need of an inpatient hospice unit at PruittHealth – Panama City.

### **VITAS Healthcare Corporation of Florida (CON application #10595)**

provides a table of health care providers and organizations in HSA 2A that VITAS states are the health care providers and organizations in HSA 2A that VITAS executives and representatives, “have met, spoken, or corresponded with during the numerous days spent in the Subdistrict 2A market” (page six of the application).

VITAS addresses the Agency’s published Fixed Need Pool for a need for a new hospice program in HSA 2A, hospice penetration rates, with exhibits to address these factors (pages 99 - 104 of the application). VITAS next discusses services provided by existing hospice care providers in HSA 2A compared to VITAS regarding:

- Hospice Census by Setting (pages 105 and 106, Exhibit 19)
- Days of Care by Location of Care (pages 106 and 107, Exhibit 20)
- Average Length of Stay (page 107, Exhibit 21)

The reviewer notes that one area of stated unmet hospice need in the area is the need for continuous care (pages 134 and 138 of the application). VITAS states that Trellehealth, CMS Medicare data, Q2-2018 – Q1-2019 data indicates that each of VITAS’ three licensed Florida operations have higher percentages of patient days and total visits in continuous care for both the last seven days and the last three days than the existing HSA 2A providers and all the competing co-batched applicants. VITAS also has higher total visits for the last seven days and the last three days than the state average. The reviewer reproduces a portion of the applicant’s exhibit to reflect the reported results for VITAS. See the exhibit below:

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**VITAS End-of-Life Care  
Q2-2018 – Q1-2019**

<b>Provider</b>	<b>Continuous Care (Percent of Patient Days)</b>	<b>Total Visits (Last Seven Days)</b>	<b>Total Visits (Last Three Days)</b>
VITAS-Lic.#59379866	1.6%	8.85	4.54
VITAS-Lic.#50370967	4.2%	10.31	5.02
VITAS-Lic.#5036096	4.4%	10.74	5.16
<b>State Average</b>	<b>NA</b>	<b>7.06</b>	<b>3.47</b>

Source: CON application #10595, page 108, Exhibit 22 (partial)

Regarding demographic and socioeconomic analysis of HSA 2A, VITAS explains that socioeconomic and demographic trends directly impact access to hospice care. VITAS indicates having identified several underserved populations within HSA 2A and has developed a plan to address the specific needs of each group. VITAS provides the following summary of its demographic and socioeconomic findings for HSA 2A:

- The 65+ population in HSA 2A is large and growing
- The African American population is large in Jackson County. This is particularly true for the senior citizen population
- The hospice use rates among African American patients are low in comparison to the number of African American residents
- The hospice use rates among Latino patients are low in comparison to the number of Latino residents
- VITAS serves a significantly higher percentage of African American patients in its Florida markets than Emerald Coast in Subdistrict 2A as well as Compassionate Care (Amedisys), the only competing applicant that who currently operates in Florida<sup>6</sup>
- VITAS serves a significantly higher percentage of Hispanic patients in its Florida markets than existing HSA 2A as well as Compassionate Care (Amedisys), the only competing applicant who currently operates in Florida
- There is a large population that falls below the Federal Poverty Line
- The unemployment rate is significantly higher than the state unemployment rate
- The homeless population is growing at a rate that is faster than the homeless population in the state overall
- Residents lack consistent access to enough food for an active, healthy lifestyle
- Few residents age 65 and older have completed a level of education above a bachelor's degree
- There is a large senior citizen Veteran population

<sup>6</sup> The reviewer confirms that of the three co-batched applicants competing against CON application #10595, only CON application #10592 (Amedisys Hospice, Inc.) has hospice operations in Florida.

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The reviewer notes that, pertinent to the five-county HSA 2A, the applicant provides narratives and exhibits, as listed below:

- Specific to population by age group:
  - Pages 110 and 111, Exhibit 23
- Specific to the African American population:
  - Pages 112 and 113, Exhibit 24
- Specific to population by race:
  - Page 113, Exhibit 25
- Specific to admissions by race/ethnicity:
  - Page 114, Exhibit 26
- Specific to population by ethnicity:
  - Page 115, Exhibit 27
- Specific to percent of households with unemployment < \$35,000:
  - Page 116, Exhibit 28
- Specific to 2018 unemployment rates by county:
  - Page 117, Exhibit 29

Regarding homelessness in HSA 2A, VITAS states data from the Florida Council on Homelessness 2019 Annual Report and 2018 *Spotlight* population data to indicate various homeless population estimates in HSA 2A as a whole. Additionally, from the same source, the applicant offers estimates for total number of homeless persons, total population and the rate-per-1,000 residents for HSA 2A as a whole and for Florida overall. The reviewer reproduces only a portion of the applicant’s exhibit - the rate-per-1,000 estimates. See the partial exhibit below.

**2018-2019 Homelessness in HSA 2A and Florida**

	2018	2019
	Rate per 1,000 Homeless Persons	Rate per 1,000 Homeless Persons
<b>HSA 2A</b>	<b>1.23</b>	<b>1.56</b>
Florida	1.40	1.33

Source: CON application #10595, page 117, Exhibit 30 (partially reproduced)

VITAS indicates that this significant uptick in homeless persons in HSA 2A can be attributed in part to Hurricane Michael and the destruction and complete devastation it caused, leaving many communities, including HSA 2A, to "...pick up the pieces" (page 117 of the application). According to VITAS, Hurricane Michael left 22,000 of Bay County's 180,000 residents homeless and resulted in total insured losses of almost \$7 billion. Also according to VITAS, over a year after Hurricane Michael hit, many residents are still homeless, rent prices for the few available places is extremely high, and massive rebuilding is still needed for homes that were damaged and destroyed by the storm.



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VITAS contends that it is likely that its Exhibit 30 (above) underestimates the number of homeless individuals. VITAS points out an article published by local news channel WJHG, in which officials with the Community Recovery Center (CRC) stated that, "Although we took over 600 or 700 surveys, we could actually only count 488. We have strict guidelines on how we can count". The applicant states and the reviewer confirms this quote (CON application #10595, Tab 32-Materials on Homelessness). The reviewer notes several articles and photographs in the applicant's Tab 32 that address the widespread damage of Hurricane Michael on the area.

VITAS asserts that when faced with a natural disaster, VITAS Healthcare is prepared, armed with a vast array of resources and diligent professionals who deal with life and death on a daily basis. VITAS also asserts that even before the current federal disaster preparedness requirements were put in place, VITAS invested in preparing patients, families and employees to facilitate continued patient care before, during and after a natural disaster hits any VITAS location. VITAS contends that if approved, VITAS will provide hospice care to homeless residents of HSA 2A and will work with shelter residents and their caregivers. VITAS reiterates its Schedule C-Conditions regarding the homeless population and rebuilding initiatives in the area

Concerning poverty and food insecurity in HSA 2A, VITAS comments that unemployment and poverty rates in the area are much higher than the state average. VITAS states that according to *Feeding America, Map the Meal Gap 2019*, every county in HSA 2A has a food insecurity rate than Florida overall. The reviewer partially reproduces the applicant's food insecurity exhibit (HSA 2A as a whole but not each individual county). See the exhibit below.

**HSA 2A and Florida Residents' Rate of Food Insecurity**

	<b>Population</b>	<b>Food Insecurity Rate</b>	<b>Estimated Food Insecure Individuals (rounded)</b>
<b>HSA 2A</b>	<b>303,119</b>	<b>16.23%</b>	<b>49,190</b>
Florida	20,984,400	13.40%	2,806,770

Source: CON application #10595, page 119, Exhibit 31 (partial)

VITAS reiterates the CON application #10595, Schedule C-Condition #15.b.

Regarding education attainment for the age 65+ population in HSA 2A, VITAS states the use of the 2017 American Community Survey from the US Bureau of Census/American Factfinder, to show that this population, regarding high school diploma attainment, is 2.7 percent below the

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Florida average and regarding bachelor degree attainment, is 7.9 percent below the Florida average (CON application #10595, page 119, Exhibit 32). VITAS highlights its Hospice Education and Low Literacy Outreach Program – the HELLO Program – to patients and families with low educational attainment (see Tab 17 of the application for a review of the VITAS HELLO Program). VITAS also reiterates its Schedule C-Condition #13/Mobile Hospice Education and Outreach Van.

Concerning hospice services to the age 65+ veteran population in HSA 2A, VITAS states the use of *National Center for Veterans Analysis and Statistics 2016* data, to indicate that while 19.9 percent of Florida’s veteran population is age 65+, 28.9 percent of HSA 2A’s veteran population is age 65+ (as of 2016). This same source also indicates that this greater percentage than the state average is true for each of the five counties in HSA 2A. The reviewer partially reproduces the applicant’s veterans 65 and older exhibit (HSA 2A as a whole but not each individual county). See the exhibit below.

**Veterans 65 and Older  
2016**

	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>As Percent of 65+ Pop.</b>
<b>HSA 2A</b>	<b>14,699</b>	<b>518</b>	<b>15,217</b>	<b>28.9%</b>
Florida	780,474	27,123	807,597	19.9%

Source: CON application #10595, page 121, Exhibit 33 (partial)

VITAS indicates having more programs with We Honor Veterans “Level 4” partner designations than any other hospice program in the United States (page 78 of the application).

Regarding hospice services by referral source and setting, VITAS states that referral to hospice may come from many clinical sources including but not limited to:

- Hospitals
- Nursing homes
- ALFs

VITAS points out that physicians play an important role in the referral process but that facility referral data is more readily available than physician-level data and the applicant continues reviewing referral by hospital data.

Concerning hospital discharges by race and by ethnicity to hospice, VITAS states the use of the Agency’s Inpatient Discharge Database 2018 and *Spotlight* to show the totals as well as the relative percentages of Black/African American population and totals as well as the relative percentages of Hispanic/Latino population of HSA 2A. VITAS explains

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that relatively large portions of both these populations are either not referred to hospice or are refusing hospice services and that this offers an opportunity to improve hospice access for these populations. See the exhibits below.

**HSA 2A Hospital Hospice Discharges by Race for 2018**

	<b>Discharges to Hospice</b>	<b>Total Hospital Discharges</b>	<b>Percent of Total Discharges to Hospice</b>	<b>Percent of Total Hospice Discharges</b>	<b>Percent of Population</b>
White	708	10,364	6.8%	86.2%	78.6%
Black/ African American	89	1,926	4.6%	10.8%	14.1%
Other None-White	17	256	6.6%	2.1%	7.3%
Unknown	7	208	3.4%	0.9%	0%
<b>Total</b>	<b>821</b>	<b>12,754</b>	<b>6.4%</b>	<b>100.0%</b>	<b>100.0%</b>

Source: CON application #10595, page 123, Exhibit 34

**HSA 2A Hospital Hospice Discharges by Ethnicity for 2018**

	<b>Discharges to Hospice</b>	<b>Total Hospital Discharges</b>	<b>Percent of Total Discharges to Hospice</b>	<b>Percent of Total Hospice Discharges</b>	<b>Percent of Population</b>
Hispanic or Latino	8	142	5.6%	1.0%	6.1%
Non-Hispanic or Latino	800	11,875	6.7%	97.4%	63.9%
Unknown	13	737	1.8%	1.6%	0.0%
<b>Total</b>	<b>821</b>	<b>12,754</b>	<b>6.4%</b>	<b>100%</b>	<b>100.0%</b>

Source: CON application #10595, page 123, Exhibit 35

Regarding utilization, the applicant states that in 2018, overall, 6.4 percent of total HSA 2A resident discharges were to hospice. The reviewer notes that the applicant states the use of the Agency’s Inpatient Discharge Database 2018 to highlight three HSA 2A general hospitals in 2018 that had discharges to hospice of 3.1 percent or less and those hospitals are listed below, by name, county and percent of discharge to hospice (CON application #10595, page 125, Exhibit 36):

- Jackson Hospital (Jackson County)
  - Discharge to hospice of 3.1 percent
- Northwest Florida Community Hospital (Washington County)
  - Discharge to hospice of 2.9 percent
- Doctor’s Memorial Hospital (Holmes County)
  - Discharge to hospice of 2.6 percent

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VITAS contends that it is likely that such a low rate of hospital discharges to hospice contributed to the low use rates of hospice in HSA 2A. VITAS further contends that a lack of patient education contributes to low hospital discharge rates to hospice and that this can be due to a lack of physician education as it pertains to the full benefits of hospice care. Per the applicant, VITAS will and has already reached out to specific hospitals in the service area to increase education on the benefits and cost savings associated with referrals to hospice and that additionally, specific outreach efforts will be targeted to hospitals that have unusually low rates of discharge to hospice. VITAS asserts that it offers monthly education webinars for health care professionals with live presentation for disease-focused education and awareness. VITAS also asserts having already held two Physician Advisory Committee ("PAC") meetings in HSA 2A to identify types of patients not currently being served that would benefit from hospice care.

Regarding hospice services for nursing homes in HSA 2A, VITAS states Trellehealth CMS Medicare data (Q2-2018 to Q1-2019), to indicate that though Bay County nursing homes had a higher percentage of patients served by hospice (50.2 percent), no county in HSA 2A had a percentage of nursing home patients being served by hospice that met the statewide average (61.0 percent) – CON application #10595, page 126, Exhibit 37. Regarding hospice services for ALFs in HSA 2A, VITAS states DOEA 2018 Hospice Annual Report data to indicate that ALFs in the area had a hospice use rate of 10.62 percent, compared to a statewide use rate of 21.76 percent, while the VITAS services use rate was 23.87 percent – CON application #10595, page 127, Exhibit 38. VITAS maintains that to improve nursing home and ALF hospice use rates in the area, VITAS will partner with nursing homes and ALFs in the area to ensure adequate access to hospice care services for residents of these facilities.

Concerning analysis of mortality rates and disease specific hospice needs in HSA 2A, VITAS indicates the use of Florida CHARTS to identify the 13 leading causes of death in HSA (in aggregate), in 2018 (page 130, Exhibit 40 of the application). Based on Florida CHARTS, VITAS points out that the top causes of death in the area include heart or cardiovascular disease, cancer, respiratory disease and Alzheimer's, which comprised over 50 percent of total deaths in the area (in 2018). VITAS agrees that this aligns with the Agency's Need Methodology which indicates that non-cancer diagnoses are the largest area of unmet need for hospice services. VITAS also states that age-adjusted death rates are higher in each of the five counties in HSA 2A (as well as in HSA as a whole), compared to the state, regarding cardiovascular disease, cancer, chronic lower respiratory disease and Alzheimer's. VITAS uses Florida CHARTS to make this determination. The reviewer partially reproduces the applicant's

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veterans 65 and older exhibit (HSA 2A as a whole but not each individual county). See the exhibit below.  
See the exhibit below.

**HSA 2A – Age Adjusted Death Rate by Area  
2018**

	<b>Major Cardiovascular Disease</b>	<b>Malignant Neoplasm (Cancer)</b>	<b>Chronic Lower Respiratory Disease</b>	<b>Alzheimer’s Disease</b>
<b>Total HSA 2A</b>	<b>258.1</b>	<b>173.9</b>	<b>78.0</b>	<b>47.4</b>
<b>Florida Total Death Rate</b>	<b>203.1</b>	<b>146.2</b>	<b>38.4</b>	<b>20.0</b>
<b>2A % Higher Than FL AVG</b>	<b>27.1%</b>	<b>18.9%</b>	<b>103.1%</b>	<b>137.0%</b>

Source: CON application #10595, page 131, Exhibit 41

Continuing along the line of mortality rates and disease specific hospice needs in HSA 2A, VITAS uses Agency Hospital Inpatient Database CY 2018 to perform an analysis of discharges to hospice by Medical Diagnostic Category (MDC). VITAS provides an exhibit of the results (page 132, Exhibit 42 of the application). VITAS highlights the largest single number of discharges (1,716) but just 101 discharges to hospice (101):

- Circulatory system discharges to hospice – 5.9 percent

VITAS asserts that overall, there are many disease categories and results shown in the above data for which there should be and can be a greater rate of discharge to hospice.

VITAS states the use of Trellehealth, CMS Medicare data, Q2-2018 – Q1-2019, to indicate that the percent of hospital mortalities for cardiac disease, sepsis, respiratory disease and cancer receiving hospice in HSA 2A is below the state average for hospice patients. See the exhibit below.

**HAS 2A – Percent of Medicare Deaths to Hospice by Area**

<b>Disease Category</b>	<b>Hospital Hospice Patients</b>	<b>Hospital Mortalities</b>	<b>Percent Served</b>	<b>State Percent Hospice</b>
Cardiac	81	1,732	4.7%	6.2%
Sepsis	92	902	10.2%	15.2%
Respiratory	18	323	5.6%	9.3%
Cancer	19	120	15.8%	16.7%

Source: CON application #10595, page 133, Exhibit 43

VITAS concludes that Medicare claims and hospital discharge data reveal that many of the hospitals, physicians, ALFs, and SNFs in HSA 2A are struggling to keep up with the Florida state averages when it comes to readmissions, average length of stay, and hospice utilization and that moreover, these health care providers are discharging patients to hospice

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at alarmingly low rates. VITAS explains that this is particularly true for patients who suffer from chronic, terminal non-cancer diagnoses such as cardiac disease, pulmonary disease, and sepsis.

VITAS maintains having identified the following underserved and/or special populations in HSA 2A that would benefit from improved access to hospice regardless of the effects of the hurricane, as proposed by CON application #10595, in particular:

- African American residents, especially those 65 and older
- Homeless, food-insecure and impoverished communities
- Undereducated individuals, especially those living in rural communities
- Veterans, especially those 65 and older
- Patients diagnosed with non-cancer chronic and terminal illness such as congestive heart failure, COPD, and other cardiac- and respiratory-related diseases, sepsis, and Alzheimer's Disease, especially those 65 and older
- Patients residing in nursing home and ALFs
- Patients in need of continuous care and high acuity/complex service offerings

VITAS contends extensive experience services and programs, comprehensive outreach, education and training programs and efforts to meet a variety of unique needs of those underserved/special populations, include but are not limited to the following:

- Cardiac Care Program
- Pulmonary Care Program
- Alzheimer's and dementia research and support for caregivers
- Sepsis Care Program
- *Bridging the Gap* Program for African American Community Outreach
- Partner with Food Insecurity Assistance Programs
- Partner with Housing Assistance Programs and Homeless Shelters
- Hospice Education and Low Literacy Outreach (HELLO) program
- Mobile hospice education van to improve outreach and education opportunities to rural areas
- Veterans Programs
- VITAS representatives and liaison personnel who work with and help educate referral sources such as local hospitals, nursing homes, and ALFs on hospice care
- Partnerships with local organizations and facilities, including:
  - Hospitals
  - Nursing homes
  - ALFs
  - Clinics

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VITAS states having based its admissions estimates on a combination of the following need determinants:

- AHCA’s Fixed Need Pool by age and diagnosis
- Analysis and communication with local facilities and organizations
- VITAS experience and track record with implementing and ramping up new hospice programs

VITAS expects to realize a total of 311 admissions in year one (capturing a total of 552 percent of the unmet need) and realizing a total of 480 admissions in year two (capturing a total of 81 percent of the unmet need). See the exhibit below.

<b>VITAS Projected HSA 2A Admissions</b>					
	<b>Cancer Diagnosis</b>		<b>Non-Cancer Diagnosis</b>		<b>Total</b>
	<b>Age Under 65</b>	<b>Age 65+</b>	<b>Age Under 65</b>	<b>Age 65+</b>	
<b>Projected Admissions</b>					
Year One	20	45	26	220	311
Year Two	31	69	41	339	480
<b>Percent of Unmet Need</b>					
Year One	51%	51%	53%	52%	52%
Year Two	79%	79%	82%	81%	81%

Source: CON application #10595, page 135, Exhibit 44

The applicant states on page 33 of the application that VITAS should be considered the right choice for HSA 2A, because VITAS has a proven record in Florida of:

- Opening new hospices quickly
- Increasing hospice use rates
- Not adversely affecting existing hospices

**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 2021 planning horizon.

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

**Amedisys Hospice, LLC (CON application #10592)** states a commitment to serve the following populations that the applicant identifies as having unmet need:

- Homeless persons and homeless veterans
- Persons with end-stage heart, pulmonary, dementia and Alzheimer’s Diseases

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** states that in investigating segments of the population with respect to unmet needs, the following categories emerge as those that may represent targets for consideration:

- Rural outreach-Racial Categories
- In-hospital deaths in comparison to hospice enrollments
- Homelessness
- Veterans
- Residents of Assisted Living Facilities
- Residents with Heart Disease

The reviewer summarizes each of the six categories identified above by PHPC:

*Rural outreach-Racial Categories*

PCPH provides five tables to address this stated unmet category. PCPH states a source<sup>7</sup> to provide the following tables:

**Resident Death Rates per 1,000 Persons by County and Race  
CY 2018**

<b>County</b>	<b>White</b>	<b>Black</b>	<b>Total</b>
Bay	12.7	8.0	11.2
Calhoun	14.7	8.0	13.1
Gulf	13.3	7.7	12.1
Holmes	15.7	5.7	14.3
Jackson	15.3	10.8	13.2
Washington	15.5	8.2	13.4
<b>Total</b>	<b>13.7</b>	<b>8.8</b>	<b>12.0</b>

Source: CON application #10593, page 2-4, Table 2-2

<sup>7</sup> Resident deaths by county comes from Florida Office of Vital Statistics for CY 2018, Total population comes from the AHCA publication, Population Estimates, February 15, 2015. Race estimates come from the University of Florida, Bureau of Economic and Business Research, download, projections\_2019\_asrh.xlsx-Excel.



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PCPH uses DOEA’s Annual Hospice Demographic and Outcome Measures Report, as well as the prior population source, to provide the following data table regarding existing hospice enrollments per 1,000 population in HSA 2A for CY 2018, by race.

**Hospice Patients' Enrollment Rates per 1,000 Population  
CY 2018**

<b>Factor</b>	<b>Black</b>	<b>White</b>
Hospice Patients Served	625	5,019
Population SA 2A	44,711	237,873
Race/ 1,000 Population	14	21

Source: CON application #10593, page 2-5, Table 2-4

Regarding population density in the service area, Peoples points out that overall, the dispersion of the population outside of Bay County indicates that distance and travel time interact with availability and access to services (page 2-6, Table 2-5 of the application).

People references sources<sup>8</sup> to indicate that challenges that rural hospices face include shortages of family caregivers, financial reimbursement problems, lack of qualified staff and travel distances and additionally, the use of volunteers becomes important in the rural areas to provide needed supportive services. Other stated challenges include:

- Transportation
- Necessary training
- Understanding confidentiality
- Bereavement and support for volunteers

The applicant asserts that with an affiliated provider in southern Alabama counties that lie adjacent to counties in HSA 2A, this brings:

- Familiarity with extending hospice care in rural areas
- Developing specific outreach strategies which include:
  - Creating teams
  - Assigning specific teams to specified areas
  - Creating volunteer outreach team identities in the communities
  - Recognition programs
- Ties to other service agencies and religious groups

<sup>8</sup> <https://www.ruralhealthinfo.org/topics/hospice-and-palliative-care>, Table 12- 2, Report to Congress, Medicare Payment Policy, Hospice Services MedPAC. March 2019

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PHCP comments that this promotes outreach and education, increasing access to care for residents of rural areas.

*In-hospital deaths in comparison to hospice enrollments*

Peoples indicates a source<sup>9</sup> to provide a comparison of HSA 2A and immediately adjacent to the west in HSA 1. The reviewer combines the two tables provided by the applicant. See below.

**HSA 1 and HSA 2A Deaths and Percent of In-Hospital Deaths and Percent of Hospice Discharges by County, CY 2018**

<b>HSA 2A</b>			
<b>County</b>	<b>Total Deaths CY 2018</b>	<b>In hospital/ Total Deaths</b>	<b>Hospice Cases/Death</b>
Bay	2,011	15.0%	23.3%
Calhoun	199	8.5%	12.6%
Gulf	197	15.2%	23.9%
Holmes	293	7.2%	11.9%
Jackson	667	15.6%	15.0%
Washington	347	17.0%	14.7%
<b>Total</b>	<b>3,714</b>	<b>14.4%</b>	<b>19.5%</b>
<b>HSA 1</b>			
<b>County</b>	<b>Total Deaths CY 2018</b>	<b>In hospital/ Total Deaths</b>	<b>Hospice Cases/Death</b>
Escambia	3,500	18.4%	28.0%
Okaloosa	1,920	27.7%	27.0%
Santa Rosa	1,696	21.2%	26.2%
Walton	742	20.9%	24.4%
<b>Total</b>	<b>7,858</b>	<b>21.5%</b>	<b>27.0%</b>

Source: CON application #10593, page 2-8, Tables 2-6 and 2-7 (combined)

People’s points out that when comparing the HSA 2A counties' experience with the neighboring counties to the west, a higher proportion of in-house deaths to total deaths occur, at 21.5 percent. People further points out that hospital discharges to hospice as a percent of deaths overall is 27.0 with Walton County the lowest, at 24.4 percent. PHPC comments that all enrollments are higher than the hospital discharges to hospice for the counties in HSA 2A.

Peoples states a realization of the importance of working with hospital social workers to identify persons from the HSA 2A counties, including hospitals outside the service area that

<sup>9</sup> <http://www.flhealthcharts.com/FLQUERY/Death/DeathCount.aspx> source of deaths. Hospital deaths and discharges to hospice come from the AHCA Hospital Inpatient Data File, CY 2018.

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treat residents of the counties. Peoples also states the importance of having outreach staff with materials for hospital discharge planners and social workers to understand creating a "medical home" for those who may have chronic conditions that may be associated with life-limiting impairments. Peoples states and the reviewer confirms sample hospice and palliative care brochures and materials for PHPC (CON application #10593, Tab 10-Additional Information.

*Homelessness*

Peoples explains having worked with Catholic Charities of Northwest Florida in addressing homelessness within the service area, including those displaced after the ravages of Hurricane Michael.

PHPC explains that the **Florida Council on Homelessness, 2019 Annual Report** provides information about the causes, status, and efforts to address homelessness in the state. PHPC directs to Appendix III, Page 46 of the Report, stated to provide the point-in-time counts. PHPC further explains that the counties that comprise HSA 2A fall within the CoC# FL-515, with rising counts from 2015 of 317 to 488 in 2019. PHPC indicates that the organization within CoC# FL-515 is the **Doorways of NWFL** that report 133 sheltered and 355 unsheltered persons, a rate of 73 percent (CON application #10593, Tab 10-Additional Information/Homeless Data and Research Articles). PHPC provides the following table to address homeless deaths in HSA 2A

**Current Estimate of Homeless Deaths in HSA 2A**

<b>Factor</b>	<b>Number</b>
Total Population Service Area 2A	308,280
Deaths	3,714
Homeless	488
Service Area Death Rate per 100,000	1,204.7
Homeless Mortality Rate Higher than Population	2.7%
Homeless Mortality Rate	1,237.3
<b>Expected Homeless Deaths</b>	<b>6</b>

Source: CON application #10593, page 2-10, Table 2-8

PHPC references and the reviewer confirms its letter of support from Catholic Charities of Northwest Florida, as well as PHPC's Schedule C-1<sup>st</sup> Condition.

*Veterans*

PHCP comments that the Florida Council on Homelessness, 2019 Annual Report CoC# FL-515 indicated 54 veterans who were homeless in HSA 2A during the 2019 point-in-time counts. PHCP states that a special feature that Peoples adopts to acknowledge the veteran's service is the **Military Challenge Coin of Recognition** – a stated award or awards of specialty minted coins commemorate the service of the individual in his or her unit, mission, or other notable endeavor that serves to distinguish the individual.

Below is an excerpt of a letters of support for this hospice proposal.

Deborah Thompson, RN  
Director of Nursing

Clifford Chester Sims State Veterans Nursing Home

*"I am the Director of Nursing for Clifford Chester Sims State Veterans Nursing Home in Panama City, Florida and I have lived in this area for many years. I am excited to see that a relatively local company is applying for the CON as I believe that will be a better fit for our community and the people we serve. It is my understanding that Peoples Hospice and Palliative Care is committed to providing Challenge Coins to our veterans. This recognition is very meaningful to our veterans and their families and I appreciate that Peoples is willing to provide this service."*

*Residents of Assisted Living Facilities*

People's states the use of DOEA's Hospice Demographic and Outreach Measures Report 2019, to indicates that in CY 2018, existing HSA 2A licensed hospices provided 576,921 patient days to hospice enrollees and that of these, 61,242 patient days (10.62 percent) were in ALFs. Peoples points out that this is below the statewide average of 22.4 percent for the same period (CON application #10593, page 2-12, Table 2-9).

Peoples states the use of the Agency website

<https://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx> to list the 23 ALFs in HSA 2A, by name, city, count and bed total, with a total of 890 ALF beds in the entirety of HSA 2A (CON application #10593, page 2-13, Table 2-10).

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In turn, Peoples totals and percentages the ALF beds by county, showing that 59.6 percent of all ALF beds in HSA 2A (the highest single concentration of ALF beds) are located in Bay County and 3.6 percent of all ALF beds in HSA 2A (the lowest single concentration of ALF beds) are located in Gulf County (page 2-14, Table 2-11 of the application).

The applicant maintains that Peoples Hospice, familiar with rural counties and with the capability to undertake and maintain its rural out-reach program, schedules visits and assessments on a regular basis. The applicant also maintains that by planning visits routinely, education occurs and cases found earlier to enroll persons that will benefit from end-of-life care. Per PHPC, ALF residents will benefit from the activities that Peoples Hospice provides.

*Residents with Heart Disease*

Peoples uses the website [www.worldlifeexpectancy.com](http://www.worldlifeexpectancy.com), for CY 2018, to indicate that heart disease has the highest age-adjusted death rate per 100,000 population in each of the six counties of HSA 2A and correspondingly HSA 2A as a whole, when compared to other causes of death and that additionally, HSA 2A counties and the entire service area rates exceed both Florida and the U.S. The reviewer partially reproduces the applicant’s table, specific to heart disease and the next highest age-adjusted death rate per 100,000 population (according to the same source for the same time frame) but does not reproduce the applicant’s remaining seven causes of death, as shown in the table. See the table below.

**Age Adjusted Death Rates (Heart Disease and Cancer)  
per 100,000 Persons, by County, the State and the United States  
CY 2018**

<b>County</b>	<b>Heart Disease</b>	<b>Cancer</b>
Bay	216.92	184.56
Calhoun	256.66	158.87
Gulf	225.07	154.68
Holmes	324.78	151.29
Jackson	239.82	186.80
Washington	266.38	209.28
Florida	145.80	145.98
U.S	165.04	152.49

Source: CON application #10593, page 1-24, Table 1-16 and page 2-15, Table 2-12 (partial reproduction)

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*Pediatrician-directed care for pediatric patients*

Peoples uses Florida Department of Health, Florida Vital Statistics Annual Report, 2018, Table D-11 to indicate that 22 children (ages 0-19) died where cause of death was suitable for hospice, in 2018. See the table below.

**Deaths of Children Ages 0 to 19 Where Cause of Death is Suitable for Hospice**

<b>County</b>	<b>Deaths</b>
Bay	18
Calhoun	0
Gulf	1
Holmes	0
Jackson	3
Washington	0
<b>Service Area 2A</b>	<b>22</b>

Source: CON application #10593, page 2-16, Table 2-13

Below is an excerpt of a letters of support for this hospice proposal.

Ahmed Rezk, MD  
Rainbow Pediatrics

*"Although small, there is a need for pediatric hospice care here in our community. Should Peoples Hospice & Palliative Care obtain the CON, I would be willing to discuss serving as a Pediatric Hospice Advisor for the team. I care deeply about the patients and families I serve here in Bay County and I believe Peoples would fit well within this community."*

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)**

indicates that the unique/underserved patient populations the PH2-A plans to focus its programming and resources to enhance access to hospice include (pages two (2), 64, 120 and 121 of the application):

1. Rural residents/population
2. Veteran residents/population
3. Veterans who reside in rural areas of HSA 2A
4. Terminally-ill with several specific diseases

**VITAS Healthcare Corporation of Florida (CON application #10595)**

states that several populations would benefit from hospice services in HSA 2A and the patient groups with the largest unmet need identified quantitatively or through local meetings include:

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- African American patients, especially those 65 and older
- Patients diagnosed with non-cancer chronic and terminal illness such as congestive heart failure, COPD and other cardiac-and respiratory-related diseases, Alzheimer's Disease especially those 65 and older
- Patients residing in nursing homes and ALFs
- Patients requiring continuous care level of service as well as complex and high acuity services

VITAS contends having a track record of serving all patients regardless of race or ethnicity and additionally contends having various cultural and spiritual groups served by VITAS.

- (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.**

**Amedisys Hospice, LLC (CON application #10592)** states plans to contract with local hospitals, inpatient units, or SNFs throughout HSA 2A, to provide inpatient care as necessary for patients with terminal diagnoses. AI references its Attachment 18-General Inpatient Services Addendum.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** states and the reviewer confirms that in letters of support, the following hospitals/SNFs expressed a willingness to discuss an inpatient contractual agreement with the applicant, should the proposed project be approved:

- Hospitals
  - Ascension Sacred Heart Gulf (Gulf County)
  - Jackson Hospital (Jackson County)
- SNFs
  - Signature Healthcare at the Courtyard (Jackson County)
  - Signature Healthcare of North Florida (Jackson County)
  - Emerald Shores Health and Rehabilitation Center (Bay County)

**United Hospice of West Florida, Inc. (CON application #10594)** states an intent to have contractual agreements with nursing homes and hospitals, as well as other health

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care providers designed to meet patient needs in all six counties of HSA 2A. PH2-A also states that the applicant will have a designated inpatient unit at PruittHealth - Panama City. PruittHealth - Panama City is a licensed 77-bed SNF at 3212 Jenks Avenue, Panama City, Florida 32405 and has approved CON #10528 to add 24 community nursing home beds at the facility. PH2-A contends that having a designated unit at PruittHealth - Panama City has several benefits over a hospital based inpatient unit, freestanding hospice house or an inpatient unit within an unaffiliated nursing home. These stated benefits are described (pages 4 – 8), 70 and 71, and 121 and 122 of the application). The applicant lists seven benefits on pages (4 – 6) of the application and in particular, references a first and second benefit (pages 70 and 71, as well as pages 121 and 122 of the application). PH2-A asserts that:

- First, having a PruittHealth long-term care facility/nursing home in the same market as PruittHealth Hospice allows for care of the entire community, even before a patient is hospice, whereas an inpatient hospice unit can only take care of hospice patients. Palliative care can be provided in the PruittHealth long-term care facility to be able to help the patients with chronic illnesses. This is a bridge to hospice care and cannot be provided in a hospice inpatient unit
- Second, if there is a patient dying in their home who needs a higher level of care the patient can come into the long-term care facility on a specialized hospice bed. In contrast, an inpatient unit is strictly for the general inpatient level of hospice care or hospice respite care. Both of these levels of care can be provided at PruittHealth - Panama City

PH2-A explains that the applicant will establish an inpatient agreement with PruittHealth - Panama City, as well as with other HSA 2A nursing homes and hospitals - in both rural and urban counties - proximate to the population pockets most in need of the inpatient level of care.

CON application #10594 includes the following sample inpatient hospice agreements:

- Tab 40: Sample Inpatient/Respite/Outpatient Contract
- Tab 41: Sample Nursing Home Contract



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The reviewer notes no letters of support from hospital and/or SNF executives in the area expressly state agreeing to consider entering into a contracting agreement for the provision of the inpatient care component of this proposed hospice program.

**VITAS Healthcare Corporation of Florida (CON application #10595)** states plans to partner with hospitals and SNFs to provide inpatient or respite care. VITAS references its Tab 44-Letters of Support for Inpatient Care. VITAS states and the reviewer confirms that administrators/CEO(s) from the following SNFs/hospital(s) agree to consider partnering/entering into negotiations to establish a contractual agreement with VITAS Healthcare Corporation of Florida for an inpatient level of care, should CON application #10595 be approved (listed by name and county):

- River Valley Rehabilitation Center (Calhoun County)
- St. Andrews Bay Skilled Nursing and Rehabilitation Center (Bay County)
- Community Health and Rehabilitation Center (Bay County)
- Jackson Hospital (Jackson County)

The reviewer notes the applicant's Tab 37-Standard Agreements for Nursing Facility, Inpatient and Inpatient Respite Services, containing sample agreements for inpatient and inpatient-respite services, as well as example of draft inpatient contractual agreements. VITAS references its Tab 33-VITAS and Long Term Care.

- (3) Preference shall be given to an applicant who has a commitment to serve patients who do not have primary caregivers at home; the homeless; and patients with AIDS**

**Amedisys Hospice, LLC (CON application #10592)** maintains that Amedisys will not discriminate against any person on the basis of diagnosis/infectious disease, race, color, ancestry, national origin, sex, sexual orientation, religion, veteran status, disability, age, ability to pay, Do Not Resuscitate (DNR) status, disability or age in admission, treatment or participation in its programs, services and activities or in employment.

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AH states that it will admit patients who are hospice appropriate whether or not they have an identified caregiver and that the IDT will assist in identifying a caregiver and a reasonable plan for caregiver arrangement when appropriate.

AH states the applicant embraces the “Power of Yes”, a stated Open Access philosophy to admit all eligible patients who want to elect the hospice benefit.

AH reiterates its commitment to service the homeless and specifically homeless veterans in HSA 2A (as discussed in the applicant’s response to item E.1.a. of this report). AH states a pledge to work with local and regional community and social service agencies, charitable organizations, and local government entities to establish a framework for hospice service provision to the homeless. AH states having identified numerous organizations in HSA 2A who are likely to share the applicant’s mission. AH lists these organizations, by county and street address in CON application #10592, pages 66 and 67, Exhibit 12/Social Service, Community Agencies, & Local Government Sponsored Organizations in Hospice Service Area 2A Identified as Resources for Developing and Implementing Hospice Services for the Homeless. The reviewer notes that this exhibit lists a minimum of two community organizations/local government, per county, in HSA 2A, as well as four multi-county area agencies, three of which indicate a Bay County (Panama City) address.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** states that Peoples Hospice plans to serve patients who do not have primary caregivers at home, the homeless, and patients with AIDS. The applicant indicates that People Hospice plans a ***Friends and Family Together*** program for those without a primary caregiver at home. This program works first with the spouse to determine any impediments that the duties of beginning the designated caregiver imposes and by identifying the specific factors the spouse may be supported in the role as caregiver. A stated example would be the provision of aide or homemaker services for the spouse and another component is the friends of the spouse and hospice beneficiary. PHPC states that Hospice care teams designate a member to provide caregiver training. PHPC also states that one role of volunteers is to be the support to the caregiver.

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PHPC next comments that for those that live alone, Peoples Hospice looks first to the family members and relatives that live proximate to the patients, also commenting that many times, the family members will assume the shared responsibilities of caring for the patient, using a schedule that meets the patient's needs. With the addition of friends, PHPC points out that a successful arrangement results as family members play an active role in the end-of-life care.

PHPC then introduces that on occasion, for the patient that cannot have a spouse designated or that lives alone, a move to a family member or relative's home results in that person designated as the caregiver. That option allows the patient to remain in a familiar residential setting. PHPC states that, particularly in rural areas, People Hospice has a range of measures that allow for safety and security for those under hospice care. PHCP states a recognition of heightened awareness about travel and dispersion of patients. PHPC points to the following techniques and tools

- Daily Care Call program - where patients self-report their status, including some clinical measures, that triggers the necessity of a clinical visit
- Homemaker or companion services - for those patients that may have family members or spouses who may be away 12 or more hours a day, including nights and weekends. When no caregiver can be designated, the patient and his or her family selects an

Peoples Hospice notes that when no caregiver can be designated, the patient and his or her family selects an ALF or SNF that can be designated as the caregiver to coordinate care with Peoples Hospice.

PHCP states that the homeless program appears in response to "...item #1" (pages 2-19 of the application).

PHPC contends that, "...persons dying with AIDS do not show up in the hospice data". Peoples states that a close working relationship with the local nonprofit that provides services, **Basic NWFL**, would improve the case-finding and end-of-life services for persons with AIDS in the six-county area. Peoples Hospice indicates plans to provide quarterly education to the AIDS population within the service area and that this approach is likely to increase the number of end-of-life patients with an AIDS diagnosis.

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**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** states a commitment to serving all residents, including the homeless, patients who do not have primary caregivers at home and patients with AIDS.

PH2-A comments that in the event a terminally ill patient has no at-home support, PH2-A will develop, as part of the plan of care, a plan detailing the means by which the daily care and safety needs of the patient will be met and further comments that PH2-A will make every effort to assist patients in developing a caregiver network from among neighbors, nearby relatives, friends, church groups, sitter services and volunteer organizations. Per the applicant, one of the advantages to having PruittHealth - Panama City in the market is that PruittHealth Hospice - 2A can provide a bed to those in need. Also per the applicant, PruittHealth's social workers will assist patients without financial resources to obtain such care, as determined by their medical condition.

The applicant maintains that PruittHealth Hospice will institute a program to ensure terminally ill individuals with HIV have access to hospice services. As with any other terminal illness, PH2-A states plans to provide monitoring, pain management, counseling, emotion and psychological support to both the patient and family. The applicant maintains that PH2-A has experience serving terminally-ill HIV patients. PH2-A maintains that it is the applicant's intent to serve all residents in the area who elect the hospice benefit – including but not limited to homeless, AIDS patients, persons without primary caregivers or persons with frail elderly or working caregivers who cannot meet their needs, and others.

**VITAS Healthcare Corporation of Florida (CON application #10595)** states plans to serve all residents using all community and VITAS 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,

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faith community members and hospice volunteers to provide guidance, assistance and companionship to the patient within the patient's or the caregiver's 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 homelessness estimates, poverty rates and food insecurity in HSA 2A. VITAS restates that poverty rates and food insecurity in the area is higher than the state average. The reviewer notes that regarding the VITAS contention that the homelessness rate in HSA 2A is greater than in Florida overall, this was explained in the applicant's response to item E.1.a of the application (see item E.1.a. of this report), from CON application #10595, page 117, Exhibit 30, in which the applicant had indicated that:

- In 2018
  - HSA 2A's overall homeless rate per 1,000 was 1.23
  - Florida's overall homeless rate per 1,000 was 1.40
- In 2019
  - HSA 2A's overall homeless rate per 1,000 was 1.56
  - Florida's overall homeless rate per 1,000 was 1.33

The applicant restates its plan to partner with community organizations to provide housing vouchers and improve access to shelter and food assistance. The applicant restates portions of its Schedule C-Condition #s 15 and 16.

Regarding patients with HIV and AIDS, the applicant comments that over time, HIV/AIDS patients have faced other more traditional causes of death. VITAS states that there have not been a large number of deaths attributable to HIV in HSA 2A in recent years – nine in CY 2018. However, VITAS points out being committed to serving those with HIV,

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“...and has had conversations with the Director of Nursing at an area SNF about special needs for their patients with HIV” (page 142 of the application). The applicant comments that, if approved, it will bring to HSA 2A 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 #10595-Tab 35/Diagnosis-Specific Training Materials:

- Diabetes
- HIV and AIDS

- (4) In the case of proposals for a hospice service area comprised of three or more counties; preference shall be given to an applicant who has a commitment to establish a physical presence in an underserved county or counties.**

HSA 2A is comprised of six counties: Bay, Calhoun, Gulf, Holmes, Jackson and Washington.

**Amedisys Hospice, LLC (CON application #10592)** states that it will establish a fully operational hospice agency in Bay County (within 12 months of being awarded the CON) and commits to open a satellite/branch office in the Mariana area of Jackson County during its second year of operations (Schedule C-Condition #1 of the application). AH states that a branch office in underserved Jackson County will enhance geographic and programmatic access to residents of Jackson and Holmes Counties, both of which AI indicates are medically underserved areas (MUAs).

AH cites the following sources to contend particular unmet need in Jackson County and to condition a branch office in that county:

- Agency’s Florida Need Projections for Hospice Programs, page 15, issued October 4, 2019 and Economics Analytics, “Population Estimates and Projections” November 2019, to generate CON application #10592, Exhibit 13
- Agency Hospital Inpatient Data File (CY 2018) to generate CON application #10592, Exhibit 14

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AH includes maps (CON application #10592, Figures 5 and 6) to show HSA 2As CY 2018 percent of patients discharged from hospitals to hospice and the variance of patients discharged from hospitals to hospice compared to Florida overall, respectively.

Per AH, the major observations in the data are summarized below:

- Jackson County ranked 2nd in terms of discharges from hospitals to hospice
- Jackson County ranked 2nd in terms of total resident hospital discharges
- Jackson County ranked 3rd in terms of the percent of patients discharged from hospitals to hospice (the "Alternate P Value")
- Holmes County, adjacent to Jackson County and the most geographically distant from the major population center of Service Area 2A, Panama City/Bay County, ranked 1st in terms of the percent of patients discharged from hospitals to hospice (the "Alternate P Value")
- Holmes County ranked 1st among the six counties in terms of its "Alternate P Value" with respect to the values calculated for Florida and Service Area 2A

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** states having responded to this preference in item E.1.a of this report – see item E.1.a. for a brief review of the applicant’s response.

**United Hospice of West Florida, Inc. (CON application #10594)** indicates it would appear that each county has an underserved population in that the 595 computed need by AHCA is not specific to just one county. The applicant also indicates being committed to establishing a presence in each of the six counties. The applicant states that it will establish two offices dispersed across HSA 2A. The main office will open in Bay County initially with the second office to be located in one of the five rural counties, opening during year one. PH2-A states that location of the offices is a strategic decision made by PH2-A to ensure these offices are positioned within and accessible to the rural spans of 2A.

PH2-A contends that its expertise in rural programming, veteran outreach, disease specific programming and the strategic dispersion of two office locations will ultimately

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reduce outmigration and enhance accessibility to hospice utilization within each of HSA 2A's six counties. Additionally, PH2-A states plans to enter into agreements with ALFs, nursing homes and hospitals in each of the HSA 2A counties to enable accessible services to the population to be served, enabling PruittHealth to treat patients throughout HSA 2A in their home county. As stated previously in item E.2.a.(2) of this report, there are no letters of support from hospital and/or SNF executives in the area expressly stating agreement to consider entering into a contracting agreement for the provision of the inpatient care component of this proposed hospice program.

**VITAS Healthcare Corporation of Florida (CON application #10595)** restates that while all counties in HSA are underserved, the five rural counties in HSA 2A – Calhoun, Gulf, Holmes, Jackson and Washington – are the most underserved. VITAS indicates that it will work with the area social, religious and community organizations to provide educational programming for area residents. VITAS points out that outreach content will focus not just on hospice care, but on issues relevant to all elderly residents. The applicant indicates 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
- 'Ask the Doctor' events
- Family nights at nursing homes
- Events in doctor office lobby to review Five Wishes

The applicant again discusses office locations (Schedule C-Condition #12) and its HELLO program (Condition #17).

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

**Amedisys Hospice, LLC (CON application #10592)** restates its non-discrimination policy (emphasizing non-discrimination due to ability to pay), the "Power of Yes" (Open Access philosophy) and Schedule C-Condition #24.



**Peoples Hospice and Palliative Care, LLC (CON application #10593)** states proposing a music therapy program, offered by a board-certified music therapist (BC-MT). The applicant references and the reviewer confirms a letter of support for this proposal from a BC-MT in HSA 2A (Bay County).

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** points out that the applicant will serve all medically qualified patients who meet the State/Medicare definition of “terminally ill” who select the hospice care benefit. The applicant states that PH2-A will provide 16 “non-core services” as a condition of approval of the proposal and restates all 16 that appear in CON application #10594, Schedule C-Conditions (see item C of this report).

**VITAS Healthcare Corporation of Florida (CON application #10595)** reiterates its conditions (see item C of this report). VITAS lists the stated provision of the following non-core services:

- Diagnostic Specific Programs
  - Includes Cardiac, Respiratory, Sepsis, Alzheimer's
  - Specialized staff training on cardiac care
  - Meetings with area cardiologists to discuss patients' needs
- Life Bio
  - A nationally recognized program that helps ease social isolation and loneliness through recording life stories
  - Enables patients to leave a legacy for their family and friends
- Palliative Radiation and Chemotherapy
  - Will be provided to optimize pain and symptom management, as medically necessary
- We Honor Veterans
  - Staff and volunteers will be trained on compassionate listening and grateful acknowledgement
  - Assist with replacing medals and record military experience
- Lavender Touch Experience
  - Aromatherapy program that gives patients a caring touch and healing benefits of lavender
  - Beneficial for insomnia, anxiety and stress
- Musical Memories
  - Volunteers help patients select music and listen to familiar songs

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- Some volunteers bring a musical instrument or sing songs to patients
- Paw Pals
  - Pet therapy program lead by trained volunteers
  - Pre-screened pets visit patients and provide companionship
- Music Therapy
  - Evidence-based music therapy assesses the strengths and needs of the patient and designs a treatment plan that involves singing, listening to, or playing music
- Massage Therapy
  - Uses touch to relieve pain, reduce stress and stimulate circulatory system
- Children's Bereavement Services
  - Provides developmentally appropriate coping mechanisms for children

The reviewer notes that some of these stated services are clearly represented in CON application #10595, Schedule 6A (ancillary and social services sections).

**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.**

**Amedisys Hospice, LLC (CON application #10592) -** Schedule 6 indicates a total of 22.55 FTEs for year one (ending month 12/no year indicated) and 39.35 FTEs for year two (ending month 24/no year indicated). The applicant's staffing pattern is shown below.

**CON Action Numbers: 10592 through 10595**

**Amedisys Hospice, LLC/CON application #10592  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending Month 12</b>	<b>Year Two Ending Month 24</b>
<b>Administration</b>		
Director of Operations	1	2
Business Office Manager	1	2
Business Office Specialist	0.5	1.5
Clinical Manager	1	2
<b>Physicians</b>		
Medical Director (contract)	0.30	0.6
Other: NP	0.75	1.25
<b>Nursing</b>		
RNs	5.00	8
LPNs	0.00	--
Nurses' Aides	5.00	8
Other: On-Call	1.00	2
<b>Marketing</b>		
Outreach Coordinator	3.00	5
<b>Social Services</b>		
Social Worker	2.00	3
CoorCCoordinator	1.00	1
<b>Bereavement</b>		
Chaplain	1.00	2
Bereavement Coordinator	--	1
<b>Grand Total</b>	<b>22.55</b>	<b>39.35</b>

Source: CON application #10592, Schedule 6

AH responded to volunteers/volunteer services/volunteer coordinator/bereavement volunteers in the Project Summary of CON application #10592. The applicant provides its Attachment 14-Vounteers Policies and Operational Guidelines.

Notes to the applicant's Schedule 6 indicate that therapy services will be contracted as clinically necessary for the patient in accordance with the plan of care.

The reviewer notes AH's Schedule C-Conditions #10 and #12 are inconsistent with its Schedule 6 as there are no LPN FTEs.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** - Schedule 6 shows a total of 23.3 FTEs for year one (ending December 31, 2021) and 32.7 FTEs for year two (ending December 31, 2022). The applicant's staffing pattern is shown below.

**CON Action Numbers: 10592 through 10595**

**Peoples Hospice and Palliative Care, LLC  
CON application #10593  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending 12/31/2021</b>	<b>Year Two Ending 12/31/2022</b>
<b>Administration</b>		
Administrator	1.0	1.0
Team Coordinator	1.0	1.5
Team Assistant	1.3	2.3
Business Development	2.0	2.0
Office Manager	1.0	1.0
Clinical Administrator	1.0	1.0
<b>Physicians</b>		
Medical Director	1.0	1.4
<b>Nursing</b>		
RN	4.0	6.0
LPN	1.5	3.0
Hospice Aides	4.0	6.0
Other: ARNP	0.5	1.0
<b>Social Services</b>		
Chaplain	1.5	2.0
Social Worker	2.0	2.0
Volunteer Coordinator	1.2	2.0
Music Therapy	0.3	0.5
<b>Grand Total</b>	<b>23.3</b>	<b>32.7</b>

Source: CON application #10593, Schedule 6

Schedule 6 notes indicate that the medical director position includes the contracted medical director, as well as the contracted cardiologist and pediatrician described in the narrative portions of the application. In reference to the medical director position, the applicant includes a letter from Bobbi D. Baker, MD - Panama City, FL which states *"Leaders from People's Hospice and Palliative Care have met with me as I am certified as a Hospice Medical Director... I am willing to discuss with them becoming their medical director if they are able to acquire a certificate of need."*

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice – 2A, Inc. (CON application #10594)** - Schedule 6A shows a total of 17.15 FTEs for year one (ending September 30, 2021) and 32.71 FTEs for year two (ending September 30, 2022). The applicant's staffing pattern is shown below.

**CON Action Numbers: 10592 through 10595**

**United Hospice of West Florida, Inc.  
d/b/a PruittHealth Hospice – 2A, Inc.  
CON application #10594  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending 9/30/2021</b>	<b>Year Two Ending 9/30/2022</b>
<b>Administration</b>		
Administrator	1.00	1.00
Director of Nurses	1.00	1.11
Community Relations Representative	3.00	4.00
Secretary	1.00	1.00
Clerk for Additional Offices	1.00	2.00
<b>Physicians</b>		
Medical Director	Contract	Contract
<b>Nursing</b>		
RNs	1.62	4.66
Admissions Nurse	1.00	1.00
Nurse Practitioner	0.69	1.00
Nurses' Aides	1.98	6.06
Continuous Care Nurse	1.03	3.46
Continuous Care Aide	0.84	2.83
<b>Social Services</b>		
Social Worker	1.00	1.73
Volunteer Coordinator	0.50	0.81
Chaplain	1.00	1.25
Bereavement Coord	0.50	0.81
<b>Grand Total</b>	<b>17.15</b>	<b>32.71</b>

Source: CON application #10594, Schedule 6A

The reviewer notes that the applicant's Schedule 6A exceeds CON application #10594, Condition #6 FTEs in year one and in year two for community relations representatives.

PH2-A discusses volunteers on page 112 of the application and provides the following written materials regarding volunteers in the following tabs in the application:

- Tab 44: Volunteers – The Hospice Story
- Tab 45: Volunteer Training Materials

**VITAS Healthcare Corporation of Florida (CON application #10595)** - Schedule 6A indicates a total of 42.2 FTEs for year one (ending March 31, 2021) and 72.7 FTEs for year two (ending March 31, 2022). The applicant's staffing pattern is shown below.

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**VITAS Healthcare Corporation of Florida  
CON application #10595**

<b>Position</b>	<b>Year One Ending 3/31/2021</b>	<b>Year Two Ending 3/31/2022</b>
<b>Administration</b>		
General Manger	1.0	1.0
Team Director/PCA	1.8	3.0
Admissions Dir/Hospice Reps/ Community & ALF Liaisons/Admiss Coord/Admiss RN/Veteran Liaison	10.8	12.0
Business Manager	1.0	1.0
Receptionist/Sec/Courier	4.0	5.0
PC Secretary	1.3	2.0
CC Manager/Coordinator/Clerk	0.3	0.3
Courier	0.5	1.0
<b>Physicians</b>		
Medical Director	1.0	1.0
Team Physicians	0.5	1.3
<b>Nursing</b>		
RNs (HC/IP/CC)	4.5	11.9
LPNs	1.0	4.2
Nurses' Aides (HC & CC)	4.8	15.2
On-Call/NP	2.5	3.3
<b>Ancillary</b>		
Physical/Occupational Therapist	0.4	0.5
Music Therapist	0.6	1.0
Pet Therapist	0.6	1.0
Respiratory Therapist	0.7	1.0
<b>Dietary</b>		
Dietary Supervisor	0.5	0.5
<b>Social Services</b>		
Social Worker	1.3	2.4
Volunteer/Bereavement Manager	1.0	1.0
Chaplain	1.3	2.2
Performance Improvement Specialist	1.0	1.0
<b>Grand Total</b>	<b>42.2</b>	<b>72.7</b>

Source: CON application #10595, Schedule 6A

Schedule 6A notes indicate that this staffing model was developed from experience of over 34 startup programs nationwide since 2000 and that the model was then adjusted for local needs, territory size and conditions set forth in the application. Further, volunteer staff hours will equal or exceed five percent of paid employee hours.

CON application #10595, Tab 23 includes VITAS - Volunteer Recruitment Brochure and volunteer services/programs are addressed on pages 64 - 67 of the application.

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

**Amedisys Hospice, LLC (CON application #10592)** states that referrals will come from a wide variety of sources, including but not limited to:

- Cardiologists
- Pulmonologists
- Oncologists
- Neurologists
- Internists
- Gerontologists
- Other Physicians
- SNFs
- ALFs
- Independent Living Facilities
- Continuing Care Residential Facilities
- Hospitals (short-term acute, long-term acute, rehabilitation, and psychiatric)
- Home Health Agencies
- ClearCare Partners
- Homemaker and Companion Agencies/Services
- Veterans' Affairs
- Patient Self-Referrals
- Families and Friends
- Managed Care Companies
- Religious/Faith Communities

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** expects referrals from:

- Nursing homes
- Hospitals
- ALFs
- Other Health Care Organizations (e.g., low income clinics, Basic NWFL, etc.)
- Physicians
- Home Health Organizations
- Churches and Clergy
- Social Service Organizations

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** states that attracting patients will not be difficult and that referrals will come from area physicians, hospitals, nursing homes, and other health care providers, family members and the patients themselves.

**VITAS Healthcare Corporation of Florida (CON application #10595)** states hospice referrals will come from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates, and other health care providers, family members and the patients themselves.

VITAS states “As evidenced in the letters of support in TAB 44, community organizations, disease-specific organizations, nursing homes, and assisted living facilities have indicated their support for VITAS to establish a hospice in Subdistrict 2A. These are institutions and groups likely to provide referrals” (page 148 of the application). The reviewer notes that the letters described above are provided in the applicant’s Tab 45, not Tab 44.

VITAS highlights its CON application #10595, Tab 18- Admissions Criteria & Application for Admission and discusses a free app available to Android and iPhones for physician and VITAS contact. VITAS notes that this app is CON application #10595, Schedule C’s, Condition #20.

- (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.**

**Amedisys Hospice, LLC (CON application #10592)** provides the following projected number of admissions by payer source for the first two years of operations.

**Amedisys Hospice, LLC/CON application #10592  
Year One and Year Two – Admissions by Payer**

<b>Admissions by Payer</b>	<b>Year one</b>		<b>Year two</b>	
	<b>Admissions</b>	<b>Percent</b>	<b>Admissions</b>	<b>Percent</b>
Medicare	132	70.0%	252	70.0%
Insurance/Other	47	25.0%	90	25.0%
Medicaid/Self-Pay/Indigent	9	5.0%	18	5.0%
<b>Total</b>	<b>189</b>	<b>100.0%</b>	<b>360</b>	<b>100.0%</b>

Source: CON application #10592, page 79

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** provides the following projected number of admissions by payer source for the first two years of operations.



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**Peoples Hospice and Palliative Care, LLC  
CON application #10593  
Year One and Year Two – Admissions by Payer**

Payer	Patient Days		Percent of Total
	Year one	Year two	
Medicare	8,111	16,222	67.5%
Medicare HMO	2,716	5,431	22.6%
Medicaid	721	1,442	6.0%
Commercial Ins.	240	481	2.0%
Self Pay	60	120	0.5%
Charity	168	336	1.4%
<b>Total</b>	<b>12,016</b>	<b>24,032</b>	<b>100.0%</b>

Source: CON application #10593, page 2-23, Table 2-14 and page 9-1, Table 9-1

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** provides the following projected number of admissions by payer source for the first two years of operations.

**United Hospice of West Florida, Inc.  
d/b/a PruittHealth Hospice – 2A, Inc.  
CON application #10594**

**Year One and Year Two – Admissions by Payer**

Payer	Year one Admissions	Year two Admissions
Medicare	162	373
Medicaid	14	31
Private	2	4
Indigent	3	6
<b>Total</b>	<b>180</b>	<b>414</b>

Source: CON application #10594, page 128

Per PH2-A, veterans are included within all of the payers, though the vast majority of them are paid for by Medicare, with a lesser portion included within Medicaid and even lesser by the VA itself.

**VITAS Healthcare Corporation of Florida (CON application #10595)** provides the following projected number of admissions by payer source for the first two years of operations.

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**VITAS Healthcare Corporation of Florida  
CON application #10595  
Year One and Year Two – Admissions by Payer**

<b>Payer Source</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Medicare	258	397
Medicaid	44	69
Indigent/Charity	3	5
Private Insurance/Self-Pay	5	8
<b>Total Admissions</b>	<b>311</b>	<b>480</b>

Source: CON application #10595, page 149, Exhibit 46

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

**Amedisys Hospice, LLC (CON application #10592)**

provides the following projected number of admissions by terminal illness for the first two years of operations.

**Amedisys Hospice, LLC/CON application #10592  
Year One and Year Two – Admissions by Terminal Illness**

<b>Admissions by Terminal Illness</b>	<b>Year one</b>		<b>Year two</b>	
	<b>Admissions</b>	<b>Percent</b>	<b>Admissions</b>	<b>Percent</b>
Cancer	53	28.0%	101	28.0%
End-stage Pulmonary	25	13.0%	47	13.0%
End-stage Heart	34	18.0%	65	18.0%
Other	77	41.0%	148	41.0%
<b>Total</b>	<b>189</b>	<b>100.0%</b>	<b>360</b>	<b>100.0%</b>

Source: CON application #10592, page 79

AH states that these estimates are based on DOEA’s annual data reports and annual publications of the Hospice Demographics and Outreach Measures.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)**

provides the following projected number of admissions by terminal illness for the first two years of operations.

**CON Action Numbers: 10592 through 10595**

**Peoples Hospice and Palliative Care, LLC  
CON application #10593  
Year One and Year Two – Admissions by Terminal Illness**

<b>Cause of Death</b>	<b>Percent</b>	<b>Year one</b>	<b>Year two</b>
Cancer	23.6%	40	80
Heart	30.4%	52	103
Nephritis /Kidney Disease	1.9%	3	7
Liver Disease	1.7%	3	6
Chronic Lung Disease	8.3%	14	28
Stroke	5.6%	10	19
Alzheimer’s Disease	4.3%	7	14
Blood Poisoning	1.5%	3	5
Diabetes	4.2%	7	14
Subtotal	81.6%	139	278
Other	18.4%	31	63
<b>Total</b>		<b>170</b>	<b>340</b>

Source: CON application #10593, page 2-24, Table 2-15 and partially from page 1-28, Table 1-19

As previously indicated in the applicant’s response to items E.1.a. and E.2.a.(1) of this report, PHPC notes that due to high death rate of heart disease within HSA 2A, PHPC projects to serve more heart disease patients than cancer patients.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** provides the following projected number of admissions by terminal illness for the first two years of operations.

**United Hospice of West Florida, Inc.  
d/b/a PruittHealth Hospice – 2A, Inc.  
CON application #10594  
Year One and Year Two – Admissions by Terminal Illness**

<b>Terminal Illness</b>	<b>Year one Admissions</b>	<b>Year two Admissions</b>
Cancer	36	84
HIV/AIDS	3	7
Respiratory	32	76
Cardia	37	97
Renal Failure	22	44
Alzheimer/Cerebral Degeneration	15	33
Cerebrovascular/Stroke	21	44
Other	14	30
<b>Total</b>	<b>180</b>	<b>414</b>

Source: CON application #10594, page 129

PH2-A states that the above admission breakdown is consistent with the cancer vs. non-cancer need and PruittHealth Hospice experience and that the above table reflects a cancer to non-cancer ratio of approximately 20:80.

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The reviewer notes that the applicant’s terminal non-cancer admissions for the first two years account for the majority (approximately 80.0 percent) of all expected admissions.

**VITAS Healthcare Corporation of Florida (CON application #10595)** provides the following projected number of admissions by terminal illness for the first two years of operations.

**VITAS Healthcare Corporation of Florida  
CON application #10595  
Year One and Year Two - Admissions by Terminal Illness**

<b>Terminal Illness</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Cancer	65	101
HIV/AIDS	15	24
Respiratory	27	42
Cardiac	66	103
Alzheimer’s/Dementia	15	24
Cerebrovascular/Stroke	13	20
Other	109	167
<b>Total*</b>	<b>311</b>	<b>480</b>

Source: CON application #10595, page 150, Exhibit 47

Note \* VITAS year one and year two add up to 310 and 481, respectively.

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

**Amedisys Hospice, LLC (CON application #10592)** provides the following projected number of admissions by age cohort (under 65 or over 65) for the first two years of operations.

**Amedisys Hospice, LLC/CON application #10592  
Year One and Year Two – Admissions by Age Cohort**

<b>Admissions by Age Cohort</b>	<b>Year one</b>		<b>Year two</b>	
	<b>Admissions</b>	<b>Percent</b>	<b>Admissions</b>	<b>Percent</b>
Under 65	28	14.8%	54	15.0%
Over 65	161	85.2%	306	85.0%
<b>Total</b>	<b>189</b>	<b>100.0%</b>	<b>360</b>	<b>100.0%</b>

Source: CON application #10592, page 80

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** does not respond to this preference. The reviewer notes that PHPC responds Agency Rule 59C-1.0355(8) Florida Administrative Code, stating that “People’s Hospice will comply with the required reports to the Agency” – admissions by age 65 years and over and under 64 is part of this requirement.

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**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** provides the following projected number of admissions by age cohort (under 65 or over 65) for the first two years of operations.

**United Hospice of West Florida, Inc.  
d/b/a PruittHealth Hospice – 2A, Inc.  
CON application #10594**

**Year One and Year Two – Admissions by Age Cohort**

<b>Age Cohort</b>	<b>Year one</b>	<b>Year two</b>
Under 65	18	41
Over 65	162	373
<b>Total</b>	<b>180</b>	<b>414</b>

Source: CON application #10594, page 129

**VITAS Healthcare Corporation of Florida (CON application #10595)** provides the following table to account for the projected number of admissions by age group (under 65 or over 65):

**VITAS Healthcare Corporation of Florida  
CON application #10595**

**Year One and Year Two Admissions by Age Group**

<b>Age Group</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Under 65	46	72
Over 65	265	408
<b>Total</b>	<b>311</b>	<b>480</b>

Source: CON application #10595, page 151, Exhibit 48

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

**Amedisys Hospice, LLC (CON application #10592)** states the following list of stated hospice services provided by the hospice team, including volunteers:

- Routine Care
- Continuous care
- Skilled Nursing
- Hospice aide
- Social Services
- Physician and Medical Services
- Therapy Services
- Bereavement - grief and spiritual counseling
- Volunteer

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- Social services
- Patient and family education
- Specialty Programs: End-Stage Dementia, Cardiac & Pulmonary Connection, Palliative Care, Trees in Memory

The applicant states the provision of the following services through contractual agreements:

- General Inpatient Care
- Respite Care
- Therapy Services
- Durable Medical Equipment - national contract with Invaserv LLC
- Medical Supplies - national contract with Medline Industries, Inc.
- Pharmaceuticals - national contract with Optum Hospice Pharmacy Services LLC
- Other as deemed necessary given staffing levels of the agency

AH references the following sample addendum/agreement materials in CON application #10592:

- Attachment 18-General Inpatient Services Addendum
- Attachment 20-Respite Care Addendum
- Attachment 21-Therapy Services Agreement

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** states that staff provide care including symptom management, including pain control, physician directed medication, medical equipment and therapy services, regular nursing visits, 24-hour on-call service, chaplains, social workers, music therapy, respite services, bereavement, personal care, light housekeeping and errands, palliative care and other services.

Regarding volunteers, PHPC points out that all volunteers receive training prior to their assignments and that training topics include, but are not limited to:

- Patient rights
- Abuse, neglect and exploitation
- Communication with the terminally ill patient/family
- Ethical issues - identification, reporting and resolution

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- Signs and symptoms of approaching death
- Disease and culture specific issues pertinent to the 2A service area
- Recognition and acceptance of one's own mortality

PHPC maintains that generally, volunteer activities fall within the categories of patient care, bereavement, errands and transportation, as well as office functions.

Regarding contracted professionals, PHPC points out and the reviewer confirms, letters of support from an area pediatrician and cardiologist who indicated willingness to contract with PHPC. PHCP explains that depending on the types of services required by patients, the hospice will contract with therapists, such as respiratory and physical therapists, as required and further explains that the hospice retains responsibility for the contracted services.

Peoples Hospice indicates reliance upon other organizations for hospice patient needs and that, for example, a patient may require speech therapy, transportation, or medical equipment (such as a hospital bed for home use). Per the applicant, these services will be provided through a contract with other providers serving HSA 2A. Also per the applicant, any needed services are documented in the plan of care and approved by the medical director.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** states that core services, including physician services, nursing services, social work services, pastoral counseling, bereavement services and dietary counseling will be provided for by PH2-A staff, PruittHealth corporate staff and volunteers. Per PH2-A, complementary services to be provided by volunteers include massage therapy, pet therapy, and aroma therapy. PH2-A states that notably, the PruittHealth Caring Hands Program also trains caregivers in some holistic techniques.

PH2-A asserts that volunteers are at the core of the PruittHealth Hospice mission, stating that volunteers assist with patient and caregiver support and offer companionship to patients. PH2-A states an expectation that volunteers will exceed the minimum requirements of service.

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Per PH2-A, the hospice will contract for certain services as needed by the patients and that durable medical equipment, pharmacy services, rehabilitation and certain clinical services will all be contracted through PruittHealth affiliated companies and that additionally, DME, medical supplies and medications will be provided through PruittHealth Medical and PruittHealth Pharmacy, available 24 hours per day, seven days a week.

**VITAS Healthcare Corporation of Florida (CON application #10595)** 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 and speech therapy, and in addition, both pet visits and music therapy. VITAS points out the provision of a licensed music therapist but that additionally, volunteers will be utilized for both pet visits and music therapy.

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

**Amedisys Hospice, LLC (CON application #10592)** states that AH will not construct a freestanding inpatient hospice but rather will enter into contractual agreements with hospitals, SNFs or hospice inpatient units to provide inpatient care to the residents of HSA 2A.

AH again references its Attachment 18-General Inpatient Services Addendum.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** reiterates the Peoples Hospice response to item E.2.a.(2) of the application. See item E.2.a.(2) of this report.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** states an intent to have contractual agreements with both PruittHealth – Panama City for inpatient beds as well as other area nursing homes and hospitals designed to meet patient needs in the six-county subdistrict. The applicant reiterates the stated advantages to PH2-A having an inpatient unit in its PruittHealth nursing facility. This was previously explained briefly in item E.2.a.(2) of this report.



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The applicant states a belief that an arrangement with PruittHealth – Panama City is the most cost efficient way to provide inpatient and respite care for patients in HSA 2A. PH2-A reiterates plans to have a presence in each of the six counties in HSA 2A.

**VITAS Healthcare Corporation of Florida (CON application #10595)** states that it seeks only to establish a new hospice program. The applicant indicates that it will establish inpatient agreements with existing hospitals and nursing home facilities. VITAS provides sample inpatient agreements in CON application #10595, Tab 37. The administrators/CEO(s) from the following SNFs/hospital(s) agree to consider partnering/entering into negotiations to establish a contractual agreement with VITAS Healthcare Corporation of Florida for an inpatient level of care, should CON application #10595 be approved (listed by name and county):

- River Valley Rehabilitation Center (Calhoun County)
- St. Andrews Bay Skilled Nursing and Rehabilitation Center (Bay County)
- Jackson Hospital (Jackson County)

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

**Amedisys Hospice, LLC (CON application #10592)** restates that AH will enter into contractual agreements with hospitals, SNFs or hospice inpatient units to provide inpatient care to the residents of HSA 2A.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** states an expectation of having a mix of both hospital and nursing home beds in the counties of Bay, Gulf and Jackson. PHPC states also that the admitting physician is the hospice medical director.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** reiterates plans to have contractual arrangements with existing facilities throughout the six-county area but first to establish a hospice unit at PruittHealth - Panama City and then enter into service agreements for hospitals, nursing homes and ALFs in each county in HSA 2A. PruittHealth

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Hospice - 2A states confidence in its ability to enter into multiple contracts with existing facilities for beds. Since PruittHealth Hospice - 2A will not be constructing beds and will contract for existing beds on an as needed basis, PH2-A states no intent on increasing the total number of beds available by facility (both hospital and nursing home) and alternatively will use existing licensed beds as patient needs warrant such services.

The reviewer noted previously in item E.2.a.(2) of this report that CON application #10594 includes the following sample inpatient hospice agreements:

- Tab 40: Sample Inpatient/Respite/Outpatient Contract
- Tab 41: Sample Nursing Home Contract

The reviewer again notes no letters of support from hospital and/or SNF executives in the area agreeing to consider entering into a contracting agreement for the provision of the inpatient care component of this proposed hospice program.

**VITAS Healthcare Corporation of Florida (CON application #10595)** restates the intent to establish inpatient agreements within the subdistrict and notes that the total number of inpatient bed days projected in year two is 299. 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.**

**Amedisys Hospice, LLC (CON application #10592)** maintains that general inpatient care may be provided to hospice patients for:

- Uncontrolled pain or pain control requiring aggressive medication adjustment/observation
- Severe dysfunctional/unmanageable behaviors
- Acute Distress in the active dying phase
- Pleural effusions
- Agitation/hallucinations
- Sudden debilitation

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- Change in home environment, evidence or neglect or safety issues
- Severe respiratory distress
- Intractable nausea and/or vomiting
- Seizures
- Complex wound care
- Palliative radiation/chemotherapy
- Severe depression (refusal to eat or drink)
- Patients with uncontrolled and distressful symptoms requiring advanced interventions
- Patients who require palliative treatments that require inpatient setting
- Patients whose primary caregiver is unwilling to permit the needed care to be furnished in the home

AH references its Attachment 6-General Inpatient Care Policy.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** indicates that typically, inpatient beds are used for pain control, symptom management when symptoms cannot be managed at the patient's residence, and for respite care and that if a patient requires an inpatient bed, the hospice provides information about the beds where a patient may go for the inpatient care. The inpatient beds are limited to those where the hospice has an agreement with the facility for the beds. Peoples Hospice expects this to include both hospitals and nursing homes in at least three of the six counties, with the goal of inpatient beds being available within each of the counties.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** explains that circumstances under which a patient will be admitted to an inpatient bed vary depending upon the patient's physical condition, which fluctuates with time, and the home care situation. PH2-A also explains that the patient, family, physician and hospice interdisciplinary team participate in the evaluation of appropriate levels of care and the decision regarding the provision of care in an inpatient unit. PH2-A comments that provided that the patient's medical reasons for admission are stabilized, the patient can be discharged home with a discharge plan including caregiver structure.

**VITAS Healthcare Corporation of Florida (CON application #10595)** 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 and 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. VITAS reiterates its sample inpatient agreements (Tab 37 of the application).

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

**Amedisys Hospice, LLC (CON application #10592)** explains that the applicant will admit patients who are hospice appropriate whether or not they have an identified caregiver at home. Per AH, the IDT will develop a plan of care irrespective of the patient's primary caregivers and will assist in identifying a caregiver and a reasonable plan for caregiver arrangement when appropriate. According to AH, "The Conditions of Participation (COPs) govern our industry and mandate a sea of sameness" (page 83 of the application).

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** reiterates the Peoples Hospice response to item E.2.a.(3) of the application. See item E.2.a.(3) of this report.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** indicates that a primary focus of the proposed hospice program will be to enable patients to remain in the least restrictive and most emotionally supportive environment possible and for many patients this means living in their own homes or those of relatives.

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PH2-A maintains that the applicant will make every effort to assist patients in developing a caregiver network from among neighbors, nearby relatives, friends, church groups, sitter services and volunteer organizations.

If the patient is not able to care for him/herself and has no caregiver support group, PruittHealth Hospice may recommend placement in an ALF or nursing home where the hospice program will be able to provide routine care. PH2-A social workers will assist patients without financial resources to obtain residential care in a hospice unit within an ALF or nursing home, as determined by their medical condition. PH2-A states a commitment to serving terminally ill homeless residents of Subdistrict 2A, who rarely have a primary caregiver.

**VITAS Healthcare Corporation of Florida (CON application #10595)** 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 medically 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.**

**Amedisys Hospice, LLC (CON application #10592)** states that bereavement services start when someone is first admitted to an AI hospice program and will continue for 13 months after the patient has died. AH also states recognition that grief is experienced differently by every person and that it is AH's commitment to be sensitive to these differences and help patients and their family, friends and caregivers work within their own emotional, spiritual and social framework. AH contends that bereavement support services are provided to help people navigate their unique grief journey and may include, but are not limited to:

- Resources and information on death, grief, coping skills and more
- Bereavement support mailings

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- Supportive phone calls and/ or in-person grief counseling
- Access and referral to services such as bereavement support groups, individual counseling and community resources
- Announcements about special events such as workgroups, annual memorial services and other programming in your area

AH states it serves as a bereavement resource to anyone in the local community who has also experienced the death of a loved one. Bereavement volunteers are briefly described on page 26 of the application.

AH offers discussion regarding its bereavement services including (pages 83 – 84 of the application):

- Bereavement mailings (at one, three, six, nine, 11 and 13-month intervals)
- Trees in Memory – A partnership with the Arbor Day Foundation
- Individual and group support
- Special Programming and Community Outreach
- Memorial services
- Trained bereavement volunteers

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** maintains that family members and caregivers are eligible to receive bereavement services a minimum of one year following the death of the patient and that the purpose of the services is to facilitate a normal grieving process and to identify those who may need additional support for their grief, beyond those services provided by the hospice. PHPC states that the hospice prepares an individual to function without hospice support at the end of the bereavement period.

The reviewer notes that a bereavement coordinator is identified in the applicant's Schedule 6. PHPC explains that staff who provide bereavement services complete training in grief counseling and will have experience working with individuals who are grieving. PHPC also explains that to the extent possible, hospice will coordinate with the individual's clergy when one is identified and further explains that

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similarly, the hospice will offer information about other community resources that may be helpful to the family or caregiver.

Peoples indicates that when a patient is admitted to hospice, the hospice social worker completes a bereavement risk assessment and that the information from the risk assessment is then incorporated into the plan of care. Peoples also indicates that in some instances, depending on the needs of the family and/or caregiver, a bereavement counselor may contact or visit the family/caregiver prior to the patient's death. PHPC contends that in all cases, bereavement services reflect the preferences of the patient's family and/or caregiver as it pertains to bereavement support.

Peoples asserts that the hospice first makes contact with the family member/caregiver by mail, outlining the bereavement services the hospice provides. For example, for children, the hospice will offer a summer camp for children affected by the death of a loved one. Camp HUG (Helping to Understand Grief) will be held each summer within one of the service area counties (the reviewer notes that this is not conditioned in the applicant's Schedule C). Peoples notes that when a family is affected by the death of a parent, the bereavement letter will indicate the availability of Camp HUG for the children.

Peoples Hospice maintains that "Hope Through Healing" grief support is offered, through information, support groups, and individual counseling by the hospice and that volunteers may be used to provide bereavement support. The reviewer notes that Peoples Hospice provides a two-page, 15-step Bereavement Services Policy (CON application #10593, Exhibit 2-2/Sample Policies and Procedures).

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** indicates that bereavement and related staff will provide grief counseling to family members, significant others and other loved ones identified in the bereavement plan of care for a minimum period of up to 13 months after the patient's death or longer if needed due to complex grief issues.

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The Bereavement Program is stated to include an assessment of survivor risk factors identified at the time of the patient's admission to PH2-A and will be reviewed on a quarterly basis by chaplain(s) and social workers. PH2-A maintains that personal belief systems and grief demonstrations, or lack thereof, will be respected and supported by hospice staff.

PH2-A states core grief services to be offered to families are as follows:

- Grief Counseling
- Home Visits
- Bereavement Group Activities
- Volunteer Support
- Patient/Family Education Materials
- Quarterly Follow-up/Correspondence
- Memorial Gatherings
- Sympathy cards
- Assistance with Memorial Services
- Community Resources and Referrals
- Staff Bereavement Support
- Community Education/Relations

PH2-A comments that in addition to core grief services provided by PruittHealth Hospice, PruittCares Foundation provides various bereavement care initiatives and that the most significant is Camp Cocoon - a children's outreach program funded through memorials received from PruittCares Foundation as well as through specific donations. The applicant discusses activities, events and staff composition at Camp Cocoon. The applicant's written materials on bereavement are included in CON application #10594, Tab 7: Bereavement Program.

PH2-A states that once the proposed project is operational in HSA 2A and increases its market presence, PH2-A will establish a Camp Cocoon Day Camp Program within HSA 2A (see CON application #10594, Condition #4).

**VITAS Healthcare Corporation of Florida (CON application #10595)** maintains that staff and volunteers provide grief support and bereavement services for survivors as needed and requested. VITAS indicates that bereavement services will be available upon admission. VITAS states having conditioned (Schedule C-Condition #20, eighth bullet) for the provision of bereavement services, including



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individual and group counseling, beyond one year, upon identified need or request. 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 offers narrative descriptions of numerous bereavement services/programs (pages 67- 71 of the application). Bereavement programs include:

- Grief support
- Home visits and calls
- Support groups
- Volunteer support
- Patient/family education materials
- Quarterly follow-up and correspondence
- Memorial gatherings
- Resources and referrals
- Staff bereavement support
- Community education
- Grief support for adolescents and violent deaths

Brief narratives are provided that describe the following:

- Bereavement assessment
- Development of a bereavement plan of care
- Home visits
- Written and telephone contacts with family
- Bereavement during holidays
- Camp B.E.A.R. (bereavement education, assessment and recovery held in March – a once-a-year day camp for bereaved children and their parents)
- Ongoing bereavement support for community tragedies

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

#### **Amedisys Hospice, LLC (CON application #10592)**

contends that each Amedisys Hospice location is involved in a wide variety of community education and outreach programs in its service area and although the hospice marketing liaisons lead these activities, the entire hospice team is involved in community education which includes understanding advanced care planning, end-of-life strategies for desired outcomes, and disease education and management.

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AH discusses specific community education activities (pages 87 and 88 of the application), including community:

- Expectations
- Communication and activities

CON application #10592, Schedule C-Conditions #18 - #21 are under the heading of community education and outreach.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** states plans for a comprehensive outreach program for hospitals, SNFs, ALFs and physician offices about the hospice and palliative care programs, including special programs, such as its proposed *Heart of Peoples* end-stage heart disease program. PHPC states also that the hospice offers quarterly education to the staff at hospitals and nursing homes, where contracted inpatient hospice and respite beds locate and that this education includes topics such as appropriate care for the hospice patient, documentation, and other topics specific to hospice care.

The applicant expects to offer continuing education seminars for nurses and social workers and that the medical director and/or clinical director will have oversight of educational events offered for credit. The hospice plans to advertise any educational activities using pamphlets, flyers, newspapers, posters, websites, social media, television or radio, as appropriate, per the applicant. The advertisements will contain the information required by the respective professional boards, according to PHPC, including, but not limited to:

- ✓ Title/Date/Location
- ✓ Statement of purpose/learner objectives/description or outline of activity
- ✓ Statement of target audience
- ✓ Credentials of the instructor
- ✓ Costs and items covered by fee/refund policy (if applicable)
- ✓ Number of contact hours to be awarded/provider status
- ✓ Late policies and award of continuing education credit
- ✓ Continuing Education Provider Number and expiration date

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The applicant also plans to provide community education events, such as participating in health fairs and other similar community activities. PHPC indicates that the hospice will work with its referral partners (e.g., hospitals, physician groups, nursing homes, ALFs) to promote the community educational event. The applicant references and the review confirms CON application #10593, Tab 10-Additional Information: Peoples Hospice Sample Materials.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** states a commitment to the provision of extensive community education activities surrounding the benefits of hospice to increase hospice awareness and utilization.

PH2-A points out having forecasted its staffing to include 3.0 FTE Community Relations Representatives in year one increasing to four Community Relations Representatives in year two, across its two offices. The reviewer notes PH2-A's Schedule 6A shows 3.0 FTEs in year one and 4.0 FTEs in year two for community relations representatives.

PH2-A states that Community Relations Representatives will be responsible for leading the outreach programs and coordinating educational sessions, presentations and listening sessions. PH2-A also contends that representatives will educate nursing home and ALF constituents on the myths and benefits of hospice.

**VITAS Healthcare Corporation of Florida (CON application #10595)** states that it will provide community education through these programs:

- Three hospice offices in the subdistrict, with one located in Bay County and two located outside of Bay County in more rural parts of the subdistrict
- A Hospice Representative committed to providing hospice outreach and education
- Advanced Care Planning for residents of homeless shelters
- Ask the Doctor events focused on Cardiac and Pulmonary diagnoses
- Hospice Education and Low Literacy Outreach (HELLO) program
- *Bridging the Gap* Panel Discussion and Toolkit

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VITAS states and the reviewer confirms written education materials for patients/families in CON application #10595, Tabs 7, 9, 11, 18, 21, 22, 33, 38, and 39.

VITAS offers narrative descriptions of various outreach projects (pages 72 - 80 of the application), with some of these programs including:

- Outreach to African American Communities
- Mobile Hospice Education Unit
- Veteran Outreach
  - VITAS pledge to veterans
  - We Honor Veterans Program
  - Virtual Reality Flightless Visits to DC War Memorials
  - Veterans Wall
  - Veterans Benefit Assistance Program
- ALF Outreach Program

### **(m) Fundraising activities.**

#### **Amedisys Hospice, LLC (CON application #10592)**

maintains that all services, programs, and activities resulting from the proposed project will be directly funded by the operations of the proposed program in HSA 2A. AH also maintains that should additional capital be needed to fund the operations of the proposed hospice, AI (the parent), is in a position to be financially supportive.

AH discusses the Amedisys Foundation (AF) – page 88 of the application. According to AH, AF was founded in 2016 with the purpose of providing support to both AI's team members and patients.

AH provides details regarding the "Amedisys Employees 1<sup>st</sup> Fund", explaining that qualifying circumstances for accessing AF funds include:

- Natural disasters
- Life threatening or serious illness/injury
- Death incident
- Catastrophic or extreme circumstances

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AH also provides details regarding the “Amedisys Patients’ Special Needs Fund”, explaining that examples of qualified special needs requests include but are not limited to:

- Utilizes
- Rent
- Emergency repairs
- Materials for a wheelchair ramp
- Funeral/cremation/burial costs
- Comfort items – bedding, glasses, groceries, etc.

The reviewer notes CON application #10592 Schedule C-Condition #23 - Amedisys Foundation financial relief options.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** is a for-profit entity. The applicant states that as such, it cannot fundraise. However, Peoples Hospice states plans to operate the Peoples Hospice Foundation, Inc. to support programs not covered by reimbursement, such as the homeless program. PHPC contends that this 501(c)3 non-profit entity is not prohibited from raising funds and also contends that the owners plan to donate a portion of the proceeds from the profits of the hospice and will use fundraising activities to support specific programs that are not reimbursed. The applicant asserts that the hospices affiliated with the Family Hospice Group also operate related foundations to fundraise for special programs. The applicant references and the review confirms CON application #10593, Tab 10-Additional Information: Community Hospice Foundation.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** emphasizes that PH2-A does not actively raise funds from the community and therefore it does not compete with non-profit hospice organizations or other groups in obtaining funds from the community. PH2-A asserts that it will not dilute potential contributions available in the community or adversely impact existing hospice programs' fundraising efforts. PH2-A maintains that the proposed project will in fact give back to its community.

**VITAS Healthcare Corporation of Florida (CON application #10595)** states that it will not solicit charitable contributions from patients, family or friends relating to its

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services in HSA 2A, 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. Regarding the solicitation of donations, the reviewer notes CON application #10595, Schedule C-Condition #14.

- 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.**

**Amedisys Hospice, LLC (CON application #10592)** states that if approved, AH will submit the required semi-annual utilization reports to the Agency, as required.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** states that People's Hospice will comply with the required reports to both the Agency as well as DOEA pursuant to requirements in statute and rule.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** indicates that PH2-A will comply with all reporting requirements, reporting results to the Agency or its designee, by the required time frames.

**VITAS Healthcare Corporation of Florida (CON application #10595)** 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.**

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In Volume 45, Number 194, of the Florida Administrative Register, dated October 4, 2019, need for one hospice program was published in HSA 2A for the January 2021 hospice planning horizon. The co-batched applicants are responding to published need.

The following chart illustrates hospice admissions for the past five years, ending June 30, 2019. As shown below, admissions increased each year from 2,266 as of June 30, 2015 to 2,681 as of June 30, 2018 and then decreased to 1,836 as of June 30, 2019. In the five year period, the highest admission occurred in the 12-month period ending June 30, 2018 (2,681 admissions) and the lowest admission occurred in the 12-month period ending June 30, 2019 (1,836 admissions).

The Agency notes that per the National Oceanic and Atmospheric Administration’s National Weather Service website at <https://www.weather.gov/tae/HurricaneMichael2018>, Hurricane Michael made landfall on October 10, 2018 near Tyndall Air Force Base (Bay County, Florida) as an unprecedented Category 5 Hurricane and caused catastrophic damage from wind and storm surge, particularly in the Panama City Beach to Mexico Beach to Cape San Blas areas. This same website indicates that Hurricane Michael was the strongest hurricane on record to make landfall in the Florida Panhandle. The Agency notes that Panama City Beach, Mexico Beach and Cape San Blas are all located within HSA 2A. The Agency indicated previously (in item E.1.a. of this report) that according to Agency population estimates, as of January 2020, Bay County had the largest and fastest growing age 65+ population of the remaining five HSA 2A counties, combined.

<b>Hospice Admissions for Hospice Service Area 2A June 30, 2015 – June 30, 2019</b>	
<b>June 30, 2015 through June 30, 2019</b>	<b>Admissions</b>
June 2019	1,836
June 2018	2,681
June 2017	2,351
June 2016	2,302
June 2015	2,266

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued October 2015 – October 2019

As previously stated in item E.1.a of this report, HSA 2A is currently served by the following providers:

- Covenant Hospice, Inc.
- Emerald Coast Hospice

**Amedisys Hospice, LLC (CON application #10592):** Regarding availability, the applicant references the Agency's Fixed Need Pool, published October 4, 2019 (for the January 2021 hospice planning horizon). Regarding accessibility, the applicant states (page 94 of the application):

“Several Recommended and Final Orders on CON applications for new acute care hospitals have defined or characterized access as having four attributes or dimensions: 1) geographic; 2) programmatic; 3) financial; and 4) cultural.”

AH restates its Schedule C-Condition #1. AH also states:

“Amedisys's application for a new hospice agency maintains that there are four groups of persons with underserved and unmet needs due to programmatic access issues:

1. The population under age 65
2. The population age 65 and over
3. Homeless Persons and Homeless Veterans
4. Persons with End-Stage Heart, Pulmonary, Dementia and Alzheimer's Diseases”

The reviewer notes that in its response of E.2.a.(1) of the application, AH identified 3 and 4 above as populations in the area with unmet needs but did not identify 1 and 2 above as population in the area with unmet needs.

AH reiterates the following major conclusions regarding 2018 HSA 2A total discharges from hospitals and discharges from hospitals to hospices for residents of HSA 2A by disease group/condition and age cohort, compared to Florida overall:

- 9.2 percent of resident patients aged <65 years and discharged with a diagnosis of Malignant Neoplasms in Hospice Service Area 2A were admitted to a hospice, compared to the State average of 7.2 percent. Hospice Service Area 2A's discharge rate to hospice was 22.2 percent higher than the state rate
- 8.4 percent of resident patients aged 65+ years and discharged with a diagnosis of Malignant Neoplasms in Hospice Service Area 2A were admitted to a hospice, compared to the State average of 12.2 percent. Hospice Service Area 2A's discharge rate to hospice was -44.8 percent lower than the state rate
- 0.9 percent of resident patients aged <65 years and discharged with a diagnosis of All Other in Hospice Service Area 2A were admitted to a hospice, compared to the State average of 0.6 percent. Hospice Service Area 2A's discharge rate to hospice was 29.3 percent higher than the state rate



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- 4.1 percent of resident patients aged 65+ years and discharged with a diagnosis of All Other in Hospice Service Area 2A were admitted to a hospice, compared to the State average of 4.5 percent. Hospice Service Area 2A's discharge rate to hospice was - 9.7 percent lower than the state rate
- For all causes and age groups, Service Area 2A residents' discharge rate from hospital to hospice of 2.3 percent was -6.4 percent lower than the State average of 2.4 percent

The applicant reiterates that Amedisys will implement a community outreach and education program specifically tailored to the homeless population diagnosed with a terminal illness and that this program will include multiple elements, some of which are:

- Work in partnership with community organizations that cater to the homeless population in Service Area 2A like the Doorways of Northwest Florida (NWF).
- Provide Advance Care planning medical care, medications and hospice specific services to eligible homeless hospice patients.
- Develop clinical practice adaptations for the care of the impoverished hospice patients without homes utilizing the resources that the National Healthcare for the Homeless Council provides to members.
- Provide training of all staff upon hire and annually surrounding clinical practice adaptations for end-of-life care for the homeless population

AH points out that due to end-stage heart disease and end-stage pulmonary relative prevalence in the area, AH's Cardiac and Pulmonary Connections Programs will address these needs with additional services.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)**

states reiterates plans to make several services and programs available to service area residents and their families who participate in hospice care. PHCP points out that these are services not reimbursed by Medicare nor other insurance carriers. Below is the applicant's brief description of these previously stated services:

- ✓ **Music Therapy.** Peoples Hospice identified a board-certified music therapist, willing to work with the hospice upon licensure. The music therapist submits a letter of support for the application. Music therapy is a service that is not reimbursed as a standard hospice service, but has many benefits for the patient and their families, including through the bereavement period. The music therapist is included in the applicant's proposed staffing.
- ✓ **Falls.** Peoples Hospice offers fall monitoring technology to patients who are at risk of falls.

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- ✓ **Heart of Peoples.** The hospice will offer a cardiac program for all late-stage diagnosed cardiac patients that includes disease specific care, telehealth monitoring, and daily calls. The program is led by a board-certified cardiologist.
- ✓ **Camp HUG (Helping Understand Grief).** A grief camp for children and adolescents is offered each summer for children experiencing grief. The camp is held in one of the 2A counties.
- ✓ **Homemaker /Companion Services.** The hospice expects to offer up to 6 hours a week of homemaker/companion services to patients who live alone and would benefit from this service.
- ✓ **Pediatrician-Led Hospice Care for Children.** The hospice intends to contract with a board-certified pediatrician to serve as a pediatric hospice advisor. A pediatrician interested in serving in this role is provided as a letter of support.

Regarding staffing, PHPC states to:

- Provide a housing stipend
- Recruit from the adjacent Alabama hospice service area using community contacts from that hospice
- Offer payment for Florida licensure
- Provide company vehicles for travel to HSA 2A when staff reside outside the service area

The applicant's response to quality is addressed in item E.3.b. of this report. Concerning access, Peoples Hospice reiterates MUA and HPSA in selected counties/areas in HSA 2A and that this type of federal designation demonstrates limited access to health care resources. Peoples Hospice reiterates its Schedule C-1<sup>st</sup> Condition. Peoples Hospice also stating partnering with Verizon Wireless to provide cell phones to those hospice patients without stable or permanent housing, including the homeless population and points out a letter of support from Verizon Wireless in support of the proposal (this is verified by the reviewer).

Concerning extent of utilization, the applicant reiterates the Agency's publication on October 4, 2019 of the Fixed Need Pool, documenting a need for an additional hospice program from the January 2021 planning horizon. Peoples Hospice responds to the Health Care Access Criteria (pages 3-5 to 3-8 of the application).

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** reiterates:

- The Agency's Fixed Need Pool publication pursuant to this batching cycle (referenced in item E.1.a. of this report)
- In 2018, compared to Florida's overall hospice penetration rates, HSA 2A's penetration rates were:

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- 17.4 percent lower for those age 65+ with a primary diagnosis of cancer
- 19.5 percent lower for those age 65+ with a primary diagnosis of non-cancer
- Specific underserved patient populations set for focused programming and resources to enhance access to hospice include:
  1. Rural residents/population
  2. Veteran residents/population
  3. Veterans who reside in rural areas of HSA 2A
  4. Terminally-ill with several specific diseases

PH2-A responds to the Health Care Access Criteria (pages 141 and 142 of the application).

**VITAS Healthcare Corporation of Florida (CON application #10595)**

maintains that the proposal seeks to address the entirety of the needs of the terminally ill population, regardless of age, race, gender, disability or income level. VITAS also maintains that specific groups to be served include:

- African American patients, especially those 65 and older
- Patients diagnosed with non-cancer chronic and terminal illness such as congestive heart failure, COPD and other cardiac-and respiratory-related diseases, Alzheimer's Disease especially those 65 and older
- Patients residing in nursing homes and ALFs
- Patients requiring continuous care level of service as well as complex and high acuity services

VITAS has also identified other populations in need of hospice services in HSA 2A (see item E.1.a. of this report). VITAS responds to the Health Care Access Criteria (pages 177 and 178 of the application). The reviewer notes the applicant's extensive 20 conditions (CON application #10505, Schedule C-Conditions), each of which the applicant identified as an area of unmet hospice need in the area.

The applicant's response to quality of care is addressed in item E.3.b. of this report.

- 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 December 2018, the DOEA updated its statewide 2018 Report Hospice Demographic and Outcome Measures, which is available in pdf form on the DOEA's website at:

[http://elderaffairs.state.fl.us/doea/Evaluation/2018\\_Hospice\\_Report.pdf](http://elderaffairs.state.fl.us/doea/Evaluation/2018_Hospice_Report.pdf)

. According to page one of this DOEA report (Executive Summary), the DOEA report contains an analysis of demographic and diagnostic data submitted by all 46 of Florida licensed hospices for 2017 and nationally endorsed quality measures from the Centers for Medicare & Medicaid Services (CMS). The CMS data includes the Hospice Item Set (HIS), endorsed by the National Quality Forum (NQF), and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data, developed by the RAND Corporation and which focuses on experiences of care.

For background, as of 2015, hospices no longer used the NHPCO due to the implementation of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Again, for background, in 2015, CMS made some hospice performance data available to states. DOEA then lifted the requirement that hospices submit outcome measure data to DOEA. The three hospice measures that had, previous to 2015, been required are as follows:

- Outcome Measure 1 (OM1): Proportion of patients reporting a reduction of pain (optional beginning in 2016)
- Outcome Measure 2 (OM2): Proportion of patients receiving the right amount of pain medicine (optional beginning in 2015); and
- Outcome Measure 2A (OM 2A): Proportion of patients who would recommend hospice services to others (optional beginning in 2015).

Although hospices are no longer required to submit outcome measure data to DOEA, for calendar year 2017, 26 Florida hospices voluntarily chose to submit data for OM1; 13 hospices voluntarily submitted data for OM2; and 12 hospices voluntarily submitted data for OM2A.

Below, the Agency replicates portions of the DOEA Hospice Demographic and Outcome Measures 2018 Report that address:

- CMS Quality Measures for Hospice Quality Reporting Program and Data Submission Requirements
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey

### **CMS Quality Measures for Hospice Quality Reporting Program and Data Submission Requirements**

Per pages 19 and 20 of the referenced DOEA Report, the Affordable Care Act (ACA) requires that CMS use nationally endorsed quality measures in the HQRP. Hospices are required to use and submit patient-level data for the following seven measures endorsed by the National Quality Forum (NQF):

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- NQF #1617: Percentage of patient stays treated with an opioid that are offered/prescribed a bowel regimen or documentation why this was not needed (Opioid/Bowel);
- NQF #1634: Percentage of patient stays during which the patient was screened for pain during the initial nursing assessment (Pain Screening);
- NQF #1637: Percentage of patient stays during which the patient screened positive for pain and received a comprehensive assessment of pain within one day of the screening (Pain Assessment);
- NQF #1638: Percentage of patient stays during which the patient screened positive for dyspnea and received treatment within one day of the screening (Dyspnea Treatment);
- NQF #1639: Percentage of patient stays during which the patient was screened for dyspnea during the initial nursing assessment (Dyspnea Screening);
- NQF #1641: Percentage of patient stays with chart documentation that the hospice discussed (or attempted to discuss) preferences for life-sustaining treatments (Treatment Preferences); and
- NQF #1647: Percentage of patient stays with documentation of a discussion of spiritual/religious concerns or documentation that the patient and/or caregiver did not want to discuss spiritual/religious concerns (Beliefs and Values Addressed)

**Each** co-batched applicant with existing hospice programs (or parent/affiliate with an existing hospice program) that participated in the referenced CMS quality measures and was documented in the referenced 2018 DOEA report is listed in the table below, with **each** participating provider's results shown.

Below are the most recently available results regarding each of the co-batched applicants that participated in the survey:

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**National Quality Forum Measure Results by Hospice, 2017**

<b>Facility Name</b>	<b>Treatment Preferences</b>	<b>Beliefs and Values</b>	<b>Pain Screening</b>	<b>Pain Assessment</b>	<b>Dyspnea Screening</b>	<b>Dyspnea Treatment</b>	<b>Opioid/Bowel Regimen</b>	<b>Number of Patients</b>
*Compassionate Care Hospice of Central Florida, Inc.	100.0	58.9	84.8	89.4	100.0	89.3	100.0	414
*Compassionate Care Hospice of Lake and Sumter, Inc.	99.0	73.6	89.6	80.5	99.7	97.0	100.0	506
*Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.	100	53.3	97.3	NA	100.0	100.0	100.0	412
** VITAS Healthcare Corporation of Florida	96.3	94.2	88.3	74.0	95.4	95.9	94.3	26,081***
<b>Florida Averages</b>	<b>98.9</b>	<b>92.5</b>	<b>97.0</b>	<b>82.8</b>	<b>99.0</b>	<b>97.8</b>	<b>96.3</b>	
<b>National Averages</b>	<b>99</b>	<b>95</b>	<b>95</b>	<b>82</b>	<b>98</b>	<b>95</b>	<b>94</b>	

*Data provided by CMS; collected between 10/01/2016-09/30/2017. Number of hospices, n= 42. Number of respondents, n= 125,310.*

Source: DOEA Hospice Demographics and Outcomes Measures 2018 Report, December 2018, pages 21 and 22, Exhibit 18 and pages 4 and 5, Exhibit 3 (number of patients only)

NOTE: \* As of February 2019, this is an affiliate of Amedisys Hospice, LLC

\*\* VITAS Healthcare Corporation of Florida has three separate hospice licenses with AHCA

\*\*\* The number of patients was combined for each of the three VITAS hospice licenses, for this sum total

**Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey**

Per page 23 of the referenced DOEA Report, in 2015, hospices began contracting with approved survey vendors to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey. The standardized 47-question CAHPS Hospice Survey includes the following measures: hospice team communication, getting timely care, treating family members with respect, providing emotional support, support for religious and spiritual beliefs, getting help for symptoms, information continuity, understanding the side effects of pain medication, and getting hospice care training.

**Each** co-batched applicant with existing hospice programs (or parent/affiliate with an existing hospice program) that participated in the referenced CAHPS measures and was documented in the referenced 2018 DOEA report is listed in the table below, with **each** participating provider’s results shown.

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**CAHPS Measure Results by Hospice**

Facility Name	Hospice Team Communication	Getting Timely Care	Treating Patient With Respect	Getting Emotional and Religious Support	Getting Help for Symptoms	Getting Hospice Care Training	Rating of Hospice Care	Willingness To Recommend Hospice	Number of Patients
*Compassionate Care Hospice of Central Florida, Inc.	82	85	91	90	78	80	84	88	414
*Compassionate Care Hospice of Lake and Sumter, Inc.	79	80	89	88	73	73	82	83	506
*Compassionate Care Hospice of Miami Dade	74	66	83	82	67	64	73	72	412
** VITAS Healthcare Corporation of Florida	72	69	82	87	69	63	74	79	26,081***
<b>Florida Averages</b>	<b>77</b>	<b>76</b>	<b>88</b>	<b>88</b>	<b>73</b>	<b>70</b>	<b>80</b>	<b>84</b>	
<b>National Averages</b>	<b>80</b>	<b>78</b>	<b>91</b>	<b>90</b>	<b>75</b>	<b>75</b>	<b>81</b>	<b>85</b>	

*Data provided by CMS; collected between 10/01/2015-09/30/2017. n= 43. Note: In CMS reporting, Vitas Healthcare Corporation of Florida was treated as one entity while in this report the three locations were treated as unique entities. Data unavailable for Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc.*

Source: DOEA Hospice Demographics and Outcomes Measures 2018 Repot, December 2018, pages 24 thru 27, Exhibit 20 and pages 4 and 5, Exhibit 3 (number of patients only)

NOTE: \* As of February 2019, this is an affiliate of Amedisys Hospice, LLC

\*\* VITAS Healthcare Corporation of Florida has three separate hospice licenses with AHCA

\*\*\* The number of patients was combined for each of the three VITAS hospice licenses, for this sum total

Below are summaries of **each** of the co-batched applicants’ stated additional quality features/characteristics, as well as the Agency’s substantiated compliant history, over the three-year period ending November 20, 2019 for Amedisys and VITAS.

**Amedisys Hospice, LLC (CON application #10592)** states that the parent, AI, operates in 38 states in the United States and the District of Columbia and owns and operates:

- 321 Medicare-certified home health care centers
- 138 Medicare-certified hospice care centers
- 12 personal care centers

AH states that AI has 3,000 hospitals and 65,000 physicians choosing Amedisys as its partner to provide post-acute care to patients

AH indicates the following vision, mission, strategy and values:

- Vision – *Where We Want to Go*  
We will lead the future of healthcare in the home - establishing ourselves as the premier choice for those requiring care and allowing our patients to age in place wherever they call home
- Mission – *Why We Are Here*

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We honor those we serve with compassionate home health, hospice and personal care services that apply the highest quality clinical practices toward allowing our patients to maintain a sense of independence, quality of life and dignity

- Strategy – How We Will Achieve Our Mission and Vision  
Our strategy is to become the best choice for care wherever our patients call home. We'll do that by excelling in clinical distinction; becoming an employer of choice; achieving operational excellence and efficiency - allowing Amedisys to make a difference in the lives of even more patients and their families.
- Values – Who We Are and What We Stand For
  - SERVICE - Remember why we are here
  - PASSION - Care and serve from the heart
  - INTEGRITY - Do the right thing, always
  - RESPECT - Communicate openly and honestly
  - INNOVATION - Influence and embrace change
  - TALENT - Invest in personal and professional growth

AI stresses that when a referral is called into one of its care centers, AI directs a team member to go to the patient's bedside as soon as possible that same day to care for patient and/or family needs.

AI states working to overcome the following objections:

1. Cases that are difficult, complex, or complicated.  
When an easier answer would be to say "no," Amedisys always strives to accommodate:
  - Weekend admissions
  - Service to geographically remote parts of the proposed service area
2. Cases that can be perceived as too expensive.  
No admission decision should ever be based on a margin or a spreadsheet. It is based on the patient's needs and goals for care.
3. Cases that present something new that the staff hasn't encountered before.  
If we need to do training or staff development to provide exceptional care, we do that. But we don't say "no" just because we have not encountered something before. There will always be a first time.

Based on Amedisys and Strategic Healthcare Program, "HQRP Analysis" as of September 30, 2019, AI provides:

- A comparison of its Hospice Item Set (HIS) scores with multistate and national benchmarks, October 1, 2018-September 30, 2019 (page 100, Exhibit 16 of the application). Amedisys states that these scores exclude its Florida hospice operations – CCH



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Based on Amedisys and Strategic Healthcare Program, “Real-Time Satisfaction Survey Results: CAHPS Hospice”, March 31, 2019, AI provides:

- A comparison of its Amedisys CAHPS score with multistate and national benchmarks, April 1, 2018 thru March 31, 2019

AI points out that Amedisys outperformed national and state averages.

AI discusses coordination of care, care planning, accreditations and awards (pages 102 to 106 of the application).

AI states the following goals of clinical excellence and safety management:

- Clinical programs, policies and procedures are implemented to meet the needs of our patients, families, and partners
- Consistent, high-quality care delivered by engaged clinical staff that focuses on pain and symptom management
- Industry leading patient outcomes driven by our hospice interdisciplinary team's expertise and commitment to meet our patient's needs and exceed their service expectations. The IDT of professionals and volunteers is responsible for patient/resident assessment and planning, care coordination/integration, and continuous planning
- Distinctive clinical programs developed specifically for underserved populations including patients with Dementia, Alzheimer's, other neurological disorders and Cardiopulmonary disease
- Educational and in-service training programs implemented that lead to further clinical development and better patient outcomes
- Amedisys' goal is to provide the safest working environment possible for each of our employees. Maintaining the safety, health and welfare of our employees is a top priority and the prevention of injuries is accomplished through the cooperative efforts and involvement of employees throughout the organization
- Upon admission and at every visit, all patients will be assessed for falls and ability to complete a Falls Risk Assessment. The home environment will also be evaluated for safety issues. As a result of the patient/home safety assessment, the patient/caregiver will receive instructions on basic safety measures including, but not limited to:
  - a. Basic home safety including fall prevention
  - b. Safe and appropriate use of medical equipment
  - c. The storage, handling, delivery and access to supplies, medical gases and drugs as appropriate to services provided

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- d. The identification, handling and disposal of hazardous or infectious materials and wastes in a safe and sanitary manner and in accordance with laws and regulations

AI provides extensive listings of standards of practice and hospice key performance indicators.

AI contends that the purpose of the Amedisys Quality Assessment and Performance Improvement (QAPI) Program is to provide a comprehensive data-based program to continually assess and improve the quality of the processes that affect patient outcomes. AI also contends that from “Board to Bedside”, the aim is providing patient centered care. AI states that the end effect will be the highest quality of care and a high level of patient perception of care and services. AI explains that defining patient and family needs, what is important and what matters, designing well defined processes to meet those needs and achieving outcomes that patients and families have identified as having value to them are the keys to Amedisys Hospice's ability to achieve and maintain the best patient outcomes and financial viability.

AI asserts that the hospice program is an on-going, comprehensive, integrated, self-assessment program of the quality and appropriateness of care provided, including services provided under contract. AI indicates that the QAPI program is a critical component of the company wide planning process and provides the framework for the fulfillment of the company mission. AI states that objectives of the Amedisys QAPI program include, but are not limited to the following:

- To assess the quality and appropriateness of all care, including general inpatient care, homecare, continuous care, respite care and care provided under arrangements
- To provide cost - efficient, quality health care services to the patients entrusted to our care
- To show measurable improvement in indicators that demonstrate an improvement in palliative outcomes and end-of-life support systems
- To evaluate the adequacy of clinical documentation utilizing the Clinical Review audit tool
- To measure, analyze and track quality indicators, including adverse events, hospice acquired pressures ulcers and infections
- To collect data to monitor and benchmark, the effectiveness and safety of services and quality of care, as well as identify opportunities for improvement, and best practices
- To utilize patient/caregiver perception of care and satisfaction and develop hospice services that are perceived to be of high quality and value

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- To utilize standard processes to provide effective, efficient and safe delivery of hospice care services by continually assessing processes of care, hospice services and operations
- Educate and involve the care center staff in the Quality Assessment and Performance Improvement process
- Monitor and evaluate compliance with ACHC standards, COPs, policies and procedures
- To conduct Performance Improvement Projects (PIP) when gaps are identified between current and desired status
- To conduct quarterly QAPI meetings and document activities and findings, including status of Performance Improvement Projects
- To evaluate on an annual basis

Amedisys discusses the composition and activities of the QAPI committee, as well as Performance Improvement Plans (PIPs). According to AI, the problem-solving model used is, “FOCUS-PDCA (Plan, Do, Check and Act)”.

The reviewer notes that CON application #10592 includes an extensive list of attachments that name 31 attachments, by attachment number and many address issues of overall quality of care in the form of policies, guidelines or addendums. Many of these attachments are Amedisys, Inc., publications. The reviewer lists some of the applicant's listed attachments below:

- Attachment No. 4: Routine Hospice Care Policy
- Attachment No. 5: Continuous Care Policy
- Attachment No. 6: General Inpatient Care Policy
- Attachment No. 7: Inpatient Respite Care Policy
- Attachment No. 8: Physician Services Policies and Operational Guidelines
- Attachment No. 9: Nursing Services Policies and Operational Guidelines
- Attachment No. 10: Medical Social Services Policies and Operational Guidelines
- Attachment No. 11: Counseling Services Policies and Operational Guidelines
- Attachment No. 12: Amedisys, Inc. Policy on Hospice Aides
- Attachment No. 13: Amedisys, Inc. Policy on Therapy Services
- Attachment No. 14: Volunteers Policies and Operational Guidelines
- Attachment No. 15: Policy and Guidelines for Pet/Companion Therapy-Preparing for Visit and Incident Reporting
- Attachment No. 25: Amedisys, Inc. Policy on Hospice Plan of Care

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- Attachment No. 26: Community Health Accreditation Partners (CHAP) Certificates of Accreditation for Compassionate Care Hospice of Central Florida, Compassionate Care Hospice of Miami Dade and the Florida Keys and Compassionate Care Hospice of Lake and Sumter
- Attachment No. 27: Amedisys, Inc. Policy on Patient and Family Rights and Responsibilities
- Attachment No. 28: Amedisys, Inc. Policy and Operational Guidelines on Admissions/Intake
- Attachment No. 29: Amedisys, Inc. Policy and Operational Guidelines on Quality Assessment and Performance Improvement (QAPI)
- Attachment No. 30: Amedisys, Inc. Quality Assessment and Performance Improvement (QAPI) Plan for 2019
- Attachment No. 31: Amedisys Emergency Preparedness Booklet

As previously stated in item C of this report, Amedisys, Inc., acquired Compassionate Care Hospice (CCH) in February 2019 and is therefore CCH's parent. CCH provides hospice services in the following HSAs: 3E, 6B and 11.

Amedisys Inc. hospice affiliates had no substantiated complaints during the three-year period ending November 20, 2019.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)**

states that FHG, of which PHPC is an affiliate, currently operates a hospice program in Alabama (Daystream Hospice), which borders the HSA 2A counties of Holmes and Jackson. PHPC also states that it follows the guiding principals of FHG, which are:

- Our word is our bond
- We treat everyone with respect
- We are open, honest, and consistent in all communications
- We go the extra mile to ensure every customer experience is a positive one

The applicant emphasizes that FHG, like PHPC, focuses exclusively on the provision of hospice and palliative care services – no other services compete for resources within the company.

Peoples Hospice states that its mission is to:

*“Surround patients and their families with compassionate care that enables them to embrace the end-of-life with dignity, courage, and peace.”*

PHPC maintains that elements of quality include:

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- Accreditation within one year of licensure by CHAP (Community Health Accreditation Partner)
- Membership in the National Hospice and Palliative Care Organization (NHPCO)
- Reporting hospice quality measures to CMS
- Employing Certified Hospice and Palliative Nurses (CHPNs) in supervisory roles

According to the applicant, the principals of PHPC are members of NHPCO and as such, the hospice embraces the ten components of quality in hospice care, identified by the NHPCO's Quality and Standards Committee. The applicant states that these include:

- ✓ **Patient and Family Centered Care**  
Providing care and services that are responsive to the needs and exceed the expectations of those we serve
- ✓ **Ethical Behavior and Consumer Rights**  
Upholding high standards of ethical conduct and advocating for the rights of patients and their family caregivers
- ✓ **Clinical Excellence and Safety**  
Ensuring clinical excellence and promoting safety through standards of practice
- ✓ **Inclusion and Access**  
Promoting inclusiveness in our community by ensuring that all people-regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age or other characteristics-have access to our programs and services
- ✓ **Organizational Excellence**  
Building a culture of quality and accountability within our organization that values collaboration and communication and ensures ethical business practices
- ✓ **Workforce Excellence**  
Fostering a collaborative, interdisciplinary environment that promotes inclusion, individual accountability and workforce excellence, through professional development, training, and support to all staff and volunteers
- ✓ **Standards**  
Adopting the NHPCO Standards of Practice for Hospice Programs and/or the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care as the foundation for an organization
- ✓ **Compliance with Laws and Regulations**  
Ensuring compliance with all applicable laws, regulations, and professional standards of practice, and implementing systems and processes that prevent fraud and abuse

✓ **Stewardship and Accountability**

Developing a qualified and diverse governance structure and senior leadership who share the responsibilities of fiscal and managerial oversight

✓ **Performance Measurement**

Collecting, analyzing, and actively using performance measurement data to foster quality assessment and performance improvement in all areas of care and services

The applicant states CMS.gov Hospice Compare to provide CMS quality of care measure results and CAHPS survey results (page 4-4/Figure 4-1 and page 4-6/Figure 4-3, respectively, of the application) for the applicant's affiliate Alabama hospice – DaySpring Hospice. The applicant offers a brief description on this Alabama hospice exceeding national averages on some quality measure/survey results.

The applicant states CMS.gov Hospice Compare to provide CMS quality of care measure results and CAHPS survey results (page 4-5/Figure 4-2 and page 4-7/Figure 4-4, respectively, of the application) for the applicant's affiliate Georgia hospice – Longleaf Hospice. The applicant offers a brief description on this Georgia hospice exceeding national averages on some quality measure/survey results.

PHPC states an expectation to achieve the same results, or better, than affiliate DaySpring Hospice and Longleaf Hospice, for similar measures, once operational.

Peoples Hospice states plans to perform quality assessment and performance improvement (QAPI), using a plan to guide its efforts and a committee to review information, make recommendations, and propose actions to remedy any identified problems. According to Peoples Hospice, the QAPI plan will meet all CMS Conditions for Participation, including goals and objectives of the program, ways of identifying and resolving problems, methods for evaluating the quality and appropriateness of care, and the impact the actions had on resolving problems. The applicant expects the formation of an 18-member Voluntary Council, with three member from each of the six HSA 2A counties. The QAPI committee would obtain input from this group.

The reviewer notes no written materials in CON application #10593 regarding a sample QAPI plan or related quality protocols.

Peoples Hospice reiterates the following program components to enhance quality:

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- ❖ Retaining a BC-MT to provide clinically-indicated music therapy to patients
- ❖ Offering rural outreach to underserved populations
- ❖ Providing end-of-life care to the homeless
- ❖ Identifying patients earlier so they do not die in the hospital
- ❖ Serving veterans
- ❖ Reaching the elderly living in ALFs
- ❖ Providing *Heart of Peoples* to end-stage heart disease patients, with the program supported by a contracted board-certified cardiologist
- ❖ Contracting with a pediatrician to develop protocols for serving the pediatric population and to oversee any pediatric hospice admissions

Peoples Hospice reiterates having experience working with rural populations in its other affiliated hospices and that additionally, the program components offered as part of the application are specifically tailored to the needs of the six-county area.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** is an entity formed for the purposes of establishing a hospice program in HSA 2A and as such, is a newly formed entity with no quality of care history in Florida. In the applicant's Executive Summary (page one (1) of the application, the applicant states that the applicant's name was changed with the Secretary of State's Office on December 3, 2019 to PruittHealth Hospice – Service Area 2A, Inc.

PH2-A maintains that upon licensure and certification, PH2-A will adhere to any and all State and Federal regulations/statutes and will comply with the Conditions of Participation for hospice providers of services under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) as well as the Medicaid Program.

The applicant states affiliation with PruittHealth Hospice, the operator of 25 hospices in three states (Georgia, North Carolina and South Carolina). PHH's 25 hospices are stated to serve residents in 315 counties and in FY 2019, provided 465,919 total days of care with an average daily census (ADC) of 1,277 patients. The applicant provides maps of the stated PHH hospice locations (pages 22 – 24 of the application). Per PH2-A, PHH operates within a continuum of care, which allows patients to move from acute care to post-acute care seamlessly, with improved patient outcomes.

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PH2-A provides the following diagrams in CON application #10594:

- PruittHealth Model of Care (page 19)
- PruittHealth Continuum of Care (page 144)
- Performance Indicators-Hospice Evening/Weekend Response (page 145)
- Pain Medication Needs Met (page 145)

PH2-A contends that in CYs 2017 and 2018, PHH's response to evening and weekend referrals and patients' needs far surpassed national rates. PH2-A further contends that similarly positive, in the two most recently available years (2017 and 2018), PHH was on par with the national average for percent of patients who had their pain medication needs met. The reviewer notes that the applicant does not reference a source or provide documentation to support this contention.

PH2-A states PHH's participation in CMS's HQRP as well as CHAPS. PH2-A further states using HQRP and CAHPS Reports, for 2018-2019, PHH improved on all 16 measures and exceeded national averages on nine of the 16:

- Treatment Preferences
- Pain Screening
- Pain Assessment
- Hospice Team Communication
- Getting Timely Care
- Treating Family Members with Respect
- Getting Emotional and Religious Support
- Getting Help for Symptoms
- Getting Hospice Care Training

For a full review of the applicant's stated August 2018 – July 2019 quality metric HQRP and CAHPS results for PHH, see CON application #10599, page 146.

According to PHH, its improvement in HQRP and CAHPS measurement results is a direct result of the implementation of PHH's "Best Practices" and other quality initiatives, programs and services carried out through all of PHH's hospice operations. PH2-A maintains that the 35 Best Practices at PHH span several topics and categories (page 28 and restated on page 147 of the application):

- ▶ Best practices to best support to the patient and family
- ▶ Best practices in providing individualized care for each patient
- ▶ Best Practices for additional support as the patient transitions into the dying process (via The Peaceful Path Program)
- ▶ Best practices for the RN Case Manager
- ▶ Best practices for volunteers



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- ▶ Best practices in caring for Veterans
- ▶ Best practices in training and continuing education of partners
- ▶ Best practices in patient and family education
- ▶ Best practices in bereavement support
- ▶ Best practices in communication

PHH lists all 35 “Best Practices” (pages 28 – 32 and restated on pages 147 – 150 of the application). The PHH 35 “Best Practices” are also included in the written materials on Tab 20 of the application.

PHH emphasizes Best Practice #29, “Every patient and family is to receive the book Gone From My Sight upon admission. The hospice interdisciplinary team will use this book during the patient's time on hospice to help to teach the patient and family about the end-of-life symptoms and care.” According to PHH, the Gone From My Sight publication has been shown to significantly improve CAHPS scores, family survey results and meets Medicare requirements for consistent family education. This publication is provided in Tab 17 of the application.

PHH points out that reducing hospital readmissions is a priority industry wide and is therefore a major emphasis for PruittHealth. The applicant states that to address the industry wide issue of hospital readmissions, PruittHealth has adopted INTERACT 3.0, a comprehensive program with tools specifically designed to decrease patient re-hospitalizations. PH2-A states that this program will be adopted at the proposed project (CON application #10594, Schedule C-Condition #9). PH2-A states that another tool/program utilized by PHH to reduce hospital readmissions is the Peaceful Path Program (CON application #10594, Tab 35 and Schedule C-Condition #10). Peaceful Path is described as a way for the entire hospice team to identify patients that are beginning to move closer to death and once the patient has been identified, the hospice team gets an order to increase the frequencies and time spent with patients and families. PH2-A states that once placed on the Peaceful Path Program, the patient receives:

- RN visits seven days a week
- Aide visits seven days a week
- Social work visits two to three times a week
- Chaplin visits two to three times a week

Also as part of the Peaceful Path Program, PH2-A comments that volunteers also increase frequency of visits, as needed and that each visit will extend twice as long as a typical routine (i.e. RN visit could be two hours or more).

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The applicant's disease-specific care pathways and programming was briefly discussed in item E.1.a. of this report. The applicant also provides description of the PHH Palliative Care Program (CON application #10594, Tabs 30 – 33). PH2-A states that goals of the PruittHealth Palliative Care Program are to:

- ▶ Reduce re-hospitalization rate
- ▶ Educate and assist with goal setting
- ▶ Provide ongoing treatment for symptom relief with concurrent treatment
- ▶ Promote the best quality of life for patients and their families including psychosocial and spiritual needs
- ▶ Provide expert care across the health care continuum
- ▶ Allow patients and families to have a primary role in their care
- ▶ Assist the attending physician with expert consult and ongoing treatment assistance
- ▶ Provide palliative care in the hospital and then to wherever a patient may call home

PH2-A explains that the major difference between hospice and palliative care is that palliative care has no limited life expectancy and that care may be provided earlier in the disease, which means fewer hospitalizations. PH2-A lists 20 characteristics/features that differ palliative care and hospice care (pages 39 and 157 of the application). The applicant commits to the establishment of a palliative care program (CON application #10594, Schedule C-Condition #10). Other programs/services discussed by the applicant include:

- Tuck-In
- Second Wind Dreams (Schedule C-Condition #11)
- Caring Hands
- Specialized Disease Management (Schedule C-Condition #12)

PH2-A references PruittHealth's Commitment to Caring Campaign, with the following mission and vision (page 159 of the application)

- Mission – Our family, your Family, ONE FAMILY. Committed to loving, giving and caring. United in making a difference
- Vision – To be innovators in a seamless and superior health care delivery system to the communities we serve

PH2-A additionally provides the “Commitment to Caring Pledge” (page 160 of the application).

PH2-A briefly describes the annual CNA Disney retreat, the administrative fellowship program, corporate standards, the PurittCares Foundation and Camp Cocoon. The reviewer notes that the PruittCares Foundation and Camp Cocoon, family outreach crisis grants, workforce

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investment/scholarships and “Tree of Memories” were again discussed. The applicant also lists 14 stated memberships/awards held by PHH. PH2-A comments that all PruittHealth affiliated hospices enjoy the benefits of the listed memberships where applicable. PH2-A states that it will follow PruittHealth’s established clinical audit, training and quality monitoring practices in conjunction with PruittHealth Consulting Services. Additionally, PH2-A asserts that the proposed project will engage PruittHealth Pharmacy Services to perform random audits of patient regimens.

PH2-A points out that PruittHealth purchases patient, family and staff satisfaction benchmarks from “*My InnerView*” and that this benchmarking tool collects quality data from all PruittHealth managed health centers. Per PH2-A, some data are used to compare facilities with regional, state and national benchmarks, and other data are customized to benchmark internal quality programs and that all of these metric systems allow PruittHealth to utilize the data from trending analysis to incorporate into the overall Performance Improvement process. PH2-A states that compared to other *My InnerView* users, PruittHealth Hospice programs are leaders in satisfaction. The reviewer notes that PH2-A provides no documentation to verify this.

PH2-A offers narrative regarding its performance improvement program/continuous quality improvement initiatives (pages 172 - 174 of the application). PH2-A maintains that the performance improvement process is based on company policies and procedures, standards for licensure and certification, as well as identified industry standards and quality benchmarks and that additionally, the process also monitors and utilizes information from the reports of various facility committees, consultant reviews, surveys, monthly quality assurance key indicator data, and internal staff audits. A listing is provided of staff positions that participate in various hospice QAPI activities/committees, as well as their respective responsibilities. The applicant states incorporation into the proposed project the PruittHealth QAPI Plan (Schedule C-Condition #14 of the application). The reviewer notes the inclusion of CON application #10594, Tab 38-QAPI Committee Agenda Meeting Agenda Template. However, the applicant’s Supporting Documents Index does not identify a QAPI Plan for Agency review.

PH2-A includes a narrative regarding its staff, training and career development. The applicant commits to the inclusion of PruittHealth University in the proposed hospice program (Schedule C-Condition #15 of the application). Other retreats, conferences and trainings are discussed.

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PH2-A offers narrative regarding customer service and transparency, stating a culture of quality. Additionally, the applicant describes “The Green Sweep Program” which consists of unannounced visits by PruittHealth's chief executive office, chief operating officer, and other leaders to each health care facility and hospice program and utilizes a standard scoring tool that focuses on areas as seen through the eyes of facility residents. Per PH2-A, the results of the program have enabled facilities to make significant changes that are appealing to the patients and families.

The reviewer notes that CON application #10594 includes an extensive supporting documents index that lists 46 separate tabs and many address issues of overall quality of care. Many of these tabs include PruittHealth publications. The reviewer lists below some of the applicant’s issuances not mentioned earlier in this report:

- Tab 12: Caring for Aging Parents
- Tab 13: Celebrating Hospice
- Tab 14: Clinical Standards
- Tab 18: Helping Hospice Patients
- Tab 19: Home for the Holidays
- Tab 23: Hospice Patient and Family Care Guide
- Tab 26: Mental Illness in the Hospice Patient
- Tab 27: Nutritional Concerns in Hospice Care
- Tab 29: Pain Control in Hospice Patients, 6<sup>th</sup> Vital Sign
- Tab 37: PruittHealth Hospice Policies & Procedures (Sampling)
- Tab 39: Safety and Hospice Patients

### **VITAS Healthcare Corporation of Florida (CON application #10595)**

states that nationwide in CY 2018, VITAS Healthcare had:

- 85,095 patients served
- ADC of 17,743 patients
- 47 hospice programs in 14 states and DC
- 12,176 employees including 4,707 nurses

VITAS provides its “Florida Overview CY 2018 on page 25 of the application showing:

- 36,033 patients served
- 3.3 million days of care
- 3.6 percent of patient days as continuous care
- ADC of 9,028
- 5,458 employees, 2,235 nurses
- 154 interdisciplinary teams

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- 1,165 active volunteers
- 145,054 volunteer hours
- 24-hour clinical staff through the Telecare Program
- \$6.78 million in charity care

VITAS Healthcare states having the following mission, values and vision:

- Mission
  - VITAS is a growing family of hospices providing the highest quality human services, products and case management to terminally ill and other appropriate patients and their families with measurable advantages for the patient, the family, the medical community, the employee and the stockholder
- Values
  - Improving the quality of life, empowerment and personal dignity are fundamental values and principles at VHC. VITAS' values are instilled in all of its employees, from the corporate office to the field staff member-
    - ✓ 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
- Vision
  - For over 40 years, VITAS has advocated for the rights of terminally ill patients and their families. VITAS believes that patients should be apprised of their clinical prognosis and be involved in the decision-making process that determines how their end-of-life care is provided

The applicant contends that VITAS is 100 percent focused on hospice and palliative care which is the core of the entity's business. VITAS maintains that without other service lines competing for its attention, it 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. Further, many new VITAS hospice programs are accredited by the Joint Commission or CHAP as part of the Medicare certification process. VITAS includes a bulleted list of corporate and program awards from 2010 - 2019 (Tab 5 of the application).

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VITAS discusses its Quality Assurance/Utilization Review (QAUR), its Quality Assessment and Performance Improvement (QAPI) process and the QAPI Dashboard, along with some of its related Schedule C conditions (pages 161 - 163 of the application). According to VITAS, the goals of its QAPI program are ongoing improvement of patient/family palliative outcomes, experience of care and overall hospice performance and that these are achieved and maintained through the following mechanisms:

1. Measure, analyze and track quality indicators, including adverse events, to enable the assessment of palliative outcomes and hospice services
2. Collect data to monitor the effectiveness and safety of services and quality of care and to identify opportunities for improvement
3. Conduct performance improvement projects to improve performance and to monitor performance to ensure the improvements are sustained
4. Document QAPI activities, including reasons for conducting performance improvement projects, and the measurable progress achieved on the projects

VITAS provides the QAPI Plan (Tab 40 of the application). The applicant lists quality initiatives that VITAS plans to implement in HSA 2A and identifies 11 bulleted quality initiatives that support its efforts to continuously improve quality of care (pages 84 and 85 of the application). VITAS maintains that its proposed program in HSA 2A, 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. The applicant indicates that the proposed VITAS HSA 2A governing body will implement a quality assurance program consistent with its existing programs in Florida.

The applicant provides its three existing VITAS Healthcare Corporation of Florida hospice licenses (Tab 15 of the application). Regarding pain management strategies, the reviewer notes the five extensive VITAS-generated pain management learning/reference modules (Tab 14 of the application):

- 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

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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 for all qualified applicants and employees 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). VITAS indicates that VITAS CARES has contributed to lower employee turnover and created an environment of appreciation and recognition.

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 maintains that an important element of VITAS Healthcare’s training program is a mandatory review of company compliance with HIPAA policy, to actuate and demonstrate the company’s commitment to ethical conduct.

VITAS states that it prides itself on offering accessible self-study formatted trainings, 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, VITAS serves the following Florida HSAs: 1, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11. Agency records indicate that for the three-year period ending November 20, 2019, VITAS had a total of 10 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 November 20, 2019**

<b>Complaint Category</b>	<b>Number Substantiated</b>
Quality of Care/Treatment	8
Resident/Patient/Client Rights	2
Administration/Personnel	1
Physical Environment	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.**

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.

**Amedisys Hospice, LLC (CON application #10592):** 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. All amounts except ratios are in thousands.



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<b>10592 - Amedisys, Inc. and Subsidiaries (in thousands)</b>		
	<b>Dec-18</b>	<b>Dec-17</b>
Current Assets	\$224,118	\$311,156
Total Assets	\$717,118	\$813,482
Current Liabilities	\$222,476	\$215,062
Total Liabilities	\$234,485	\$297,056
Net Assets	\$482,633	\$516,426
Total Revenues	\$1,662,578	\$1,511,272
Excess of Revenues Over Expenses	\$120,129	\$30,683
Cash Flow from Operations	\$223,483	\$105,731
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.0	1.4
Cash Flow to Current Liabilities (CFO/CL)	100.45%	49.16%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	2.5%	15.9%
Total Margin (ER/TR)	7.23%	2.03%
<b>Measure of Available Funding</b>		
Working Capital	\$1,642	\$96,094

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$1,093,539 which consists solely of this project. Schedule 3 indicates that funding will come from cash on hand. The audited financial schedules provided to the Agency show \$20.2 million available in cash and cash equivalents.

**Conclusion:**

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

**Peoples Hospice and Palliative Care, LLC (CON application #10593):**

The applicant is a start-up company with \$1,500,000 in cash on their audited financial schedules.

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$803,946 which consists solely of this project. Schedule 3 indicates that funding for this project will be provided by cash on hand. The audited financial schedules show \$1.5 million in cash and cash equivalents.

**Conclusion:**

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

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice**

**Service Area 2A, Inc. (CON application #10594):** The applicant is a start-up company with \$0 in cash on their audited financial schedules. Below is an analysis of the parent company.

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<b>10594 - United Health Services, Inc. (In thousands)</b>		
	<b>Jun-19</b>	<b>Jun-18</b>
Current Assets	\$174,311	\$146,731
Total Assets	\$743,072	\$690,363
Current Liabilities	\$252,682	\$222,241
Total Liabilities	\$651,950	\$579,032
Net Assets	\$91,122	\$111,331
Total Revenues	\$1,053,680	\$1,008,461
Excess of Revenues Over Expenses	(\$18,066)	(\$19,813)
Cash Flow from Operations	\$13,232	\$20,233
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	0.7	0.7
Cash Flow to Current Liabilities (CFO/CL)	5.24%	9.10%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	438.2%	320.5%
Total Margin (ER/TR)	-1.71%	-1.96%
<b>Measure of Available Funding</b>		
Working Capital	(\$78,371)	(\$75,510)

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$389,360 and \$10,000 in non-specified capital expenditures. Schedule 3 indicates that funding for this project will be provided by operating cash flows. The parent company provided a letter committing the necessary funds and

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audited financial statements to show access to the claimed funding. The most recent year of the audited financials showed \$13.2 million in cash flow from operations.

**Conclusion:**

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

**VITAS Healthcare Corporation of Florida (CON application #10595):**

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.

<b>10595 Vitas Healthcare Corporation of Florida</b>		
	<b>Dec-18</b>	<b>Dec-17</b>
Current Assets	\$43,242,171	\$38,130,164
Total Assets	\$624,834,529	\$544,953,654
Current Liabilities	\$27,610,029	\$27,429,944
Total Liabilities	\$28,778,779	\$27,978,152
Net Assets	<b>\$596,055,750</b>	<b>\$516,975,502</b>
Total Revenues	\$579,808,704	\$543,052,163
Excess of Revenues Over Expenses	\$79,080,248	\$34,115,034
Cash Flow from Operations	\$78,383,099	\$47,455,032
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	<b>1.6</b>	<b>1.4</b>
Cash Flow to Current Liabilities (CFO/CL)	<b>283.89%</b>	<b>173.00%</b>
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	<b>0.2%</b>	<b>0.1%</b>
Total Margin (ER/TR)	<b>13.64%</b>	<b>6.28%</b>
<b>Measure of Available Funding</b>		
Working Capital	<b>\$15,632,142</b>	<b>\$10,700,220</b>

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$11,633,004 which consists of current year capex expenditures for VITAS of Florida, the project currently under review and a concurrent project submitted this batch cycle (10606). Schedule 3 indicates that funding will come from operating cash flows. A letter from VITAS Healthcare of Florida was provided pledging support. The audited financial statements provided show an estimated \$78.3 million in cash from operations.

**Conclusion:**

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

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

**Analysis:**

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

The vast majority of hospice days are paid by Medicare (Medicaid is the next largest payer with similar reimbursement rates). As such, revenue is predictable by day and service type. Schedule 7 includes revenue by service type. We have divided the applicant's projected revenues by the estimated Medicare reimbursement rates for each level of service in year two to estimate the total patient days that would be generated by that

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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.

**Amedisys Hospice, LLC (CON application #10592)**

CON 10592	Amedisys, Inc.				
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$131.04	0.8176	\$107.14	\$59.67	\$166.81
Routine Home Care 61+ days	\$103.56	0.8176	\$84.67	\$47.16	\$131.83
Continuous Home Care	\$940.24	0.8176	\$768.74	\$428.18	\$1,196.92
Inpatient Respite	\$238.89	0.8176	\$195.32	\$202.43	\$397.75
General Inpatient	\$640.96	0.8176	\$524.05	\$360.39	\$884.44
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.084	\$180.79	\$1,780,546		9,849
Routine Home Care 61+ days	1.084	\$142.88	\$1,780,546		12,462
Continuous Home Care	1.084	\$1,297.24	\$31,268	24	24
Inpatient Respite	1.084	\$431.08	\$54,506		126
General Inpatient	1.084	\$958.57	\$121,112		126
		<b>Total</b>	<b>\$3,767,978</b>		<b>22,587</b>
			Days from Schedule 7		25,732
			<b>Difference</b>		<b>3,145</b>
			<b>Percentage Difference</b>		<b>12.22%</b>

The applicant’s projected patient days are 12.22 percent or 3,145 days more than the calculated patient days. The applicant did not provide a split of routine home care 1-60 days and routine home care 61+ days in the notes. Because of this, the Agency used a 50/50 split between the

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two categories. Should routine home care 61+ days be greater, the percentage difference between staff’s calculations and the applicant’s projections would decrease. Operating profits from this project are expected to increase from a loss of \$391,471 in year one to a profit of \$193,158 in year two.

**Conclusion:**

This project appears to be financially feasible, however the applicant’s projections may be optimistic.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)**

CON 10593	Peoples Hospice and Palliative Care, LLC				
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$131.04	0.8176	\$107.14	\$59.67	\$166.81
Routine Home Care 61+ days	\$103.56	0.8176	\$84.67	\$47.16	\$131.83
Continuous Home Care	\$940.24	0.8176	\$768.74	\$428.18	\$1,196.92
Inpatient Respite	\$238.89	0.8176	\$195.32	\$202.43	\$397.75
General Inpatient	\$640.96	0.8176	\$524.05	\$360.39	\$884.44
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.101	\$183.72	\$2,237,760		12,180
Routine Home Care 61+ days	1.101	\$145.20	\$2,237,760		15,412
Continuous Home Care	1.101	\$1,318.30	\$63,806	24	48
Inpatient Respite	1.101	\$438.08	\$33,205		76
General Inpatient	1.101	\$974.13	\$313,169		321
			<b>Total</b>		<b>28,037</b>
				Days from Schedule 7	24,032
				<b>Difference</b>	<b>-4,005</b>
				<b>Percentage Difference</b>	<b>-16.67%</b>

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The applicant’s projected patient days are 16.67 percent or 4,005 days less than the calculated patient days. The applicant did not provide a split for routine home care 1-60 days and routine home care 61+ days. Because of this, the Agency used a 50/50 split. Operating profits from this project are expected to increase from a loss of \$486,546 in year one to a profit of \$308,613 in year two.

**Conclusion:**

Due to the apparent conservative projections by the applicant, this project appears to be financially feasible.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)**

CON 10594	United Hospice of West Florida, Inc.				
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$131.04	0.8176	\$107.14	\$59.67	\$166.81
Routine Home Care 61+ days	\$103.56	0.8176	\$84.67	\$47.16	\$131.83
Continuous Home Care	\$940.24	0.8176	\$768.74	\$428.18	\$1,196.92
Inpatient Respite	\$238.89	0.8176	\$195.32	\$202.43	\$397.75
General Inpatient	\$640.96	0.8176	\$524.05	\$360.39	\$884.44
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.101	\$183.72	\$2,410,585		13,121
Routine Home Care 61+ days	1.101	\$145.20	\$1,033,108		7,115
Continuous Home Care	1.101	\$1,318.30	\$552,225	19.2	335
Inpatient Respite	1.101	\$438.08	\$91,815		210
General Inpatient	1.101	\$974.13	\$204,068		209
			<b>Total</b>		<b>20,990</b>
				Days from Schedule 7	21,800
				<b>Difference</b>	<b>810</b>
				<b>Percentage Difference</b>	<b>3.72%</b>



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The applicant’s projected patient days are 3.72 percent or 810 days more than the calculated patient days. The notes to Schedule 7A indicate that year two will consist of 70 percent 1-60 day routine care. Operating profits from this project are expected to increase from a loss of \$750,060 in year one to a profit of \$498,381 in year two.

**Conclusion:**

This project appears to be financially feasible.

**VITAS Healthcare Corporation of Florida (CON application #10595)**

CON 10595	VITAS Healthcare Corporation of Florida				
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$131.04	0.8176	\$107.14	\$59.67	\$166.81
Routine Home Care 61+ days	\$103.56	0.8176	\$84.67	\$47.16	\$131.83
Continuous Home Care	\$940.24	0.8176	\$768.74	\$428.18	\$1,196.92
Inpatient Respite	\$238.89	0.8176	\$195.32	\$202.43	\$397.75
General Inpatient	\$640.96	0.8176	\$524.05	\$360.39	\$884.44
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.084	\$180.79	\$1,961,514		10,850
Routine Home Care 61+ days	1.084	\$142.88	\$4,849,047		33,938
Continuous Home Care	1.084	\$1,297.24	\$501,158	17.5	282
Inpatient Respite	1.084	\$431.08	\$0		0
General Inpatient	1.084	\$958.57	\$248,259		259
		<b>Total</b>	<b>\$7,559,978</b>		<b>45,328</b>
			Days from Schedule 7		41,160
			<b>Difference</b>		<b>-4,168</b>
			<b>Percentage Difference</b>		<b>-10.13%</b>

The applicant's projected patient days are 10.13 percent or 4,168 days less than the calculated patient days. Operating profits from this project are expected to improve from a loss of \$1,654,724 in year one to a loss of \$121,029 in year two. The applicant included statewide operations on Schedule 8, but the incremental difference appears to reflect this project solely.

**Conclusion:**

This project appears to be financially feasible.

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

**Applies to all applicants:**

**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 co-batched projects will not have a material impact on price-based competition.

- f. **Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? ss. 408.035(1)(h), Florida Statutes; Ch. 59A-4, Florida Administrative Code**

The co-batched applicants are 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

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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. Therefore, the Agency would not impose a charity care or Medicaid patient day condition on an applicant.

**Amedisys Hospice, LLC (CON application #10592)** projects, in Schedule 7A of the application, for both year one and year two, total annual patient days will be attributed as follows:

- 5.0 percent to self-pay/Medicaid

The applicant offers the following Medicaid/Medicaid HMO/Medicaid Managed Care and/or self-pay/charity care Schedule C-Condition #24:

- The applicant will provide a combination of at least five percent annually of total patient days to patients who are reimbursed under Traditional Medicaid, or Managed Medicaid, or Uncompensated care.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** projects, in Schedule 7A of the application, for both year one and year two, total annual patient days will be attributed as follows:

- 1.9 percent to self-pay/charity care
- 6.0 percent to Medicaid

The applicant offers no Schedule C Medicaid/Medicaid HMO/Medicaid Managed Care and/or self-pay/charity condition.

**United Hospice of West Florida, Inc. d/b/a PruittHealth Hospice Service Area 2A, Inc. (CON application #10594)** projects, in Schedule 7A of the application, for both year one and year two, total annual patient days will be attributed as follows:

- 1.0 percent to third-party
- 7.5 percent to Medicaid

The reviewer notes that “third party” is not defined or otherwise identified in notes to the applicant’s Schedule 7A. The applicant offers no Schedule C Medicaid/Medicaid HMO/Medicaid Managed Care and/or self-pay/charity condition.

**VITAS Healthcare Corporation of Florida (CON application #10595)** projects, in Schedule 7A of the application, for both year one and year two, total annual patient days will be attributed as follows:

- 0.0 percent to self-pay
- 1.1 percent “other charity care”

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Again, per the applicant's Schedule 7A, total annual patient days are estimated as follows for Medicaid:

- 12.7 percent (year one)
- 13.0 percent (year two)

The applicant offers no Schedule C Medicaid/Medicaid HMO/Medicaid Managed Care and/or self-pay/charity condition.

**F. SUMMARY**

**Amedisys Hospice, LLC (CON application #10592)** is a for-profit limited liability company formed in the State of Louisiana on January 26, 2004 and authorized to do business in the State of Florida on October 21, 2019. The applicant is applying to establish a new hospice program in HSA 2A. AH is an affiliate of and parented by Amedisys, Inc., which acquired Compassionate Care Hospice in February 2019. CCH provides hospice services in the following HSAs: 3E, 6B and 11.

In this batching cycle, Amedisys also proposes to establish new hospice programs in HSAs 3A and 10.

The applicant proposes \$1,093,539 in total project costs.

Pursuant to project approval, Amedisys offers a total of 24 Schedule C conditions.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)**, a private-for-profit newly formed entity, proposes to establish a new hospice program in HSA 2A. The applicant is an affiliate of and is managed by Family Hospice Group, which operates three hospices in Georgia and Alabama.

The applicant proposes \$803,946 in total project costs.

Pursuant to project approval, PHPC offers a total of nine Schedule C conditions.

**United Hospice of West Florida, Inc., d/b/a PruittHealth Hospice – Service Area 2A, Inc. (CON application #10594)**, a for-profit newly formed entity established for the purposes of seeking CON approval to operate a hospice, proposes to establish a new hospice program in HSA 2A. The applicant executed a name change to PruittHealth Hospice – Service Area 2A, Inc., on December 3, 2019.

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PruittHealth, Inc.'s ultimate parent company is United Health Services, Inc. (UHS). UHS does not currently provide hospice services in Florida.

In this batching cycle, PruittHealth also proposes to establish new hospice programs in HSAs 3A and 6A.

The applicant proposes \$389,360 in total project costs.

**VITAS Healthcare Corporation of Florida (CON application #10595)** is a for-profit entity whose ultimate parents is CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in the following HSAs: 1, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11. VITAS also proposes to establish a new hospice program in HSA 6A in this batching cycle.

The applicant proposes \$929,062 in total project costs.

Pursuant to project approval, VITAS offers a total of 20 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 2A. **Each** applicant's major argument(s) in support of need for their respective proposal is briefly summarized below.

**Amedisys Hospice, LLC (CON application #10592)** states plans to remedy/address the following unmet hospice need in the service area sufficient to grant project approval:

1. The population under age 65
2. The population age 65 and over
3. Homeless persons and homeless veterans
4. Persons with end-stage heart, pulmonary, dementia and Alzheimer's diseases

The applicant forecasts 189 admissions in year one and 360 admissions in year two of operation.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** states plans to remedy/address the following unmet hospice need in the service area sufficient to grant project approval:

- ✓ A growing elderly population
- ✓ Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs) within the service area, with two counties receiving the MUA designation

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- ✓ A drop in hospice admissions by the two existing hospices, resulting in hospice admission rates lower than the state average
- ✓ Higher death rates per 100,000 population, particularly for heart disease
- ✓ A lower percentage of hospital discharges as a percent of service area deaths
- Rural outreach – Racial Categories
- In-hospital deaths in comparison to hospice enrollments
- Homelessness
- Veterans
- Residents of ALFs
- Residents with heart disease
- Pediatrician care for the pediatric population

The applicant forecasts 170 admissions in year one and 340 admissions in year two of operation.

**United Hospice of West Florida, Inc., d/b/a PruittHealth Hospice – Service Area 2A, Inc. (CON application #10594)** states plans to remedy/address the following unmet hospice need in the service area sufficient to grant project approval:

- The Agency’s Fixed Need Pool publication pursuant to this batching cycle (referenced in item E.1.a. of this report)
- In 2018, compared to Florida’s overall hospice penetration rates, HSA 2A’s penetration rates were:
  - 17.4 percent lower for those age 65+ with a primary diagnosis of cancer
  - 19.5 percent lower for those age 65+ with a primary diagnosis of non-cancer
- Specific underserved patient populations set for focused programming and resources to enhance access to hospice include:
  1. Rural residents/population
  2. Veteran residents/population
  3. Veterans who reside in rural areas of HSA 2A
  4. Terminally-ill with several specific diseases

The applicant forecasts 311 admissions in year one and 480 admissions in year two of operation.

**VITAS Healthcare Corporation of Florida (CON application #10595)** states plans to remedy/address the following unmet hospice need in the service area sufficient to grant project approval:

- The Agency’s Fixed Need Pool publication pursuant to this batching cycle (referenced in item E.1.a. of this report)
- African American residents, especially those 65 and older

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- Homeless, food-insecure and impoverished communities
- Undereducated individuals, especially those living in rural communities
- Veterans, especially those 65 and older
- Patients diagnosed with non-cancer chronic and terminal illness such as congestive heart failure, COPD, and other cardiac- and respiratory-related diseases, sepsis, and Alzheimer's Disease, especially those 65 and older
- Patients residing in nursing home and ALFs
- Patients in need of continuous care and high acuity/complex service offerings

VITAS projects 180 admissions in year one and 414 admissions in year two of operation.

*CON application #10595 (VITAS Healthcare Corporation of Florida), on balance, best satisfied the statutory and rule criteria for a new hospice provider in SA 2A pursuant to published need—this included identifying the proposed populations that are being underserved for hospice, services and locations proposed to make hospice accessible and available to underserved populations, providing a positive economic impact to the community and a history of establishing licensure quickly in new SAs which will enhance access to hospice services to residents of SA 2A.*

### **Quality of Care:**

The co-batched applicants demonstrated the ability to provide quality care.

**Amedisys Hospice, LLC (CON application #10592):** Agency records indicate that, in its three CCH hospice programs spread among three HSAs, as of the three-year period ending November 20, 2019, Amedisys hospice affiliates had a total of zero substantiated complaints.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** is a newly formed entity with no hospice operations in Florida. However, the manager, Family Hospice Group operates/maintains:

- Three hospices spread among Alabama and Georgia
- Regarding CMS quality of care measures (CY 2018) and CAHPS survey results:
  - Alabama and Georgia hospice programs that exceeded the national averages on some measures

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- A commitment to operate by the 10 components of quality in hospice care, identified by the NHPCO's Quality and Standards Committee
- A commitment to operate under a QAPI plan that will meet all CMS Conditions of Participation

**United Hospice of West Florida, Inc., d/b/a PruittHealth Hospice – Service Area 2A, Inc. (CON application #10594)** is a newly formed entity with no hospice operations in Florida. However, the parent, PruittHealth Hospice operates/serves/experienced:

- 25 hospice operations in three southeastern states
- 315 counties
- 465,919 total days of care (in 2019)
- An ADC of 1,277 patients
- 35 itemized “Best Practices”
- Regarding HQRP and CAHPS 16 score measurements for the period August 2018 – July 2019:
  - Improved in 16 of 16 measures
  - Exceeded national averages in nine of 16 measures

**VITAS Healthcare Corporation of Florida (CON application #10595)** Agency records indicate that, in its 15 HSAs, as of the three-year period ending November 20, 2019, VITAS hospice affiliates had a total of 10 substantiated complaints.

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

Funding for **each** proposed co-batched project and **each** proposed co-batched entire capital budget should be available as needed.

Strictly, from a financial perspective, **none** of the proposed HSA 2A co-batched projects will have a material impact on price-based competition to promote quality and cost-effectiveness.

### **Amedisys Hospice, LLC (CON application #10592)**

- This project appears to be financially feasible, however the applicant's projections may be optimistic

### **Peoples Hospice and Palliative Care, LLC (CON application #10593)**

- Due to the apparent conservative projections by the applicant, this project appears to be financially feasible.



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**United Hospice of West Florida, Inc., d/b/a PruittHealth Hospice – Service Area 2A, Inc. (CON application #10594),**

- This project appears to be financially feasible

**VITAS Healthcare Corporation of Florida (CON application #10595)**

- This project appears to be financially feasible

**Medicaid/Indigent/Charity Care:**

**Amedisys Hospice, LLC (CON application #10592)** projects five percent of total year one and year annual patient days will be self/pay Medicaid and offers to condition the project to a combination of at least five percent of total annual patient days to patients who are reimbursed under Traditional Medicaid, Managed Medicaid, or uncompensated care.

**Peoples Hospice and Palliative Care, LLC (CON application #10593)** projects year one and year two total annual patient days will be 1.9 percent to self-pay/charity care and 6.0 percent to Medicaid.

The applicant offers no Schedule C Medicaid/Medicaid HMO/Medicaid Managed Care and/or self-pay/charity condition.

**United Hospice of West Florida, Inc., d/b/a PruittHealth Hospice – Service Area 2A, Inc. (CON application #10594),** projects year one and year two total annual patient days will 1.0 percent to third party and 7.5 percent to Medicaid.

The applicant offers no Schedule C Medicaid/Medicaid HMO/Medicaid Managed Care and/or self-pay/charity condition.

**VITAS Healthcare Corporation of Florida (CON application #10595)** projects year one and year two total annual patient days will be 1.1 percent “other charity care”. Total annual patient days estimated for Medicaid are 12.7 percent (year one) and 13.0 percent (year two).

The applicant offers no Schedule C Medicaid/Medicaid HMO/Medicaid Managed Care and/or self-pay/charity condition.

**G. RECOMMENDATION**

Approve CON #10595 to establish a new hospice program in Hospice Service Area 2A. The total project cost is \$929,062.

CONDITIONS:

**Special Programs:**

**1. VITAS Pulmonary Care Program**

Compared to the state average, Subdistrict 2A's elderly residents have a higher percent of deaths attributable to chronic lower respiratory disease, but Medicare beneficiaries with the diagnosis comprise a lower percentage of patients receiving hospice care. VITAS has also learned from health care provider in 2A that existing hospice providers do not provide medically complex services such as hi-flow oxygen, which prevents certain patients from being discharged to hospice. Hospice Beneficiaries treated by pulmonologists have shorter hospice lengths of stay than national average. These metrics can be improved by targeted, diagnosis-specific outreach to area practitioners, improved care for pulmonary patients and community education through the VITAS Pulmonary Care Program. VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 2A. VITAS will ensure that Hi-flow Oxygen is also available as part of this program.

The program is described in in detail in Schedule B and 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. Documentation will be shown in a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the general manager in the annual CON conditions compliance report.
- b. Respiratory Therapist:** VITAS will employ a respiratory therapist in Subdistrict 2A who will be hired before the hospice begins operations. This 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. Compliance with this condition will be documented by providing AHCA with the start data of the respiratory therapist.

- 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. Compliance with this condition will be documented by providing AHCA with dated copies of the meeting invitations and lists of the individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- 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*. Compliance with this condition will be documented by providing AHCA with dated copies of the invitations and lists of the individuals Invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- 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 a hospice physician and other VITAS clinicians about hospice care, end-stage pulmonary disease, and caregiving and support for individuals with respiratory disease. Compliance with this condition will be documented by providing AHCA with copies of the materials used to publicize the events, the dates of the events and lists of the individuals who attended. The information will be submitted as part of the annual CON condition compliance report.

## **2. VITAS Cardiac Care Program**

Hospice utilization among patients with circulatory-related diagnoses for 2A residents is lower than the statewide average. Patients discharged by cardiologists who do receive hospice care have shorter lengths of stay than the national average. Medicare beneficiaries' hospital readmission rates are also higher than the state average for all but one hospital in Subdistrict 2A. These metrics can be improved by targeted, diagnosis-specific outreach to

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area practitioners, improved care for cardiac patients and community education through the VITAS Cardiac Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 2A. The program, described in Schedule B, 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. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the general manager in the annual CON condition compliance report.
- 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. Compliance with this condition will be documented by providing AHCA with dated copies of the meeting invitations and lists of individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- c. Healthcare 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. The presentation will focus on end-of-life care for patients with cardiac diagnoses. Compliance with this condition will be documented by providing AHCA with dated copies of the presentation invitations and lists of the individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- 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 a hospice physician and other VITAS clinicians about hospice care, cardiac disease, and caregiving and support for individuals with cardiac disease. Compliance with this condition will be documented by providing AHCA with copies of the materials used to publicize the events, the dates of the events and lists of the individuals who attended. The information will be submitted as part of the annual CON condition compliance report.

**3. Alzheimer's and Dementia Clinical Research and Support for Caregivers**

Patients with dementia represent the fastest growing group of hospice users. 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. Staff Training:** All nurses, social workers and chaplains will complete the training modules in the VITAS Alzheimer's and Dementia Care program within three months of their start date. VITAS Alzheimer's and Dementia Care program includes 2.5 hours of CEUs covering evidence-based protocols for behavioral symptoms. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the general manager in the annual CON condition compliance report.
- b. Partnership and Grant:** VITAS conditions this application on providing a grant to the Alzheimer's Project, a Tallahassee based non-profit organization serving the 2A area, to assist with support groups and education efforts that meet the emotional needs of area caregivers. The grant will total \$40,000 and will be distributed over the first two years of operations. The grant will be provided by VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks made to the Alzheimer's Project as part of the annual CON condition compliance report.

**4. VITAS Sepsis Program**

Forty percent of sepsis deaths met hospice eligibility at time on hospital admission based on a study published in JAMA 2017 (Rhee, et. al. (2017). Incidence and Trends of Sepsis in US Hospitals Using Clinical vs. Claims Data. JAMA, 318(13), 1241-1249). Furthermore, Death rates from Sepsis are higher for residents of 2A than the statewide average. In addition, hospital discharge rates to hospice for sepsis patients are lower than the statewide average. Sepsis patients receiving hospice services either in-hospital or post-discharge have shorter lengths of stay and lower readmission rates than the national average. Many members in the health care community miss the opportunity to recognize hospice eligibility for this disease demographic VITAS has created a

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library of resource for health care professionals to better understand when to refer to hospice and what specific concerns they have with the value that VITAS can bring in the care model. These metrics can be improved by targeted, diagnosis-specific outreach to area hospitals and physicians through the VITAS Sepsis Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 2A. The program, described in Schedule B, 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 Sepsis Program Resource Manual within three months of their start date. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- b. Provider Input:** VITAS will publicize and hold meetings with hospital staff and physicians to serve as a forum to discuss VITAS' sepsis program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs. Compliance with this condition will be documented by providing AHCA with dated copies of the meeting invitations and lists of individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- c. Healthcare Provider Education:** VITAS will offer an annual sepsis-related continuing education presentation to area health care providers for at least the first three years of operations. The presentation will focus on end-of-life care for patients with sepsis diagnoses. Compliance with this condition will be documented by providing AHCA with dated copies of the presentation invitations and lists of the individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- 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 a hospice physician and other VITAS clinicians about hospice care for sepsis patients, and caregiving and support for individuals with sepsis. Compliance with this condition will be documented by

providing AHCA with copies of the materials used to publicize the events, the dates of the events and lists of the individuals who attended. The information will be submitted as part of the annual CON condition compliance report.

**5. Veterans Program**

Veterans have unique end-of-life needs and benefit from specialized programming and care. Veterans comprise almost 30 percent of the population 65 and older in Subdistrict 2A.

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. This program is described in detail in Schedule 8. Compliance will be documented by submitting a dated list of the names of patients who participate in the annual condition compliance report.

VITAS conditions this application on offering to install a Veterans Wall in at least three area assisted living facilities or nursing homes 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. Compliance will be documented by submitting dated correspondence to area assisted living facilities offering to sponsor and create the wall in the annual condition compliance report.

VITAS conditions this application on the Subdistrict 2A program entering the We Honor Veteran program and achieving Level 4 commitment to the program within the first two years of operations. VITAS regularly participates in the We Honor Veterans Program, which is described in detail in Schedule 8. Compliance will be documented by submitting the date the program becomes a recruit and the date it achieves Level 4 status in the annual condition compliance report.

**6. Bridging the Gap Program and Medical/Spiritual Toolkit**

Hospice use rates among black Medicare beneficiaries in Subdistrict 2A are lower than the statewide average, particularly in Jackson county, where there is a large percent of African American residents. Provider and community education can help increase hospice use rates.

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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. This program is described in detail in Schedule B. VITAS conditions this application on offering the *Bridging the Gap* program in Subdistrict 2A during the first year of operations. Compliance will be documented by submitting a dated list of correspondence and offers to provide the program, a description of the training, and a list of attendees.

VITAS is working with the National Medical Association to create a *Bridging 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. VITAS conditions this application on providing the toolkit to health care providers and pastors in Subdistrict 2A the first year it is available. Compliance will be documented by providing a copy of the materials and a list of people who received the toolkit in the annual condition compliance report.

### **7. Assisted Living Facility (ALF) Outreach and CORE Training Program**

The existing hospices provided less than 11 percent of their patient days to ALF residents, which is lower than the 22 percent state average and 24 percent VITAS average. Hospice staff who receive ALF CORE Training will be better equipped to meet ALF residents' needs and partner with ALF staff. This training is described in detail in Schedule B.

VITAS conditions this application on having its Team Manager, social worker and hospice representative complete ALF CORE Training within the first year of operations. Compliance with this condition will be documented by providing AHCA with the date the VITAS staff members received training as part of its CON condition compliance report.



VITAS also conditions this application on sponsoring a CORE training program for area ALF staff during the first two years of operations. Compliance with this condition will be documented by providing AHCA with a copy of the Invitation to the CORE training, and a list of who attended the training as part of its CON condition compliance report.

**8. Palliative Care Program and Resources**

Palliative care is an important component of hospice care which VITAS offers to all of its patients. Hospital and Physicians in Subdistrict 2A indicated there is a greater need for access to these services. These services are described in detail in Schedule B. Some Subdistrict 2A residents who would benefit from palliative care services are not yet eligible or ready for hospice services. Determining what services are appropriate for each patient requires a detailed, focused conversation on end-of-life goals and advance care planning. 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 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 advance care planning and goals of care conversations. Compliance with this condition will be documented by providing copies of these documents in the annual CON condition compliance report.
- b. Bringing VITAS Palliative Care into 2A:** To provide palliative care to patients who are not ready or eligible to receive hospice care, VITAS Palliative Medical Associates, a VITAS-affiliated physician led consultative practice will provide services to palliative care patients in Subdistrict 2A within the first two years of operations. Compliance with this condition will be documented by a letter from Palliative Medical Associates stating the physicians initially providing services, the office location and the opening date. This will be submitted in the annual CON condition compliance report.

- c. Providing Services to Subdistrict 2A:** VITAS will bring palliative chemotherapy, inotrope drips and radiation to optimize pain and symptom management, as appropriate: Compliance with this condition will be documented by a count of Subdistrict 2A patients that have received palliative chemotherapy, inotrope drips, and radiation. This will be submitted in the annual CON condition compliance report.

**9. Provider Education and Training Programs**

VITAS recognizes the need for additional on end-of-life care training of physicians, nurses and social workers in the service area based on communication with a variety of local health care provider. Education programs will provide these practitioners with information and tools to better identify patients that would qualify for and benefit from hospice care.

VITAS will offer an ELNEC (End-of-Life Nursing Education Consortium) training program within the first year of operation. VITAS will also offer an EPEC (Education in Palliative and End-of-Life Care) training program for physicians within the first year of operation. This condition will be measured by providing AHCA with the dates, location, and list of attendees for each of these programs.

**10. Quality and Patient Satisfaction Program**

Patients benefit from hospice programs that continuously work to improve the quality of care they provide. Hospice patients and their families experience major physical, spiritual and emotional burdens. Patients need hospice providers who will alleviate their painful symptoms while families often need spiritual and emotional support during a loved one's death.

- a. Performance Improvement Specialist:** VITAS conditions this application on hiring a full-time Performance Improvement Specialist in Subdistrict 2A within the first six months of operations. This position is dedicated to supporting quality and performance improvement programs for the hospice program in 2A. 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. Compliance with this condition will be demonstrated by submitting the name and hire date of the

Performance Improvement Specialist in the condition compliance report.

- b. CAHPS Ambassador Program:** VITAS conditions this application on implementing the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Ambassador Program in Subdistrict 2A 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 2A. Compliance with this condition will be demonstrated by including documentation on the CAHPS Ambassador Program, including the names and contact information of staff involved in Subdistrict 2A in the condition compliance report in the first year of operations.

**11. VITAS Staff Training and Qualification**

Hospice staff are the key to providing patients and families high-quality care. VITAS is committed to ensuring its staff in Subdistrict 2A are well-trained to provide the best possible care. VITAS conditions this application on:

- a. The medical director covering Subdistrict 2A will be board-certified in Hospice and Palliative Care medicine.
- b. VITAS will award a salary increase and will reimburse any testing fees for RNs, LPNs, home health aides, and social workers who become certified in Hospice and Palliative Care.
- c. All employed Chaplains covering Subdistrict 2A 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.

Compliance will be shown by lists of relevant staffs showing their qualifications, and by lists showing certification dates and salary increase adjustments provided to RNs, LPNs, social workers and Home Health Aides who obtain the respective certification. This will be submitted with the annual CON condition compliance report.

**Other Conditions:**

**12. Hospice Office Locations**

VITAS is committed to increasing hospice awareness and utilization in Subdistrict 2A. Hospice offices increase hospice visibility and focused interaction with the community. VITAS recognizes the large geographic area covered by Subdistrict 2A and the fact that four of five counties in the area are designated as rural. As such, a physical presence in these communities is critical to ensuring outreach, education and awareness.

VITAS conditions this application on having three hospice offices. The main office will be in Bay County and the two other satellite offices will be located in other rural counties. By the end of the first year, the second office will be open. By the end of the second year, the third office will be open. Compliance will be demonstrated by submission of the VITAS license with the office addresses.

**13. Mobile Hospice Education and Outreach Van**

VITAS will have a mobile hospice education van, focused on outreach to residents of Subdistrict 2A, particularly those living in rural areas. The van will be available on a permanent basis. The van will provide end-of-life education to Subdistrict 2A health care providers and residents, focusing on rural and outlying areas. A log of trips made will be maintained to document the van's usage, and appropriate data will be provided to AHCA in the annual CON condition compliance report.

**14. VITAS Will Not Solicit Donations**

VITAS will not solicit charitable contributions from patients, family or friends relating to its services in Subdistrict 2A, nor engage in fundraising events for its program. Any unsolicited donations received will be given to VIT AS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community. Compliance will be provided in the annual CON conditions via an attestation and submission of a compliance report with a ledger showing any non-solicited amounts received and corresponding amounts provided to VITAS Community Connections.

**15. Outreach and End-of-life Education for 2A Residents Experiencing Homelessness, Food Insecurity and Limited Access to Healthcare**

The homeless rate in Subdistrict 2A is much higher than the statewide average and has increased since Hurricane Michael. Individuals experiencing homelessness often lack access to hospice care and positive interactions with health care providers. Area residents also have higher rates of food insecurity than the Florida average. 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 2A. The program will include the following elements:

**a. Advanced Care Planning for Area Homeless Shelter**

**Residents:** VITAS will offer at least three advanced care planning education programs to area homeless shelters for residents and staff within the first two years. 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. Compliance will be documented by providing AHCA with dated copies of offers from VITAS to area shelters to provide these programs, and a signed form from each shelter when a program is offered, listing the staff and the number of residents who attended. These documents will be part of the annual CON condition compliance report.

**b. Partnership and Grant to Provide Housing Food Assistance:**

VITAS will partner with a community organization to provide housing vouchers, improve access to shelter and food assistance for area residents experiencing food insecurity and homelessness. VITAS conditions this application on making grants totaling to \$140,000 to be distributed across two years to qualified agencies such as Feeding the Gulf Coast, Rachel's Recovery Relief, and Rivertown Community Church assisting individuals in Subdistrict 2A. The grant will be provided by

VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of Bay County grantee as part of the first two annual condition compliance reports.

**16. Community Partnership Rebuilding and Recover Programs**

VITAS recognizes that Subdistrict 2A faces devastating destruction from Hurricane Michael and that more than a year later there is substantial rebuilding of the community yet to be done. This is disproportionately seen in the rural communities within the service area. In recognition of this situation that impacts all aspects of life including health care services, VITAS will partner with local organizations dedicated to the rebuilding effort and will provide a grant of \$100,000 to the Rebuild 850 or other similar organizations whose mission is to work on rebuilding projects to assist residents of Subdistrict 2A. The grant will be provided by VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks as part of the first two annual condition compliance reports.

**17. Outreach Program for Rural Residents of Subdistrict 2A.**

Hospice use rates among Medicare beneficiaries in the five rural counties in Subdistrict 2A (Calhoun, Gulf, Holmes, Jackson, and Washington) are much lower than the statewide average. VITAS is committed to increasing hospice utilization and meeting the needs of residents in these rural counties. These programs are described in detail in Schedule B.

VITAS conditions this application on having a full-time hospice representative, dedicated to outreach in the five rural counties of Subdistrict 2A during at least the first two years of operations. The representative and the core services team will be hired when the two rural satellite offices open. 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.

These rural counties have a much lower health literacy rate, lower educational attainment, and a higher percentage of elderly residents with low incomes than the state average. VITAS will implement its Hospice Education and Low Literacy Outreach (HELLO) program in Subdistrict 2A with a focus on rural communities. VITAS conditions this application on offering one

outreach event per year 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. Compliance will be demonstrated by providing dated correspondence with area organizations offering the programs and a dated list of the events held in the annual condition compliance report.

Additional community outreach to rural communities is also critical including addressing access to health care generally as well as access for individuals with a high incidence of disease in this community such as patients with diabetes. VITAS conditions this application on providing grants totaling \$70,000 to be distributed during the first two years of operations to organizations such as St. Andrew's Community Medical Center and the American Diabetes Association or other qualified area organizations that ensure access to health care services for low income individuals and address health care education and wellness. The grant will be provided by VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks as part of the first two annual condition compliance reports.

**18. Educational Grant**

VITAS conditions this application on providing grants totaling \$100,000 over two years to Chipola College, Florida State University or another area college, university or training facility to provide scholarships, fellowships, or other education support 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. Compliance with this condition will be demonstrated by providing AHCA with a copy of the checks and information on what program(s) the checks fund as part of the condition compliance report.

**19. Medicaid Managed Care Education**

VITAS has learned and recognizes the complexity of ensuring Medicaid patient have access to hospice care and benefits including those dually eligible for Medicare and Medicaid. VITAS conditions this application on providing monthly webinars related hospice eligibility and access that will be made available to representatives and Managed Medicaid Care Plans and AHCA administrators of the Medicaid program.

**20. Services Beyond the Hospice Benefit**

VITAS offers a comprehensive array of services as a standard part of the care provided for its hospice patients and provides hospice education to area health care providers. Other hospices either do not normally offer these or present them as additional services above and beyond normal hospice care.

VITAS conditions this application on providing the following services, which are routinely provided by all VITAS hospice programs in Florida:

- Providing admissions in the evening and on weekends to address the need identified by hospitals and physicians in Subdistrict 2A, that existing hospice providers are not offering this service. Compliance will be measure by providing the number of admissions occurring after normal business hours and weekends.
- Offering a 24-hour call system called Telecare to provide caregivers with assurance and guidance, and dispatch hospice staff when necessary. Compliance will be provided in the annual CON conditions via an attestation of the service's availability and the service's contact information.
- Providing services to address medically complex, high acuity services such as hi-flow oxygen, IV therapy, open Rx formulary, paracentesis, thoracentesis, palliative blood transfusions, palliative TPN inotropes. Compliance will be provided in the annual CON conditions via an attestation of the service's availability.
- Providing internships to area social workers, chaplains and MBA and MHA (Master of Healthcare Administration) students. Compliance with this condition will be provided as a list of the number and type of interns in 2A, their associated school and the length of their internship.
- 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, email blasts, and flyers. Compliance with this condition will be evidenced by a list of programs offered by date and how many individuals attended the program online.



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- Providing a free prognostication tool through the VITAS app for all area physicians. Compliance with this condition will be evidenced by providing information on the application and copies of educational and marketing materials about the application distributed in Subdistrict 2A as part of the annual condition compliance report.
- 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. Compliance will be demonstrated by providing AHCA with an example of the dashboard and scorecard in the annual condition compliance report.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, upon Identified need or request. Compliance with this condition will be evidenced by documenting the number of individuals receiving bereavement services more than a year after the death of a family member in each annual CON condition compliance report.
- Patients benefit from programs and activities that are not part of the traditional set of hospice services. VITAS conditions this application on providing the following non-core services:
  - Life Bio
  - We Honor Veterans Program
  - Lavender Touch Experience
  - Musical Memories
  - Paw Pals
  - Music therapy
  - Massage therapy
  - Specialty children's bereavement services
- Compliance will be documented by including a description of each program and an attestation each was been offered throughout the previous calendar year in the annual compliance report.
- VITAS' comprehensive, open-formulary pharmacy program will be available to all VITAS hospice patients. Compliance with this condition will be evidenced by a signed, declaration in the annual condition compliance report.

Deny CON #10592, CON #10593 and CON #10594.

**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: \_\_\_\_\_

\_\_\_\_\_  
James B. McLemore  
**Operations and Management Consultant Manager**  
**Certificate of Need**