

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

**A. PROJECT IDENTIFICATION**

1. Applicant/CON Action Number

**Amedisys Hospice, LLC/CON #10596**

3854 American Way, Suite A  
Baton Rouge, Louisiana 70816

Authorized Representative: Regarner Thompson  
(225) 299-3108

**Chapters Health Hospice, Inc./CON #10597**

1240 Telecom Drive, Suite 300 West  
Temple Terrace, Florida 33637

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

**Hospice of Marion County, Inc. d/b/a Carewell of Northern Florida/CON #10598**

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

Authorized Representative: Richard E. Bourne  
Chief Executive Officer  
(352) 873-7434

**PruittHealth Hospice - 3A, LLC/CON #10599**

1626 Jeurgens Court  
Norcross, Georgia 30093

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

**Seasons Hospice & Palliative Care of North Central Florida,  
LLC/CON #10600**

6400 Shafer Court, Suite 700  
Rosemont, Illinois 60018

Authorized Representative: Todd A. Stern, C.E.O.  
(847) 692-1127

2. Service District/Subdistrict

Hospice Service Area 3A – Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union Counties

**B. PUBLIC HEARING**

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

**Letters of Support**

**Amedisys Hospice, LLC (CON application #10596)** submitted no letters of support regarding the proposal.

**Chapters Health Hospice, Inc. (CON application #10597)** provides letters of support (Appendix 2 of the application). These support letters are from elected officials, an existing HSA 3A hospice provider, a hospital, health organizations, social service organizations and other entities, largely within but in some cases outside of HSA 3A. The applicant provides excerpts of selected letters of support on pages 13 – 21, 38 – 45, 60 and 93 -95 of the application. The reviewer notes the following:

*Kristen Griffis, Executive Director, Elder Options (Elder Options also serves as the Mid-Florida Area Agency on Aging), Gainesville, Florida states –“Having recently been introduced to Chapters Health System regarding the development of their Care Navigation network, I was interested to find out that Chapters Health Hospice, an affiliate of Chapters Health System, would also be applying for the hospice CON in the 3A service area covering many of the Elder Options counties. I am familiar with the Chapters Health reputation as one of Florida's most respected palliative care and hospice providers and would welcome them as an additional hospice provider, but was also interested in the opportunity to collaborate more closely for the benefit of our elderly communities.*

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*In discussions with Chapters Health, we discovered a common goal centered on reducing social isolation in our senior communities in order to improve quality of life both physically and mentally...We have implemented the PEARLS program (Program to Encourage Active, Rewarding Lives). PEARLS is a national evidence-based program for late-life depression and is well suited for individuals with chronic illness. This program brings high quality mental health care into community-based settings that reach vulnerable older adults.*

*As the next hospice provider in the 3A service area, and a true partner to the community, Chapters Health Hospice has committed to fund the Elder Options PEARLS program at \$18,750 per year for 3 years”.*

Matt Pearson, Executive Director, Suwannee River Economic Council, Live Oak, Florida states “Since 1965, the Suwannee River Economic Council (SREC) has been taking care of seniors in the 11 counties that we serve - Lafayette, Hamilton, Suwannee, Columbia, Madison, Taylor, Dixie, Gilchrist, Levy, Union, Bradford and Putnam counties. Among the programs, we offer for seniors are the Aging Program, Assistance/Self Sufficiency program and Housing/Transportation programs.

*I was recently introduced to Chapters Health System ....In our discussions, the Chapters representatives really wanted to understand the needs of our unique communities and discussed ways they could support us to improve the quality of life for seniors now, which will also help them at the end of their life. A partnership.*

*At Suwannee River Economic Council, a real concern we face is the social isolation that comes with a rural community. Transportation becomes a lifeline for seniors, keeping them connected to the community not just/or their needs, but also for their comfort. If chosen as the next provider for the 3A service area, Chapters Health Hospice has committed to work with the SREC to help address this isolation issue. They will provide funding over the next three years for senior transportation services for activities other than medical needs*

David Huckabee, Executive Director, Columbia County Senior Services, Inc., Lake City states “Many of our services help to battle social isolation in our senior communities including the Lifestyle Enrichment Center which assists adults (60+) in maintaining their mental, physical, nutritional, and emotional health for as long as possible.

*When I was asked by Chapters Health "what is currently your biggest need for your aging community right now?" I did not hesitate to tell them*

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*about The Club. The Club, as part of the, Lifestyle Enrichment Center, is a social and therapeutic Day Care for Adults with Dementia and is one of two in the 11 county 3A service area. Due to the requirement for professional medical staffing, this is an expensive program to run; however, it is critical to the patient and their family... we need more partners focused on assisting our senior community. Therefore I was pleased to hear that if chosen, Chapters Health Hospice partner with our organization to support our senior programs, like The Club, including a financial commitment of \$56,250 over 3 years.*

*Kathy L. Fernandez, President, Haven Hospice provides a letter dated December 11, 2019, in which she states "...As you probably know, I have had a long-standing relationship with Chapters Health System and its affiliates. Over the last few years, I have been pleased to see that Chapters Health has continued to be a leader in addressing the unique needs related to aging, complex medical conditions and end-of-life concerns, maintaining its commitment to high quality care and access for all. They have continued being responsive to the needs of growing and diverse communities, educating the next generation of caregivers, and advocating for hospice patients and their families.*

*Haven Hospice has been operating in the 3A service area for 40 years and has proven that a patient-centered, community based, not-for-profit model of care is extremely successful in providing high quality hospice services to this very rural service area. With a very similar model of care and commitment to increasing access, Chapters Health Hospice is in the best position to serve the families of the 3A counties. Service Area 3A deserves another not-for-profit, community-based hospice that, is committed to open access, caring for residents regardless of their ability to pay, and providing valuable community services such as bereavement groups, children's grief programs, honoring veterans and other no-fee services".*

*Clovis Watson, Jr., State Representative, District 20, Florida House of Representatives, Gainesville writes "Chapters Health System... is seeking to fill the void that is needed in our community. I ask that you consider their request in establishing another hospice care facility in our service area".*

*Susan C. McMillan, PhD, ARNP, FAAN, Emeritus Distinguished University Health Professor, University of South Florida College of Nursing states "With their long-standing history and commitment to community based patient centered care, I could not think of a more appropriate organization to provide hospice services to the residents of the 3A counties".*

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Neil Ransky, NHA, Administrator, Avalon Healthcare and Rehabilitation, Lake City, Florida states *“I believe that Chapters Health Hospice, Inc. would be an excellent addition to this county, and I was particularly interested in hearing about their open access policy, which allows qualified patients to access hospice care while receiving other palliative treatments, such as chemotherapy and radiation. I feel this would be of significant value to our patients here at Avalon.*

Erica Henderson, LNHA, Administrator, The Rehabilitation Center of Lake City states her facility *“is a brand new, state of the art, 113-bed skilled nursing and rehabilitation services facility in Lake City, Florida. Chapters Health Hospice provides care wherever a patient calls home - a private residence, skilled nursing facility, assisted living community, hospital or hospice house - and partner closely with facilities like ours to ensure there is seamless collaboration for our clients. I believe that Chapters Health Hospice would be a great addition to our community and support them in their application for service area 3A.”*

Jennifer Anchors, Executive Director, United Way of Suwannee Valley, states *“Community partners are at the heart of our work so I was pleased to be introduced to Chapters Health Hospice by our local aging services provider. After speaking with their representative, I understand that Chapters Health wants to make a true commitment to providing services and support to our community. Many of the concerns at the United Way of Suwannee Valley are shared and addressed through the work of Chapters Health Hospice, whether it be caring for our Veterans and seriously ill children, or supporting those who are homeless or threatened with homelessness”.*

Shayne Baumgardner, LNHA, Executive Director, Lafayette Nursing and Rehabilitation, Mayo, Florida states *“Although we have not had a high level of need for end-of-life services in the past, at our facility, we do believe the entire community benefits from competition between high-quality, highly regarded hospice organizations. In my conversations with the representative from Chapters Health Hospice who visited me, I believe their long-standing expertise and success in pain and symptom management, grief and bereavement support and medical education, would make them a positive addition to our community. In fact, with 40 long-term care beds available at Lafayette, we would be willing to discuss the possibility of contracting with Chapters Health Hospice for General Inpatient Care or Respite Services”.*

Craig Carter, President and CEO—Advent Christian Village, Dowling Park, Florida states *“I was asked, “What would Advent Christian Village see as valuable in a new provider?” My answer to that question was*

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*simple, a partner. With a community as close as ACV, we want a provider that is willing to join us, not just provide services. After speaking with Chapters Health Hospice, and hearing about their 35-year track record of partnerships across Central Florida, they are the right partner to add to our community”.*

**Hospice of Marion County, Inc. (CON application #10598)** provides letters of support in Appendix I of the application. These support letters endorse the proposal and are from elected officials, health care providers/health care practitioners (mostly physicians), social service organizations, an existing HSA 3A hospice provider, and employees/volunteers of the applicant.

The reviewer notes that with the exception of elected officials, two physicians and the existing HSA 3A hospice executive who submitted letters of support for this project, the applicant’s remaining letters of support have an address/origin from contiguous HSA 3B. The applicant categorizes and concentrates excerpts of its letters of support on pages 69 – 76 of the application:

- Provider Executives/Administrators
- Physicians
- Community Organizations/Businesses
- State/County/City Government
- Carewell Associated Employees

Ted S. Yoho, Congressman, Third District of Florida, U.S. House of Representatives states *“Of the hospices applying to receive permission to begin to provide hospice services in my county, I believe Hospice of Marion County is uniquely qualified as they already have relationships with local medical providers. They currently receive regular referrals from the University of Florida Health Shands hospital and the Veterans Medical Center in Gainesville as well as from several doctors in Sub-district 3a who see patients with a Marion County residence. They also border Sub-district 3a, so they can rapidly begin reaching under-served patients with hospice services.*

*We would welcome a hospice which is known for their extended reach into communities by providing community and professional education, veterans programs, caregiver support groups, grief care and children's bereavement services.*

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*I would be glad to know my constituents would have access to attentive, high quality hospice care through Hospice of Marion County and support their efforts to be granted permission to provide hospice services in Health Planning Sub-district 3a.”*

Senator Keith Perry, 8<sup>th</sup> District, The Florida Senate writes “*We would welcome a hospice which is known for their extended reach into communities by providing community and professional education, veterans programs, caregiver support groups, grief care, and children's bereavement services. I would be glad to know my constituents would have access to attentive, high quality hospice through Hospice of Marion County and support their efforts to be granted permission to provide hospice services in Health Planning Sub-District 3a.*”

Representative Chuck Clemons, District 21, The Florida House of Representatives writes “*Of the hospices applying to receive permission to begin to provide hospice services in my county, I believe Hospice of Marion County is uniquely qualified as they already have relationships with local medical providers. They currently receive regular referrals from the University of Florida Health Shands Hospital and the Veterans Medical Center in Gainesville, as well as from several doctors in Sub-district 3a who see patients with a Marion County residence. I would be please to know my constituents would have access to attentive, high quality hospice care through Hospice of Marion County and support their efforts to be granted permission to provide hospice services in Health Planning Sub-district 3a.*”

Kathy L. Fernandez, BSN, MHA, President, Haven Hospice provides a letter dated December 12, 2019, which states “*[Hospice of Marion County] have achieved Deemed Status with the Joint Commission, the leading national health care accreditation body. I have heard praise for the compassionate care provided by, and expertise of, the Hospice of Marion County staff and volunteers.*” Ms. Fernandez lists nine reasons she supports Hospice of Marion County entering HSA 3A. She concludes “*I support Hospice of Marion County receiving permission to provide services in Health Planning Subdistrict 3a.*”

Ulhas Deven, MD, West Florida Medical Associates, PA and Rajendra Bellam MD, Bellam Medical Clinic submit letters concluding<sup>1</sup>

<sup>1</sup> These letters indicate office locations in Dunnellon (Marion County – HSA 3B) and Inglis (Levy County – HSA 3A).

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*“I wholeheartedly endorse Hospice of Marion County for their expansion into Sub-district 3a.”*

*The applicant also includes a letter from Marie Norris R.N. an employee who lives in Alachua County stating she is “particularly interested in supporting the efforts of Hospice of Marion County to provide hospice services to my friends and neighbors”.*

**PruittHealth Hospice – 3A, LLC (CON application #10599)** provides a letter of support from John Simmons, Immediate Past President, Florida Health Care Association who states *“As the former head of FHCA, I can tell you firsthand that PruittHealth and its affiliates are highly reputable providers of hospice services across the southeast and that one of their hospice agencies being established in Service Area 3A would be a great asset to those residents.”*

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** provides a large number of letters of support in Tab 10-Additional Information (in the application). Further, the Agency received the most letters of support independently on behalf of this project (with many of these originating from Suwannee County’s Children’s Primary Care Center and Shands Live Oak Primary Care). The applicant divides its letters of support into the following applicant-generated categories:

- Community Organizations
- Hospitals and Nursing Homes
- Physicians and Medical Professionals
- ALFs
- Education Professionals
- Residents

The largest single concentration of letters of support for this project fall under the applicant’s “residents” category, with almost all of these indicating an Alachua County address. The reviewer also notes regarding the remaining categories, as well as some letters of support received by the Agency independently:

- Community Organizations (most indicate an HSA 3A origin)
- Hospitals and Nursing Homes (most indicate an HSA 3A origin, from the following counties - Alachua, Columbia, Dixie and Suwannee)
- Physicians and Medical Professionals (originating from Alachua County – the communities of Gainesville and High Springs but also from the counties of Putnam (Palatka) and Suwannee (Live Oak))



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- ALFs (located in Alachua, Columbia, Hamilton, Suwannee and Putnam Counties)
- Educational Professionals (originating from outside HSA 3A and in some cases outside Florida but indicate familiarity and association with Seasons as an accomplished and quality hospice provider)

Seasons provides excerpts of some of the letters of support in response to items E.1.a., E.2. and E.3.a. of the application.

**C. PROJECT SUMMARY**

**Amedisys Hospice, LLC (CON application #10596)**, also referenced as Amedisys, AH or the applicant, is a foreign 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 3A. Amedisys, Inc. (or AI), AH's 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. Amedisys also proposes to establish new hospice programs in HSAs 2A and 10 in this batching cycle.

Amedisys Hospice, LLC expects issuance of license and initiation of service in February 2021.

The applicant proposes \$1,101,799 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 Lake City area of Columbia 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.*
- 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.

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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 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."

*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.*

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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.*

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 1 Hospice Visit when Death is Imminent in the Last 3 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.

*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 Columbia,

Hamilton, and Suwannee 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.

*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.*

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**Chapters Health Hospice, Inc. (CON application #10597)**, also referenced as Chapters, CHH or the applicant, is a newly formed Florida entity, established for the purposes of submitting this CON application, to establish a new hospice program in HSA 3A. CHH is an affiliate of not-for-profit Chapters Health System (CHS), an existing provider of hospice services in the following HSAs: 3C, 3D, 5A, 6A, 6B and 9B. CHS' affiliate Florida hospices are:

- HPH Hospice
- Lifepath
- Good Shepherd Hospice
- Hospice of Okeechobee, Incorporated

The applicant expects issuance of license in June 2020 and initiation of service in July 2020.

The applicant proposes \$321,656 in total project costs.

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

1. Establish an Open Access Program for adults and pediatric hospice patients in Service Area 3A.  
*Compliance will be documented by submission to AHCA of a yearly report identifying resources and services provided to Service Area 3A patients in support of this Open Access Program.*
2. Provide \$75,000 per year, for three years, to the Florida Council on Aging activities to support community-based programs to combat social isolation and support social, mental and physical well-being among the elderly within Service Area 3A counties. This community investment will be allocated as follows.
  - 2A. \$18,750 per year, for three years, for **Suwannee River Economic Council** (serving Bradford, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union Counties) supporting the provision of non-medical transportation for area elderly residents.
  - 2B. \$18,750 per year, for three years, for **ElderCare of Alachua County** (serving Alachua County) supporting an expansion of ElderCare's provision of both on-site served and home delivered meals for both hospice patients and non-hospice patients.



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2C. \$18,750 per year, for three years, for **Columbia County Senior Services** (serving Columbia County) for the expansion of Adult Day Care services and programs.

2D. \$18,750 per year, for at least three years, for the **Elder Options** (Lead Agency for FCOA within Service Area 3A) PEARLS program, supporting Elder Options' evidence-based depression management program for late-life depression.

*Compliance will be documented by submission to AHCA of a yearly report identifying resources provided in support of this condition.*

3. Provide educational grants totaling \$30,000 over three years to students (medical, nursing, nursing aide, other clinical/ health care students) residing in Service Area 3A with study focused on hospice and end-of-life care issues.

*Compliance will be documented by submission to AHCA of a yearly report identifying funding provided to Service Area 3A students in support of this condition.*

4. Establish three hospice office locations in Live Oak (Suwannee County), Palatka (Putnam County) and Alachua/High Springs (Alachua County) to enhance access to hospice care throughout Service Area 3A.

*Compliance will be documented by submission to AHCA of a yearly report identifying the location of hospice office locations.*

5. Expand the existing Chapters Health Foundation activity and operations into Service Area 3A specifically to provide support for Service Area 3A unfunded, wish fulfillment and safety in the home programs, similar to existing Foundation activity in support of other Chapter affiliates.

*Compliance will be documented by submission to AHCA of a yearly report identifying Foundation fundraising and funding activity within Service Area 3A.*

6. Gain Joint Commission accreditation for the proposed Service Area 3A hospice program within 18 months of initial licensure.

*Compliance will be documented by submission to AHCA of documentation showing the Joint Commission accreditation of the proposed hospice program.*

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7. Establish COPD and CHF programs in Service Area 3A, including telemedicine/telemonitoring support, in support of end-of-life and hospice patient care.

*Compliance will be documented by submission to AHCA of a yearly report identifying COPD and CHF program activity within Service Area 3A.*

8. Establish a community-based palliative care service (advanced illness management program) in Service Area 3A upon identification of a provider or payer partner.

*Compliance will be documented by submission to AHCA of palliative care program activity within Service Area 3A.*

9. Establish a "No One Dies Alone" program within Service Area 3A.

*Compliance will be documented by submission to AHCA of a yearly report identifying "No One Dies Alone" program activity within Service Area 3A.*

10. Establish a bereavement outreach program in support of Service Area 3A Chapters patients and families as well as in support of Service Area patients not aligned/affiliated with the proposed Chapters program.

*Compliance will be documented by submission to AHCA of a yearly report identifying bereavement program activity within Service Area 3A.*

11. Establish complementary care services in support of end-of-life and hospice care services and activities including aromatherapy, pet volunteers and visitation, music activities, comfort touch activities, art activities and a Reiki program.

*Compliance will be documented by submission to AHCA of a yearly report identifying complementary care activities provided within Service Area 3A.*

12. Establish a Pediatric Hospice program and a Concurrent Care for Medically Complex Children program in Service Area 3A.

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*Compliance will be documented by submission to AHCA of a yearly report identifying pediatric hospice care activity provided within Service Area 3A.*

13. Provide a Children's Camp in Service Area 3A within the first year of operation.

*Compliance will be documented by submission to AHCA of a yearly report identifying Children's Camp care activity provided within Service Area 3A.*

14. Provide inpatient hospice services through collaboration with inpatient providers (hospitals, SNFs, ALFs), as appropriate.

*Compliance will be documented by submission to AHCA of a yearly report identifying inpatient services provided at inpatient providers within Service Area 3A.*

15. Establish a We Honors Veterans Program in Service Area 3A.

*Compliance will be documented by submission to AHCA of a yearly report identifying veterans support activities provided within Service Area 3A.*

16. Begin operations no later than July 2020 if there is no appeal, or no more than 120 days following final CON approval of the project, should the initial Agency decision be appealed.

*Compliance will be documented by submission to AHCA of a timeline defining the dates of initiating operations for the Service Area 3A program.*

17. Extend Chapters' existing Care Navigation, pharmacy, durable medical equipment and HospiceHelp24® services provided to Chapters' hospice affiliates into Service Area 3A to establish a 24/7 centralized intake function for all Chapters interactions/requests and enhance and expand the quality and scope of services provided to Service Area 3A residents.

*Compliance will be documented by submission to AHCA of a yearly report identifying Care Navigation, pharmacy, durable medical equipment and HospiceHelp24® service activities provided within Service Area 3A.*

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18. Provide CEU offerings at no charge in support of end-of-life care and hospice care to Service Area 3A clinicians.

Compliance will be documented by submission to AHCA of a yearly report identifying CEU offerings provided within Service Area 3A.

19. Provide clinical internship opportunities to nursing, pharmacy, social work, bereavement counselor, therapy or other affiliated students within the Service Area 3A hospice operation.

*Compliance will be documented by submission to AHCA of a yearly report identifying clinical internship activity provided within Service Area 3A.*

**Hospice of Marion County, Inc. d/b/a Carewell of Northern Florida (CON application #10598)** proposes to establish a new hospice program in HSA 3A. The applicant will be referred to as HMC, Carewell of Northern Florida, Carewell or CNF. Hospice of Marion County, Inc., is a not-for-profit provider of hospice services in HSA 3B.

The applicant's Schedule 10 indicates HMC expects issuance of license on May 1, 2019 and initiation of service on May 1, 2019, which is obviously in error<sup>2</sup>.

The applicant proposes \$476,966.75 in total project costs.

Pursuant to project approval, HMC d/b/a CNF offers the following Schedule C conditions:

Carewell of Northern Florida agrees to condition the award of this CON application upon the following:

**1. Commitment to Serve the Medicaid Population**

Carewell of Northern Florida commits to making at least five percent (five percent of its projected patient volume available for Medicaid patients. This is a commitment to provide five percent of our annual care by patient admissions to Medicaid patients, although the actual percentage of volume will be dictated by patient demand. However, we are committing to ensuring the patient mix will be served if the demand is present.

<sup>2</sup> HMC's Schedule 6A indicates "Year Ended 04/2021" and "Year Ended 04/2022". The applicant's Schedule 7A indicates year one "Ending 2021" and year two "Ending 2022". The applicant's Schedules 6A, 7A and 10 are not uniform, most likely timeframe for start of operation would be April 2021.

Reporting Measure: Carewell of Northern Florida will document the patient referrals that it receives and accepts to confirm to the AHCA that Carewell of Northern Florida is meeting its commitment.

**2. Commitment to Serve the Homeless Population**

Carewell of Northern Florida commits to targeting and serving the homeless population of District 3A as part of our expansion should we be approved to provide hospice services. We will execute a program of outreach and offer care in accord with our charity care guidelines to ensure those patients in need of care are not denied access based on their means to pay.

Reporting Measure: Carewell will track charity care provided to the homeless population within a dedicated log of patients identified as homeless and the cost of such care at Medicare reimbursement rates. Carewell will also document its efforts to work with local organizations to identify the population in need of care and to then service this population. Carewell of Northern Florida will deliver the log and any supporting documentation during its annual report to AHCA.

**3. Commitment to Serve Patients without Primary Caregivers**

Carewell of Northern Florida commits to coordinate care for patients identified as lacking a primary caregiver during their hospice treatment. This may include providing assistance to find a caregiver or helping the person to relocate to an appropriate facility for their care. We have already approached Haven Hospice about transferring them to one of their Inpatient Units if there is no other option for their care. Carewell will also provide room and board support for patients that do not have a primary caregiver, but are not qualified to have room and board covered for an inpatient/residential facility. This is a practice Hospice of Marion County executes for patients in District 3B, today and we are committed to extending this policy to District 3A.

Reporting Measure: Carewell will keep a log of the charity care provided to the patients without a primary caregiver and the cost of the room and board support provided to these patients. Carewell of Northern Florida will deliver the log and any supporting documentation during its annual report to AHCA.

**4. Palliative Care Program Development**

Carewell of Northern Florida commits to continuing to extend its Continuing Care Palliative Care ("CCPC") program for the service area. This will ensure the continuum of care is secured for patients that are often approaching a need for hospice, but have not yet qualified for hospice care. Many areas, including District 3A, are in need of greater education/access to palliative care. Carewell of Northern Florida understands the demand and benefits

for patients requiring this service offering. We are actively working on a formal arrangement with Concierge Home Care to more completely address patients across the post-acute care spectrum from home care, to palliative care, and finally to hospice.

Reporting Measure: Carewell will provide a written report within the annual report to AHCA that documents the presence of an active palliative care program within the first 12 months of the hospice program's operation. The report will include the number of patients served and staff resources dedicated to the program.

**5. Transitions Program Development**

Carewell of Northern Florida commits to continuing to extend its non-clinical Transitions program for the service area. Transitions is a free volunteer-based program to assist those not yet eligible or perhaps not yet ready for hospice services with support and guidance in navigating the complex health care and senior services landscape.

Reporting Measure: Carewell will provide a written report within the annual report to AHCA that documents the presence of an active Transitions program within the first 12 months of the hospice program's operation. The report will include the number of clients served and volunteer/staff resources dedicated to the program.

**6. Program for Care of Incarcerated Individuals:**

Carewell of Northern Florida commits to developing a Program for the Care of Incarcerated Individuals for District 3A. Carewell plans to coordinate with and support the Florida Department of Corrections in providing quality hospice care to the large incarcerated population in District 3A. HMC has experience both through its existing operations and its CEO's past experience in treating the incarcerated population, both in detention facilities and upon any conditional release to receive care in the community.

Reporting Measure: Carewell will provide a written report within the annual report to AHCA documenting that it has conducted outreach to the respective authorities over each detention center in District 3A to understand their needs and how Carewell may be of service to their patient needs. The report will include an accounting of services rendered to any individuals within a detention center or upon conditional release from the detention centers for palliative/hospice treatment.

**7. Specialized Dementia Training:**

Understanding the growing patient population and unique care needs for patients with dementia, Carewell is committed to providing additional training and education to area providers, facilities, and families as part of its hospice operations in District 3A. This training/education will include the Virtual Dementia

Tour® (VDT) that Hospice of Marion County currently provides for both its staff and the community in District 3B. We are committing \$25,000 in funds to support this education initiative in District 3A over the first 24 months of operations.

Reporting Measure: Carewell will provide a written report within the annual report to AHCA that documents the funds expended and the details the groups/individuals that received specialized training from Carewell for care of patients with dementia.

**8. Board of Directors Additions**

Hospice of Marion County will seek at least two additional seats on its Board of Directors to represent District 3A by the end of the first 12 months of operations in District 3A.

Reporting Measure: Carewell will provide a written report within the annual report to AHCA that documents the appointment of at least two (2) Board Members to the HMC board by the end of the first 12 months of operations in District 3A.

**9. Hospice Office Development**

Carewell of Northern Florida is committed to establishing a presence for hospice services in at least two locations in District 3A within two years of service initiation. This will include:

- A principal care delivery site at 7220 W University Avenue, Gainesville, FL 32607 (or like site within same region pending finalization of lease terms), upon program inception;
- A principal care delivery site at 273 NW Main Blvd, Lake City, FL 32055 (or like site within same region pending finalization of lease terms), within 12 months of program inception;

Reporting Measure: Carewell of Northern Florida will provide annual reports to AHCA detailing the progress and completion of the above goals for office development.

**10. We Honor Veterans Program -**

Carewell of Northern Florida commits to extending its We Honor Veterans Program from its existing services in District 3B to District 3A should we be approved under this filing. As provider with a Level IV, pending Level V, We Honor Veterans status, our robust veteran services will be of great benefit to the large Veteran Population present in District 3A.

Reporting Measure: Carewell will provide a written report within the annual report to AHCA that documents the presence of an active We Honor Veterans program within the first 12 months of the hospice program's operation. The report will include the number of Veteran patients served and staff resources dedicated to the program.

**11. Development of Community Bereavement Program**

Carewell commits to the development of a community bereavement program. As detailed within this filing, the bereavement program will provide services to the community at large, in addition to the hospice patients and their family. The bereavement program will include:

- At least one bereavement group offered to the community on a quarterly basis by the end of the first 12 months of operations.
- The offer of individual counseling sessions to the public for those experiencing trauma, such as gun violence, suicide, drug overdose, and homicide, by the end of the first 12 months of operation.
- Within the first 12 months of operation, the implementation of new program materials and guidance for children and adolescents experiencing trauma (including Camp Mariposa & Club Soul), as developed in cooperation with the Monarch Center for Hope & Healing, and other community members.

Reporting Measure: Carewell will provide a written report within the annual report to AHCA that documents the program development milestones, including the service offerings for bereavement groups, individual counseling, and program materials based on our collaboration with the Monarch Center and other community members.

**PruittHealth Hospice – 3A, LLC (CON application #10599)**, a for-profit newly formed entity referenced as PruittHealth 3-A, PH3-A or the applicant, proposes to establish a new hospice program in HSA 3A. PruittHealth, Inc. (PH or PruittHealth) was founded in 1969 as the Toccoa Nursing Center in Toccoa Georgia. PH currently provides administrative-related services to all 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.

UHS's PruittHealth also proposes to establish a new hospice program in HSAs 2A and 6A.

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



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The applicant proposes \$454,100 in total project costs.

Pursuant to project approval, PH3-A offers the following Schedule C conditions:

Reflective of its commitment to serve any and all terminally-ill residents of Subdistrict 3A, PruittHealth Hospice-3A is willing to accept any such conditions on its Certificate of Need based on any representations made throughout this document. PruittHealth Hospice-3A will provide all required core components of hospice care set forth by Medicare Conditions of Participation as well as Florida hospice licensure requirements including the provision of all four levels of service (routine, continuous care, general inpatient and respite) to all types of patients without regard to race, ethnicity, gender, age, religious affiliation, diagnosis, financial status, insurance status or any other discriminating factor. Specific conditions to be met by PruittHealth Hospice -3A, if awarded a CON to provide hospice services to Subdistrict 3A residents, are as follows:

1. The applicant will collaborate with Rural Health Partnership to help support rural outreach efforts of this organization.
2. 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.
3. The applicant will assure that all Community Relations Representatives employed by PruittHealth Hospice-3A 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 -3A program.
4. 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.
5. 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.
6. PruittHealth will develop a Palliative Care Program in Subdistrict 3A during year two.
7. The applicant will partner with the Second Wind Dreams Program to continue efforts in realizing past dreams for its patients.

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8. The applicant will incorporate Disease Management CarePaths and the Peaceful Path Program into the Subdistrict 3A operations.
9. 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.
10. The applicant will incorporate PruittHealth's QAPI Plan into the Subdistrict 3A operations.
11. The applicant will assure all staff maintains ongoing training and continuing education credits utilizing Pruitt University and at no cost to the employees.
12. The applicant will implement a Camp Cocoon Day Camp Program in Subdistrict 3A.
13. 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.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)**, a for-profit newly formed/development stage entity, referenced as Seasons, SNCF, or the applicant, proposes to establish a new hospice program in HSA 3A. SNCF is an affiliate of Seasons Hospice and Palliative Care, Inc., (Seasons or SHPC), an existing provider of hospice services in the following HSAs: 5B, 6A, 10 and 11.

Pursuant to Final Order in DOAH Case Number 18-4986CON, issued October 16, 2019, the Agency issued on October 17, 2019 CON #10537 to SHPC's Seasons Hospice and Palliative Care of Pasco County, LLC, to provide hospice services in HSA 5A. As of November 20, 2019 Seasons had not yet acquired licensure to begin hospice operations in HSA 5A.

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

The applicant proposes \$789,839 in total project costs.

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

**Seasons Hospice & Palliative Care of North Central Florida, LLC's**

(referred to as Seasons) conditions focus on elements that underlie successful program implementation to produce the following outcomes:

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

**The following conditions offer commitments for the hospice program and the measurement of them. Funding for the services and programs appears on Schedule 8 of the application.**

- 1. The primary office location is Alachua County.** To better serve all 11 counties within Service Area 3A, Seasons will establish a physical presence in **Levy, Suwannee, and Putnam Counties** within the first year. **The monitoring report includes a copy of the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) information identifying office locations.**
- 2. Seasons ensures minority representation by having a minimum of one African-American and one Hispanic board member on the hospice program's governing board, identifying those members in the annual monitoring report.** Seasons further commits to forming an **African-American and Hispanic Advisory Board** to meet at least twice yearly. The Advisory Board will advise Seasons in ensuring culturally competent care, recruiting professionals that represent communities served, and educate the community about access to hospice services.
- 3. Seasons commits to having a Chaplain with expertise in the African American community. In addition to serving the spiritual needs of African Americans in hospice care, a minimum of six workshops will be held in African American churches each year** to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. These "Church Chats" will help inform the community of hospice care and increase access to services. Seasons ensures staff receive cultural competence training to improve the delivery of hospice care. **The annual, required monitoring report identifies the number of workshops held throughout the year and location.**
- 4. Establish a Social Worker to focus on Community Education.** This Social Worker will visit Community Health Departments, Health Care Clinics, Senior Centers, and other community organizations to increase public awareness and improve access to

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hospice and palliative care for residents in low-income areas, initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. **The annual, required monitoring report identifies the number of workshops held throughout the year and location.**

5. Seasons will establish a **Caregiver Relief Program** to provide custodial relief care as a safety net to Service Area 3A residents. The program includes up to four hours homemaker service through the plan of care for residents that are Medicaid recipients or that meet the Medicaid income threshold requirements. **The annual, required monitoring report includes the total hours of relief care provided.**
6. Implement Seasons' **Kangaroo Kids** pediatric hospice program in Hospice Service Area 3A to meet the needs of terminally ill children. **The annual, required monitoring report includes the total admissions for hospice patients under the age of 18.**
7. Seasons establishes an ongoing **Homeless Program** in Hospice Service Area 3A to offer shelter and comfort for homeless hospice patients in their final days. Seasons commits to initial funding of \$100,000 during the first three years (\$15,000 in year one, \$30,000 in year two, and \$55,000 in year three) to the **GRACE for the Homeless (Gainesville Region/Alachua County Empowerment)** and the **Homeless Services Network of Suwannee Valley**. Housing vouchers will be offered based on individual needs and resources from subsidizing rent to supporting the entire expense for monthly assisted living facility care. **The annual, required monitoring report provides a notarized statement confirming the total contributions made and number of homeless individuals receiving hospice care.**
8. Seasons Hospice & Palliative Care of North Central Florida, LLC will become **Services and Advocacy for Gay Elders (SAGE) Platinum Certified** by the end of its first year of operations.
9. Implement Seasons' **No One Dies Alone** policy in Hospice Service Area 3A. Seasons educates staff and volunteers to identify when the patient is approaching the final weeks of life, providing additional support. Continuous Care is available when the patient meets the eligibility requirements. Otherwise, the **Volunteer Vigil** program provides specially trained volunteers to stay with the patient throughout the dying process. When volunteers are unavailable, Seasons staff hold vigil to ensure No One Dies Alone. Seasons' **24-Hour CALL Center** operations provide another level of assurance to deal with any emergencies, concerns, or fears that may arise. **The annual, required monitoring report identifies the number of deaths accompanied by a Seasons' volunteer or staff member, and the percent of total deaths.**

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10. Seasons implements its **Partners in Care** program in Hospice Service Area 3A, providing education and training to staff and volunteers regarding the importance of partnering with long-term care facility staff in care of the hospice patient. Seasons educates facility staff through an e-learning module and in-person team building education. Seasons commits to participating in and/or lead care plan meetings with facility and hospice staff and the patient and family to address the hospice plan of care and improve continuity of care expectations. **The annual, required monitoring report identifies the number of patients served and number of deaths in assisted living facilities and skilled nursing facilities.**
11. Seasons donates **\$25,000** per year to Seasons Hospice Foundation restricted to **Wish Fulfillment** (funding of wishes that enhance quality of life), **Emergency Relief** (funding basic needs such as food and shelter), and **Camp Kangaroo** (children's grief camp) for Area 3A residents. **The annual, required monitoring report and will identify the check number, date and amount.**
12. Seasons offers therapies beyond the core hospice services. Seasons provides one Full Time Equivalent (FTE) for music therapy per 100 patients. **The annual, required monitoring report reflects the numbers of patients and the FTEs in the program.**
13. Seasons commits to provide **Continuing Education Units (CEU)** offerings for registered nurses, licensed practical nurses, and licensed social workers at no charge through their nationally accredited CEU programs by the *Association of Social Work Boards* and the *American Nurses Credentialing Center*. **The annual, required monitoring report identifies each course, provides a brief description of the content along with the dates and location of the programs.**
14. Seasons offers **internship experiences** within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants. Seasons will seek local contracts with area universities and schools and will leverage existing national contracts. **The annual, required monitoring report reflects, the numbers and types of interns, their associated schools, and the length of service.**

Seasons commitments extend to all statements made within the application and agrees should the Agency reviewers select others to add to those in the list above. Furthermore, Seasons understands that the applicable administrative rule requires that the CON holder furnish an annual report regarding measuring and reporting on each condition. Failure to meet a condition may result in a fine of a maximum of \$1,000 per day, with each day considered a separate violation.

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*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 applicant's proposed conditions would be reported in the annual condition compliance report as required by Rule 59C-1.013 (3) Florida Administrative Code. The co-batched applicants' proposed conditions are as they stated. However, Section 408.043 (3) Florida Statutes prohibits accreditation by any private organization as a requirement for the issuance of a certificate of need or maintenance of a certificate of need, so Joint Commission or any other similar or comparable private organization accreditation organization will not be cited as a condition to approval. Also, several of these conditions are required hospice services and as such would not require condition compliance reports. Section 408.606 (5) Florida Statutes states that "The agency may deny a license to an applicant that fails to meet any condition for the provision of hospice care or services imposed by the agency on a certificate of need by final agency action, unless the applicant can demonstrate that good cause exists for the applicant's failure to meet such condition."*

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

**D. REVIEW PROCEDURE**

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

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

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

As part of the fact-finding, consultant Steve Love analyzed the application in its entirety with consultation from financial analyst Everett "Butch" Broussard 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 F.S., and applicable rules of the State of Florida, Chapter 59C-1, Florida Administrative Code.

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**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 SA 3A for the January 2021 hospice planning horizon. Therefore, the co-batched applicants are applying in response to published need.

Population estimates for Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union Counties, HSA 3A and Florida overall, from January 2020 to January 2025, are shown below:

**Population Estimates for  
Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam,  
Suwannee and Union Counties,  
HSA 3A Total and Florida Total  
January 2020 to January 2025**

<b>Alachua 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	223,961	229,025	5,064	2.26%
65+	41,065	48,537	7,472	18.20%
<b>Alachua County Total</b>	<b>265,026</b>	<b>277,562</b>	<b>12,536</b>	<b>4.73%</b>
<b>Bradford 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	22,891	22,909	18	0.08%
65+	5,383	6,070	687	12.76%
<b>Bradford County Total</b>	<b>28,274</b>	<b>28,979</b>	<b>705</b>	<b>2.49%</b>
<b>Columbia 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	58,654	59,941	1,287	2.19%
65+	14,037	16,565	2,528	18.01%
<b>Columbia County Total</b>	<b>72,691</b>	<b>76,506</b>	<b>3,815</b>	<b>5.25%</b>
<b>Dixie 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	13,347	13,662	315	2.36%
65+	4,176	4,759	583	13.96%
<b>Dixie County Total</b>	<b>17,523</b>	<b>18,421</b>	<b>898</b>	<b>5.12%</b>



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<b>Gilchrist 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	14,110	14,353	243	1.72%
65+	4,041	4,749	708	17.52%
<b>Gilchrist County Total</b>	<b>18,151</b>	<b>19,102</b>	<b>951</b>	<b>5.24%</b>
<b>Hamilton 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	12,308	12,229	-79	-0.64%
65+	2,877	3,384	507	17.62%
<b>Hamilton County Total</b>	<b>15,185</b>	<b>15,613</b>	<b>428</b>	<b>2.82%</b>
<b>Lafayette 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	7,812	8,049	237	3.03%
65+	1,367	1,530	163	11.92%
<b>Lafayette County Total</b>	<b>9,179</b>	<b>9,579</b>	<b>400</b>	<b>4.36%</b>
<b>Levy 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	33,849	35,035	1,186	3.50%
65+	10,262	11,708	1,446	14.09%
<b>Levy County Total</b>	<b>44,111</b>	<b>46,743</b>	<b>2,632</b>	<b>5.97%</b>
<b>Putnam 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	57,063	55,963	-1,100	-1.93%
65+	16,244	17,810	1,566	9.64%
<b>Putnam County Total</b>	<b>73,307</b>	<b>73,773</b>	<b>466</b>	<b>0.64%</b>
<b>Suwannee 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	37,216	38,536	1,320	3.55%
65+	10,177	11,426	1,249	12.27%
<b>Suwannee County Total</b>	<b>47,393</b>	<b>49,962</b>	<b>2,569</b>	<b>5.42%</b>
<b>Union 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	14,428	14,575	147	1.02%
65+	2,163	2,488	325	15.03%
<b>Union County Total</b>	<b>16,591</b>	<b>17,063</b>	<b>472</b>	<b>2.84%</b>

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<b>Hospice Service Area 3A 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	495,639	504,277	8,638	1.74%
65+	111,792	129,026	17,234	15.42%
<b>Hospice Service Area 3A Total</b>	<b>607,431</b>	<b>633,303</b>	<b>25,872</b>	<b>4.26%</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

As shown in the table above, regarding the largest age 65+ population and age 65+ population growth rate in HSA 3A:

- Alachua County has:
  - the highest age 65+ population as of January 2020 (41,065 age 65+ residents)
  - the estimated highest age 65+ resident population as of January 2025 (48,537 age 65+ resident population)
  - the estimated highest age 65+ population growth rate by January 2025 (an increase of 7,472 age 65+ residents)
  - the estimated highest age 65+ growth rate percentage as of January 2025 (18.20 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 3A:

- Putnam County has:
  - the second highest age 65+ population as of January 2020 (16,244 age 65+ residents)
  - the estimated second highest age 65+ resident population as of January 2025 (17,810 age 65+ residents)
  - the estimated third highest age 65+ population increase in resident count by January 2025 (an increase of 1,566 age 65+ residents)
- Columbia County has:
  - the third highest age 65+ population as of January 2020 (14,037 age 65+ residents)
  - the estimated third highest age 65+ resident population as of January 2025 (16,565 age 65+ resident)
  - the estimated second highest age 65+ population increase in resident count by January 2025 (an increase of 2,528 age 65+ residents)

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HSA 3A is currently served by the following providers:

- Community Hospice of Northeast Florida, Inc. (licensed 3/14/2017)
- Haven Hospice
- VITAS Healthcare Corporation of Florida

Hospice admissions in HSA 3A from July 2018 through June 2019 are shown below:

**Hospice Admissions in Hospice Service Area 3A**

<b>Hospice</b>	<b>Admissions 7/1/2018 – 6/30/2019</b>
Community Hospice of Northeast Florida, Inc.	247
*Haven Hospice	3,211
*Hospice of Citrus County, Inc. (CHOW to VITAS (9/28/2018)	41
VITAS Healthcare Corporation of Florida	210
<b>Total</b>	<b>3,709</b>

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

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

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

**Amedisys Hospice, LLC (CON application #10596)** provides a 10-bulleted rationale for the project and for approval of CON application #10596 (pages 35 and 36 of the application).

The reviewer notes that through narrative and exhibits (Exhibits 2 through 5), AH confirms results of the Agency’s Fixed Need Pool for the need for an additional hospice program in HSA 3A, for the January 21 hospice planning horizon (pages 38 through 43 of the application).

AH indicates having performed a more detailed and substantive to identify hospice need in HSA 3A, in addition to cancer/malignant neoplasms (page 50 of the application). These other diagnoses are shown below:

- 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)

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*Regarding unmet hospice need for persons (in HSA 3A) with end-stage heart, pulmonary, dementia and Alzheimer’s diseases*

AH states (page 57 of the application):

“...the variance of Hospice Service Area 3A 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 3A, both positive variances and negative variances identify unmet need.

AH references it Schedule C-Condition #s 2 and 3. AH contends that the need for these conditions are supported by HSA 3A 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 3A and Florida by Hospice Service Line  
CY 2018**

Disease Group/Condition	HSA 3A			Florida		
	Rank	Discharges	Percent of Total Discharges	Rank	Discharges	Percent of Total Discharges
Chronic Kidney Disease	6	55	3.2%	6	2,380	3.5%
Debility	8	3	0.2%	8	72	0.1%
Heart Disease	3	182	10.5%	2	8,009	11.6%
Malignant Neoplasms	2	239	13.7%	3	7,966	11.6%
Mental Health	7	8	0.5%	7	359	0.5%
Neurological Diseases	5	104	6.0%	5	3,817	5.5%
Pulmonary Disease	4	126	7.2%	4	5,329	7.7%
All Other	1	1,023	58.8%	1	40,881	59.4%
<b>Total</b>		<b>1,740</b>	<b>100.0%</b>		<b>68,813</b>	<b>100.0%</b>

Source: CON application #10596, page Exhibit 10

*Regarding unmet hospice need for persons (in HSA 3A) with rural access challenges*

AH offers seven bulleted rural-urban variations in health care, indicating poorer access to health care providers and generalized poorer health care outcomes for rural area residents, overall, than urban residents (pages 62 and 63 of the application). AH points out that 10 of HSA 3’s 11 counties, including parts of the 11<sup>th</sup> county (Alachua), are in federally designated Medically Underserved Areas (MUAs), as well as Health

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Professional Shortage Areas (HPSAs). The reviewer notes that the applicant does not state affirmatively or provide documentation to confirm that any of the seven bulleted rural-urban variations stated are consistent with HSA 3A. Further, the reviewer notes that AH provides no documentation to attest to the area's state MUA/HPSA designations.

AH provides discussion concerning trends in hospice utilization in HSA 3A with comparison to Florida (pages 64 and 65 of the application). AH states the use of the Agency's Hospital Inpatient Data File, November 2019, to conclude that:

- Regarding discharges from hospitals to hospices (CY 2016-2018):
  - 10 of the 11 counties in the Service Area have shown increases in the number of discharges to hospice over the last three years
  - Bradford County had the largest increase in discharges of 12.3 percent
  - The total service area increased 6.1 percent annually in the number of discharges to hospice compared to 4.2 percent for Florida
  - Suwannee County was the only county reflecting a decline in discharges to hospice of -1.9 percent
- Regarding discharges from hospitals to hospices (CY 2017-2018)
  - Five of the 11 counties in the service area, and Service Area 3A in total, experienced declines in the number of hospital discharges to hospice
  - The largest percent declines were in:
    1. Suwannee County= -20.7 percent
    2. Union County= -17.5 percent
    3. Dixie County= -14.5 percent
    4. Columbia County= -13.2 percent
    5. Hamilton County= -11.9 percent
  - Service Area 3A total discharges declined -0.6 percent compared to the state's increase in discharges to hospice of 4.8 percent between 2017 and 2018
  - On a percentage basis, the greatest percent gains in discharges to hospice were manifest in Gilchrist and Putnam Counties

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AH draws the above conclusions from the exhibit below.

**Discharges from Hospitals to Hospices for Residents of HSA 3A by County  
CY 2016-2018**

County	2016	2017	2018	2016-2018 Annual Change		2017-2018 Annual Change	
				Net	Percent	Net	Percent
Discharges to Hospice							
Alachua	521	572	607	29	5.5%	35	6.1%
Bradford	76	99	104	9	12.3%	5	5.1%
Columbia	202	281	244	14	6.9%	-37	-13.2%
Dixie	44	69	59	5	11.4%	-10	-14.5%
Gilchrist	57	50	66	3	5.3%	16	32.0%
Hamilton	35	42	37	1	1.9%	-5	-11.9%
Lafayette	14	18	18	1	9.5%	0	0.0%
Levy	113	134	137	8	7.1%	3	2.2%
Putnam	239	277	301	21	8.6%	24	8.7%
Suwannee	142	169	134	-3	-1.9%	-35	-20.7%
Union	27	40	33	2	7.4%	-7	-17.5%
<b>HSA 3A</b>	<b>1,470</b>	<b>1,751</b>	<b>1,740</b>	<b>90</b>	<b>6.1%</b>	<b>-11</b>	<b>-0.6%</b>
Florida	61,112	65,642	68,813	2,567	4.2%	3,171	4.8%
Percent Of Total							
Alachua	35.4%	32.7%	34.9%	-0.002	-0.5%	0.022	6.8%
Bradford	5.2%	5.7%	6.0%	0.003	5.2%	0.003	5.7%
Columbia	13.7%	16.0%	14.0%	0.001	0.7%	-0.020	-12.6%
Dixie	3.0%	3.9%	3.4%	0.001	4.4%	-0.005	-14.0%
Gilchrist	3.9%	2.9%	3.8%	0.000	-0.7%	0.009	32.8%
Hamilton	2.4%	2.4%	2.1%	-0.001	-3.6%	-0.003	-11.3%
Lafayette	1.0%	1.0%	1.0%	0.000	2.9%	0.000	0.6%
Levy	7.7%	7.7%	7.9%	0.001	0.8%	0.002	2.9%
Putnam	16.3%	15.8%	17.3%	0.003	2.1%	0.015	9.4%
Suwannee	9.7%	9.7%	7.7%	-0.007	-6.8%	-0.020	-20.2%
Union	1.8%	2.3%	1.9%	0.000	1.1%	-0.004	-17.0%
<b>HSA 3A</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.000</b>	<b>0.0%</b>	<b>0.000</b>	<b>0.0%</b>

Source: CON application #10596, page 66, Exhibit 11

AH next provides discussion of the case mix index (CMI) of discharges from hospitals to hospices (page 67 of the application). AH again states the use of the Agency’s Hospital Inpatient Data File, November 2019, to conclude that:

- Regarding discharges by CMI from hospitals to hospices (CY 2016-2018):
  - The CMI for Hospice Service Area 3A has increased over the last three years by 4.4 percent annually compared to the state's rate of 0.4 percent
  - Over the last two-year period of 2017-2018, Hospice Service Area 3A's CMI increased by 11.9 percent compared to the 1.6 percent state rate
  - The CMI for Hospice Service Area 3A is 9.9 percent higher than the state

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- Dixie, Levy, and Columbia Counties reflected the greatest increases in CMI during the last two years of 42.9 percent, 41.6 percent, and 16.5 percent, respectively
- In comparison to the CMI for Florida residents discharged from hospitals to hospices, residents from nine of the 11 counties within Service Area 3A had positive variances, that is, higher CMIs. Only Lafayette and Bradford Counties had CMI values lower than Florida's CMI

AH draws the above conclusions from CON application #10596, page 69, Exhibits 12 and 13.

AH states the following Amedisys Hospice Plan to address the above stated unmet hospice need in the area:

- As specified in Schedule C - Conditions Predicated on Award, the applicant commits to the establishment of a second Medicare-certified branch office in the Lake City area of Columbia County, an underserved rural county, within 24 months of operation. This branch office will enhance geographic and programmatic access to residents of the adjacent counties of Hamilton and Suwannee, both of which are medically underserved areas (MUAs) and Health Professions Shortage Areas (HPSAs)
- One FTE to be employed in the marketing department of the proposed hospice will be devoted to outreach and education specifically to the rural counties of Service Area 3A
- Enhanced community-based volunteer services to include ongoing volunteer recruitment efforts and training programs tailored to the rural counties of Service Area 3A
- Geographically and strategic hiring practices for all IDT/IDG members with highly competitive salaries to attract local clinical talent to serve the rural patient populations close to home. Immediately upon licensure, the Applicant will implement the Amedisys Welcome Home new employee onboarding program to recruit and retain rural hospice staff
- The Amedisys Fleet Car program will be offered to all qualified employees in the identified rural access areas
- To reduce anxiety and isolation and increase patient touches, Amedisys will provide hospice-issued tablets to qualified and willing rural patients to increase patient communication and timely after-hours access. All tablets will utilize secure video technology and be HIPAA compliant

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*Regarding unmet hospice need for the Black/African-American community in HSA 3A*

AH states four bulleted observations/results/conclusions (page 71 of the application) based on the stated study, “Racial Differences in Hospice Utilization for Heart Failure”, published in the Archives of Internal Medicine (March 3, 2010). The reviewer notes that the applicant makes no reference to having included in the application this stated study.

AH provides discussion concerning trends in variation in hospice utilization by race for HSA 3A and Florida for CY 2016-CY 2018 and for CY 2018 (pages 71 through 79 of the application). AH again states the use of the Agency’s Hospital Inpatient Data File, November 2019, to conclude that:

- Regarding three-year hospice discharges to hospice (CY 2016-CY 2018):
  - Discharges from hospitals to hospice for Black/African Americans declined by -3.0 percent annually whereas discharges to hospice for all races increased 6.1 percent
  - During the last two data years of 2017 and 2018, Black/ African Americans had fewer discharges to hospice, -3.7 percent, compared to a -0.7 percent decrease for all races

AH draws the above conclusions from the exhibit below.

**Discharges from Hospitals by Race and Discharge Status for Residents of HSA 3A by Race  
CY 2016-2018**

Race and Discharge Status	2016	2017	2018	2016-2018 Annual Change		2017-2018 Annual Change	
				Net	Percent	Net	Percent
<b>Black/African American</b>							
Discharge Status							
Hospice	202	191	184	-6	-3.0%	-7	-3.7
All Other	16,378	16,975	16,917	180	1.1%	-58	-0.3
Total Discharges	16,580	17,166	17,101	174	1.0%	-65	-0.4
<b>All Races</b>							
Discharge Status							
Hospice	1,470	1,751	1,740	90	6.1%	-11	-0.6
All Other	82,002	83,354	84,234	744	0.9%	880	1.1%
Total Discharges	83,472	85,105	85,974	834	1.0%	869	1.0%

Source: CON application #10596, page 75, Exhibit 15



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Referencing CON application #10596, page 76, Exhibit 16 and page 79, Exhibit 17, and again stating the use of the same source as the previous exhibits (Agency's Hospital Inpatient Data File, November 2019), AH comments on the following HSA 3A unmet hospice need for the Black/African American community in the area:

- Black/African American patients residing in Service Area 3A were discharged from hospitals to hospice at a rate of 1.1 percent whereas All Other Races and the All Races Total reflected percentages of 2.3 percent and 2.0 percent, respectively
- In comparison, Florida's Black/African American patients were discharged to hospice from hospitals at a rate of 1.4 percent
- Black/African American patients residing in Service Area 3A were discharged from hospitals to hospice at a rate -33.3 percent lower than Black/African Americans statewide
- End-Stage Heart Disease represented 9.8 percent of all Black/African American admissions to hospice and 9.9 percent of the admissions to hospice by all races. These rates are slightly lower than state figures and suggest an area of unmet need
- End-Stage Pulmonary Disease is another service line that indicates a well-utilized hospice service by Black/African Americans when compared to Statewide use patterns. In Hospice Service Area 3A, Black/African Americans had a 6.5 percent admission rate to hospice and 9.5 percent of All Races admissions for End-Stage Pulmonary Disease. These levels are higher than the comparable Florida percentages of 5.6 percent for Black/African American hospice admissions and only 7.6 percent for all races' admissions to hospice.

AH states the following Amedisys Hospice Plan to address the above stated unmet hospice need in the area:

- Upon hire and annually, staff training on African American cultural sensitivity and the common cultural barriers to end-of-life care access within the African American community
- Sponsorship of local community outreach efforts directed towards the African American population with culturally sensitive and inclusive health information to build partnerships and combat poor perceptions of hospice within the Service Area 3A African American community
- A dedicated Community Outreach Chaplain Liaison FTE to address and support family/patient spiritual conflicts common in the African American culture during critical decision making and end-of-life discussions
- Utilizing the Amedisys "Power of Yes" program to intersect African American patients and families at the critical decision-making time of changing goals of care from treatment to comfort.

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AH states (page 106 of the application):

“The projected admissions for the Amedisys Hospice of 183 in year one and 354 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 3A.”

**Chapters Health Hospice, Inc. (CON application #10597)** states that in addition to the Agency’s published Fixed Need Pool determination for an additional hospice program in HSA 3A, other factors are a consideration such as rural-urban/high-growth/low-growth counties, persons in poverty and persons without health insurance, race/ethnicity, veterans and more remote/less populated counties in HSA having unusually low Medicare death ratios.

The reviewer notes that CHH uses US Census QuickFacts, December 2019, to provide a population table that captures, for each HSA 3A county and for the state overall:

- Population density
- Economic profile
- Race/ethnicity profile
- Veterans profile

See the next four tables below:

**HSA 3A Population Density**

	<b>Population per Square Mile 2010</b>
Alachua	282.7
Bradford	97.0
Columbia	84.7
Dixie	23.3
Gilchrist	48.4
Hamilton	28.8
Lafayette	16.3
Levy	36.5
Putnam	102.2
Suwannee	60.3
Union	63.8
Florida	350.6

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CHH states having proven experience in providing hospice care in both rural and urban settings, with the ability to provide appropriate care, regardless of where in the service area that a person may reside.

**HSA 3A Population Economic Profile**

	<b>Persons in Poverty (in 2018)</b>	<b>Persons Without Health Insurance Under Age 65 Percent (in 2018)</b>
Alachua	21.2%	11.9%
Bradford	19.1%	13.3%
Columbia	16.5%	12.4%
Dixie	24.4%	15.8%
Gilchrist	16.1%	15.5%
Hamilton	24.0%	15.1%
Lafayette	22.7%	19.8%
Levy	20.8%	18.0%
Putnam	26.3%	17.2%
Suwannee	20.3%	17.2%
Union	22.2%	12.7%
Florida	13.6%	16.0%

CON application #10597, page 28

CHH stresses that all 11 counties in HSA 3A had higher a percentage of poverty than Florida overall and that four of those counties (Lafayette, Levy, Putnam and Suwannee) had a higher percentage of persons (under age 65) without health insurance than Florida overall. CHH also stresses that based on Chapters broad experience in providing hospice care in numerous market situations, the proposed CHH in HSA 3A will be able to tap into Chapters' experience and expertise in developing and then operating the proposed new hospice program in this challenging economic environment. Additionally, CHH states that with its not-for-profit, community-based operational philosophy, the proposed project will provide care to all residents in need of hospice or end-of-life care, regardless of financial resources or insurance coverage.

**HSA 3A Population Race/Ethnicity Profile**

	<b>Percent Pop Black or African American alone</b>	<b>Percent Pop Hispanic or Latino</b>
Alachua	20.6%	10.3%
Bradford	20.1%	4.3%
Columbia	18.5%	6.4%
Dixie	9.8%	4.0%
Gilchrist	5.6%	6.1%
Hamilton	32.8%	9.8%
Lafayette	13.5%	14.2%
Levy	9.4%	8.6%
Putnam	16.4%	10.2%
Suwannee	12.8%	9.6%
Union	22.7%	5.7%
Florida	16.9%	26.1%

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CHH stresses that five HSA 3A counties have a higher percentage of Black/African American population than Florida overall and that further, percentages vary significantly by county as for the percentage of residents that identify as Hispanic or Latino. CHH again stresses that the proposed project will be able to tap into its parent corporation's experience in working with a broad array of racial and ethnic populations in educating communities as to the benefits of hospice care and then delivering needed hospice care to these unique population groups. The reviewer notes that the applicant does not state a timeframe for the referenced percentages for the HSA 3A Population Race/Ethnicity Profile table (above).

**HSA 3A Veterans Profile**

	<b>Number of Veterans</b>	<b>Veterans as a Percent of Total Population</b>
Alachua	15,456	5.7%
Bradford	2,686	9.7%
Columbia	7,451	10.6%
Dixie	1,801	10.8%
Gilchrist	1,563	8.6%
Hamilton	1,012	7.1%
Lafayette	515	5.9%
Levy	4,553	11.2%
Putnam	7,131	9.6%
Suwannee	4,249	9.6%
Union	1,810	12.1%
Florida		6.8%

CON application #10597, page 30

CHH stresses that there are pockets of high veteran populations within HSA 3A. CHH contends that with a strong and well developed hospice program in support of veteran patients, CHS and the proposed CHH in HSA 3A will be able to provide targeted needed care and services to this important population.

The reviewer notes that the applicant does not state a timeframe for the referenced percentages for the HSA 3A Veterans Profile table (above), nor does the applicant provide the number of veterans statewide.

The applicant provides five bulleted veterans services stated to be currently provided by Chapters in its existing programs and that these are proposed to be provided in its CON application #10597 program.

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CHS points to its existing hospice affiliates in Florida all having We Honor Veteran Level 4 designation and that with a modification to the program, there is now a Level 5 and all of its affiliates are seeking Level 5 designation.

The applicate references and the reviewer confirms CON application #10597, Appendix 6-Chapters Health System Veterans Program Information.

CHH uses the Agency's Florida Population Estimates and Projections by AHCA District publication, issued February 2015, to indicate HSA 3A's population, by county and by age cohorts, for 2019 and for 2020 and the provides the corresponding population percentage growth by percent (pages 31 – 33 of the application). CHH asserts that in addition to the service area population assessments discussed above, CHH states having performed, "...additional activities and investigations" (page 33 of the application). CHH contends that one of those activities/investigations was an analysis of the historic and projected utilization in the service area based upon available utilization and population characteristics data. CHH also contends that in addition, research into hospice utilization by patient race/ethnicity, age and diagnosis; as well as an analysis of area-wide and county mortality rates and trends were performed. CHH states that based on this research, Chapters has concluded that there are ongoing unmet hospice needs that will increase over time as the population of HSA 3A increases and ages, and as the composition of that population changes. The reviewer notes that the applicant provides no documentation to verify the stated "...additional activities and investigations".

CHH asserts that another area of activity performed by the applicant was an effort to visit with existing health care providers, elderly service support groups, community organizations and key individuals to discuss and better understand their experiences with existing hospice and end-of-life care, and perceived needs within the communities for additional services. CHH also asserts that these interviews and discussions identified the need for:

- An expansion of traditional hospice services as well the development of new end-of-life services such as:
  - Open Access hospice care
  - Integrated palliative care programs

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- Specialty advanced illness hospice support programs such as supportive programs for:
  - Congestive heart failure (CHF)
  - Chronic obstructive pulmonary disease (COPD)
  - Hemodialysis patient care

CHH indicates that the results of this fieldwork support the Agency’s s determination that an additional hospice program is needed in HSA 3A, and indicate that Chapters would be an ideal candidate to fulfill this need.

The reviewer notes that with the possible exception of some letters of support, the applicant provides no documentation to verify the stated visits to the groups mentioned and the contended fieldwork.

CHH next discusses data to show the Medicare Death Service Ratio (Medicare hospice deaths/total Medicare deaths) and states the use of HealthPivots analysis of 2018 Medicare Hospice Claims to indicate that the entire HSA 3A utilized hospice care services at a rate 5.9 percent below the Florida average rate (for 2018). CHH points out that counties geographically more distant and more rural from Alachua County/Gainesville had Medicare Death Service Ratios well below expected or anticipated care – with significant gains possible associated with the expansion of hospice services to these underserved populations. See the table below.

**HSA 3A 2018 Medicare Death Service Ratio**

<b>County</b>	<b>Hospice Death Service Rate</b>	<b>County Rank (of 67 Counties)</b>	<b>Percent Above/Below Florida Average</b>
Alachua	58.4	23	0.9
Bradford	58.5	22	1.0
Columbia	50.3	53	-13.1
Dixie	51.5	48	-11.1
Gilchrist	64.9	6	12.1
Hamilton	44.1	64	-23.8
Lafayette	46.9	58	-19.0
Levy	52.8	43	-8.8
Putnam	52.9	42	-8.6
Suwannee	48.9	54	-15.5
Union	52.6	44	-9.2
HSA 3A Total	54.5		-5.9
Florida Total	57.9		

Source: CON application #10597, page 35

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The applicant provides a diagram (page 36 of the application) to correspond to the above Medicare Death Service Ratio table, with generally higher ratios in and around more urban areas and generally lower ratios in and around more rural areas of HSA 3A.

To address unmet hospice need particularly in more rural parts of HSA 3A, CHH references CON application #10597, Schedule C-Condition #4.

Regarding forecasted utilization for year one and year two of operations, CHH states that projections of service area admissions for each CY have been based on the following factors:

- The published net need (the difference between projected and actual admissions) for Service Area 3A
- The experience and expectations of the most recently approved providers in Florida,
- Utilization of hospice services within the service area by patient age and diagnosis
- Chapters' capabilities and readiness to begin operations, as detailed throughout CON application #10597

CHH states an expectation of a total of:

- 170 admissions in year one
- 340 admissions in year two

Accord to CHH, the Chapters projected admissions and market share are sufficient to assure the financial viability of the proposed project, while ensuring that existing hospice programs retain adequate volume to remain viable. CHH offers additional discussion regarding no substantive adverse impact on the existing HSA 3A hospice providers (page 37 of the application).

**Hospice of Marion County, Inc. (CON application #10598)** maintains that Carewell will have specialized training/outreach programs to serve (pages 20 and 21 of the application):

- Incarcerated Treatment Program - for incarcerated individuals released to hospice care or requiring treatment within detention centers
- Minority Populations – with cultural diversity and education programs and staff training
- Veteran patients - We Honor Veterans Program (Level IV and seeking Level V designation)
- HIV/AIDS patients
- SNF patients
- ALF patients

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- Alzheimer's/Dementia (including Virtual Dementia Tools)
- Innovative Care Models – reducing unnecessary admissions and readmissions via High touch Outpatient Program currently offered to Advent Health

HMC reiterates the Agency's Fixed Need Pool publication pursuant to this batching cycle (referenced earlier in this section) and also discusses additional market demographics impacting need (pages 48 and 49 of the application). The applicant further provides tables (page 50 and 51) to capture expected total population growth (by age cohorts) from 2021 to 2026 and the expected five-year population increases (in both total population and by age-cohort) for each county in HSA 3A, according to Florida Health Charts.

HMC uses Florida Health Charts to generate a table (pages 51 and 52 of the application) to reflect the eight leading causes of death, per 100,000 deaths, for each of the 11 HSA 3A counties, compared to Florida overall. The reviewer notes that of the stated eight leading causes of death (cardiovascular, cancer, CLRD, stroke, diabetes, renal/nephritis, injuries and liver disease) CON application #10598 offers Schedule C-Condition #7: Specialized Dementia Training. The reviewer notes that dementia is not listed as one of the eight leading causes of death in HSA 3A. The reviewer further notes that the applicant's leading-cause-of-in-District 3A-table does not state to what time period the data applies. HMC states that with the HMC/CNF service line, Carewell already has extensive experience in managing complex diseases for a diverse patient population.

Next, HMC provides a source<sup>3</sup> to generate a population table for certain groups in HSA 3A. The reviewer reproduces the African American, veteran and homeless population estimates, but does not produce the Hispanic population estimates, considering that the applicant does not bullet the Hispanic population as being underserved and according to the applicant's table/source, no county in HSA 3A has a Hispanic population at or greater than the Florida average (6.7 percent). See the table below.

<sup>3</sup> Florida Estimates of Population, 2018, Bureau of Economic and Business Research; Council on Homelessness Annual Report 2018; Veterans: <https://www.va.gov/vetdata/veteran-population.asp>



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**HSA 3A Population by Ethnic Group \***

Area	African American (2018)	African American Percent	Veterans (2021 est.)	Veterans Percent	Homeless (2018)	Homeless Percent	Total (2018)
Alachua	56,727	22%	15,431	5.9%	641	0.2%	263,291
Bradford	5,276	19%	2,277	8.1%	33	0.1%	28,057
Columbia	12,878	18%	6,576	9.4%	352	0.5%	69,721
Dixie	1,585	10%	1,512	9.2%	--	0.0%	16,489
Gilchrist	861	5%	1,589	9.1%	--	0.0%	17,424
Hamilton	4,992	34%	923	6.3%	44	0.3%	14,621
Lafayette	1,096	13%	541	6.4%	24	0.3%	8,501
Levy	4,010	10%	4,378	10.7%	26	0.1%	41,054
Putnam	12,179	17%	6,475	8.9%	56	0.1%	72,981
Suwannee	5,706	13%	4,030	9.0%	141	0.3%	44,879
Union	3,682	23%	1,061	6.7%	--	0.0%	15,867
<b>3A Total</b>	<b>108,992</b>	<b>18%</b>	<b>44,793</b>	<b>7.6%</b>	<b>1,317</b>	<b>0.2%</b>	<b>592,885</b>
Florida	3,599,724	17%	1,393,237	6.7%	29,717	0.1%	20,840,568

Source: CON application #10598, page 52 (partially reproduced)

NOTE: The reviewer notes that according to the U.S. Department of Commerce/Bureau of Census website at <https://www.census.gov/mso/www/training/pdf/race-ethnicity-onepager.pdf>, veterans and the homeless are not considered to be ethnic groups.

Based on the above table, HMC highlights the following key populations that either have historically been underserved or often require special consideration for hospice care.

- The African American population is higher than the state average (18 percent vs. 17 percent ), but is particularly concentrated in the counties of Alachua, Columbia, and Putnam, with high percentages (on lower totals) seen in the counties of Bradford, Hamilton, and Union
- The Veteran population is higher than the state average (7.6 percent vs. 6.7 percent) and composes a large segment of the rural populations, indicating a need for both a well-developed Veteran's service program and a provider adept at delivering services in rural communities
- The homeless population is nearly double the state average when looking at HSA 3A as a whole, indicating a need for focused and dedicated hospice services and outreach to this patient population

HMC next identifies a large demographic of incarcerated individuals in HSA 3A. HMC uses the Florida WellFlorida Council 2018 Data County Profiles website at <https://wellflorida.org/data-reports> to indicate that HSA 3A has about 3.5 percent of its total population residing in prisons. HMC asserts that this equates to an extremely high incarceration rate of 3,468 inmates per 100,000 in total population. See the table below.

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**Prison Population (2018)**

<b>Region</b>	<b>Total Population</b>	<b>Prison Population</b>	<b>Prison Percent of Population</b>
Marion County (HSA 3A)	343,778	5,473	1.59%
<b>HSA 3A Total</b>	<b>582,822</b>	<b>20,213</b>	<b>3.47%</b>
Alachua	259,865	1,203	0.46%
Bradford	26,775	3,558	13.29%
Columbia	68,484	4,011	5.86%
Dixie	16,323	1,671	10.24%
Gilchrist	17,191	720	4.19%
Hamilton	14,239	0	0.00%
Lafayette	8,684	1,407	16.20%
Levy	39,713	0	0.00%
Putnam	72,435	481	0.66%
Suwannee	43,814	2,062	4.71%
Union	15,300	5,100	33.33%

Source: CON application #10598, page 53

The applicant emphasizes that this approximate 3.5 percent incarceration rate in 2018 for HSA 3 was substantially above both the Florida overall incarceration rate of 0.51 percent (513 per 100,000) and the national average of 0.47 percent (471 per 100,000). The reviewer notes that CON application #10598 does not state its source regarding the stated overall Florida and national percentages and estimates.

HMC points out that as inmates age and encounter illness, they require palliative and hospice care services.

The applicant contends that Carewell is an ideal candidate to address the above patient populations.

Regarding the applicant’s utilization projections, HMC describes its methodology (pages 54 – 56 of the application). The applicant indicates that CNF utilized publicly available data to project the need for hospice services, through:

- The Florida Needs Projections for Hospice Programs, Batching Cycle for January 2021 Planning Horizon
- Population data from the Florida Bureau of Economic and Business Development to

To estimate the need beyond the 2021 timeframe already completed by the Agency, Carewell states having made the following assumptions:

- The death rate would remain constant as applied to the 2021 need projections

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- Maintaining the death rates by category as documented for 2018
- Applying the statewide use rates for hospice as applied by the Agency for January 2021

CNF contends that based on these assumptions and the underlying data, Carewell projected the following need:

- 2021: 4,271
- 2022: 4,308
- 2023: 4,342

CNF provides a detailed methodology table to arrive at the above bulleted 2021, 2022 and 2023 projected need (page 55 of the application).

CNF next states that based on these results, CNF indicates then factoring its knowledge of the local market, expected referral patterns and the historical trends of new hospice providers, to anticipate an expected market share around 7.5 percent in year one and around 12 percent in year two. CNF contends that taken together, the figures of 7.5 percent and 12 percent are conservative projections that fall under the need threshold and still allow for organic growth – with no anticipation of negative impact on existing HSA 3A hospice providers.

Below are the applicant’s expected total admissions and patient days for year one and year two, rounded the nearest whole number<sup>4</sup>.

The reviewer notes that these admission and patient day estimates are consistent with the applicant’s need methodology and with the applicant’s Schedule 7A patient day totals.

**CNF Admissions and Patient Days  
Year One and Year Two**

<b>CNF</b>	<b>Patient Admissions</b>	<b>Patient Days (AOL 48)</b>
Year One (at 7.5% of Hospice Need)	320	15,377
Year Two (at 12% of Hospice Need)	517	24,808

Source: CON application #10598, page 56

<sup>4</sup> The applicant’s year one and year two patient admission totals are also rounded to the nearest whole number in item E.2.b.(1)(c) – (e) of this report.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** states the use of the Agency’s Florida Need Projections for Hospice Programs publication, issued October 4, 2019, to document the following tables regarding the applicant’s assessments concerning:

- Subdistrict 3A Hospice Utilization (page 56)
- Subdistrict 3A Hospice Penetration Rate (page 57)
- Hospice Penetration Rate, Subdistrict 3A and Statewide (page 57)

PH3-A next states the use of combinations of the Agency’s Florida Need Projections for Hospice Programs publication, issued October 4, 2019, Florida CHARTS and NHA Analysis, to document the following tables/graphs regarding the applicant’s assessments concerning:

- Subdistrict 3A Hospice Admissions by Program and Gaps in Admissions (page 60)
- Subdistrict 3A Resident Deaths (page 60)
- Hospice Penetration Rate Trend Subdistrict 3A vs. Florida (page 61)
- Hospice Penetration Rate by Subdistrict (page 62)
- Hospice Penetration Rate Trend Subdistrict 3A vs. Florida, Ages 65+ (page 63)

Based on the above referenced tables, PH3-A points out that for the 12 months ending June 30, 2019 HSA 3A ranks fourth lowest in overall hospice penetration compared to every other HSA in Florida and further points out that HSA 3’s hospice penetration rates amongst residents age 65+ are much lower than statewide rates. PH3-A contends that an additional hospice program which positions itself to serve the entire subdistrict will ameliorate the gap in service.

PH3-A contends that nine of the 11 counties in HSA 3A are designated rural per the 2010 Census. The reviewer notes that through CON application #10599 does not provide documentation to verify rural counties in HSA 3A, according to the Florida Department of Health Office of Rural Health website

[http://www.floridahealth.gov/programs-and-services/community-health/rural-health/\\_documents/rual-counties-2000-2010.pdf](http://www.floridahealth.gov/programs-and-services/community-health/rural-health/_documents/rual-counties-2000-2010.pdf), as well as the Centers for Medicare and Medicaid Services - CMS.gov Medicare website [https://medicare.fcso.com/Rural\\_health/166451.pdf](https://medicare.fcso.com/Rural_health/166451.pdf), the nine counties identified by the applicant as rural counties are confirmed as rural counties, per the two websites. PH3-A states the use of Florida CHARTS and NHA Analysis to indicates that in CY 2018, the nine rural counties in HSA 3A accounted for 44.3 percent of HSA 3A’s total population but correspondingly accounted for 53.8 percent of the deaths in HSA 3A for the same period and additionally, the remaining two counties in HSA 3A (urban counties of Alachua and Putnam), accounted

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for 55.7 percent of HSA 3A’s total population but correspondingly accounted for 46.2 percent of the deaths in HSA 3A for the same period. See the table below.

**HSA 3A Rural Counties, Population and Deaths  
All Ages  
CY 2018**

<b>Nine Rural Counties</b>	<b>Population</b>		<b>Deaths</b>	
Bradford	27,992	4.7%	335	5.6%
Columbia	71,627	11.9%	835	13.9%
Dixie	17,266	2.9%	235	3.9%
Gilchrist	17,867	3.0%	228	3.8%
Hamilton	15,128	2.5%	148	2.5%
Lafayette	9,067	1.5%	85	1.4%
Levy	43,254	7.2%	549	9.2%
Suwannee	46,631	7.8%	559	9.3%
Union	16,552	2.8%	249	4.2%
<b>Subdistrict</b>	<b>265,384</b>	<b>44.3%</b>	<b>3,223</b>	<b>53.8%</b>
Other Counties	334,338	55.7%	2,772	46.2%
Subdistrict 3A	599,722	100.0	5,995	100.0%

Source: CON application #10599, page 64

The applicant asserts that one reason for the above disparity between rural population and deaths is because the nine rural counties have an older population than Alachua and Putnam Counties, 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

PH3-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 PruittHealth Hospice’s serve a total of 315 counties, 55 percent of which

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are designated rural counties. The applicant provides a diagram to account for PruittHealth Hospice's rural v. urban hospice services in other states (CON application #10599, page 66, PruittHealth Hospice Counties Served Rural vs. Urban/Metropolitan Designation).

The applicant states a commitment to collaborate with the Rural Health Partnership or RHP (CON application #10599, Schedule C-Condition #1), stating also that the applicant will develop a synergistic relationship with RHP to ensure residents of rural areas' health care needs are being met. The applicant states and the reviewer confirms through the website <https://wellflorida.org/areas-of-expertise/rural-health/>, RHP is staffed and fiscally managed by WellFlorida Council and is a federally designated Rural Health Network established in the Florida Statutes to coordinate rural health care delivery systems. The same website also indicates that incorporated in 1996, RHP is a quasi-governmental 501(c)(3), overseen by Florida's Department of Health Office of Rural Health and that RHP members include safety net providers (e.g. federally qualified health centers, county health departments, rural health clinics), the regional community mental health center, primary care practices, hospitals, the regional hospice and the regional Area Health Education Center (AHEC). The website additionally states that RHP's focus is innovative rural health care models, patient safety and health care quality issues. The reviewer notes no letter of support from the RHP regarding CON application #10599. The applicant also reiterates its Schedule C-Condition #2 to address the hospice rural outreach needs of HSA 3A.

PH3-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. PH3-A states a source<sup>5</sup> to indicate that HSA 3A's age 18+ veteran population, as well as HSA 3A'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+), the rural counties of HSA 3A, in aggregate, have higher percentages of veterans in HSA 3A, 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

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**HSA 3A 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
Alachua	16,110	216,842	7.4%	7,126	40,141	17.8%
Bradford (*)	2,319	22,500	10.3%	1,008	5,304	19.0%
Columbia(**)	6,695	57,256	11.7%	3,443	13,806	24.9%
Dixie(*)	1,603	14,385	11.1%	1,066	4,112	25.9%
Gilchrist(*)	1,649	14,591	11.3%	855	3,962	21.6%
Hamilton(*)	941	12,321	7.6%	434	2,824	15.4%
Lafayette(*)	556	7,243	7.7%	285	1,351	21.1%
Levy(*)	4,607	35,312	13.0%	2,785	10,103	27.6%
Putnam	6,870	57,583	11.9%	3,500	16,108	21.7%
Suwannee(*)	4,130	37,279	11.1%	2,294	10,032	22.9%
Union(*)	1,068	13,631	7.8%	500	2,133	23.4%
<b>HSA 3A</b>	<b>46,548</b>	<b>488,943</b>	<b>9.5%</b>	<b>23,295</b>	<b>109,873</b>	<b>21.2%</b>
Rural Counties (*)	23,566	214,518	11.0%	12,670	53,627	23.6%
Florida	1,423,968	16,673,239	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 #10599, page 69

According to PH3-A, the primary reason for such large veteran populations throughout the 11 counties is attributable to the fact that there are two of the State's seven Veterans Administration hospitals within this region. The applicant states and the reviewer confirms the two stated Veteran Administration hospitals in HSA 3A:

- Malcom Randall VA Medical Center (Gainesville-Alachua County)
- Lake City VA Medical Center (Lake City-Columbia County)

PH3-A maintains that there is demand in the market for a hospice provider that has a wealth of knowledge and expertise in serving this special population as PruittHealth Hospice does. PH3-A further maintains that immediately upon licensure, the applicant's community relations representatives will meet with key personnel and discharge planners at both VA hospitals (named above), 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 either of the reference VA hospitals or from any veteran organization/association/group. The applicant discusses the PruittHealth Hospice veteran recognition program/services. The reviewer notes:

- CON application #10599, Tab 43-Veteran Programming
  - We Honor Veterans
  - Veteran Recognition Program
  - Veteran Pin & Pinning Ceremony Photographs

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The applicant references its Schedule C-Condition #4.

PH3-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. PH3-A explains the Gainesville Fisher House/Fisher House Foundation and that PH3-A will pursue a relationship with the Gainesville Fisher House to support the needs of its constituents. The reviewer notes that CON application #10599 does not include copies of the stated VA management contracts and no letters of support from the Gainesville Fisher House or from the Fisher House Foundation.

The applicant again addresses unmet hospice needs regarding access to rural veterans (pages 76 – 78 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 3A, in CY 2018.

**HSA 3A 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	353	1,341	1,694	19.6%	29.5%	26.7%
Malignant Neoplasm (Cancer)	431	994	1,425	23.9%	21.9%	22.5%
Injuries	410	207	617	22.7%	4.6%	9.7%
Chronic Lower Respiratory Disease	80	377	457	4.4%	8.3%	7.2%
Diabetes Mellitus	51	140	191	2.8%	3.1%	3.0%
Nephritis, Nephrotic Syndrome, Nephrosis	28	77	105	1.6%	1.7%	1.7%
Alzheimer's Disease	2	102	104	0.1%	2.2%	1.6%
Chronic Liver Disease & Cirrhosis	53	43	96	2.9%	0.9%	1.5%
Parkinson's Disease	2	61	63	0.1%	1.3%	1.0%
Subtotal	1,410	3,342	4,752	78.2%	73.6%	74.9%
All Other Causes	394	1,198	1,592	21.8%	26.4%	25.1%
Total	1,804	4,540	6,344	100.0%	100.0%	100.0%

Source: CON application #10599, page 79

PH3-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. PH3-A next discusses and provides tables to address how existing HSA 3A hospice providers performed in 2018 regarding penetration rates/utilization concerning death due to a primary diagnosis of cancer (under the age of



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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 80 and 81 of the application. Based on the applicant's estimates, in 2018, compared to Florida's overall hospice penetration rate, HSA 3A penetration rates were:

- 11 percent lower for those age 65+ with a primary diagnosis of cancer
- 11.9 percent lower for those age 65+ with a primary diagnosis of non-cancer

PH3-A offers narrative descriptions regarding the following PruittHealth Hospice disease management programs that PH3-A states will be utilized in HSA 3A (pages 81 – 86 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 #10599, 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

PH3-A states that based on its detailed assessment described in the application, there is an expectation of a total of 191 admissions in year one and a total of 492 admissions in year two, as well as corresponding admissions by age cohort for each of the two years. PH3-A goes on to state that given service area penetration and capture rate projections, these volumes are reasonable and realistic. See the table below.

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**PruittHealth Hospice – 3A, LLC  
CON application #10599  
Forecasted Admissions**

Year One		Year Two	
Month	Admits	Month	Admits
1	4	13	33
2	4	14	34
3	6	15	35
4	6	16	37
5	6	17	38
6	16	18	40
7	19	19	42
8	22	20	44
9	24	21	45
10	26	22	47
11	28	23	48
12	30	24	49
<b>Year One</b>	<b>191</b>	<b>Year Two</b>	<b>492</b>
Under 65	6	Under 65	15
Over 65	185	Over 65	477

Source: CON application #10599, page 87

In addition to admission volume for the first two years of planned operations, PH3-A offers the following estimated average length of stay (ALOS), patient days and an average daily census (ADC).

**PruittHealth Hospice – 3A, LLC  
CON application #10599  
Forecasted Utilization**

	Year One	Year Two
Admissions	191	492
ALOS	36.2	52.4
Patient Days	6,890	25,805
ADC	18.9	70.7

Source: CON application #10599, page 88

PH3-A offers a brief narrative regarding impact on existing providers (page 89 of the application), indicating an expectation of having no negative impact on existing providers. PH3-A states that the proposed project will increase competition and that PruittHealth Hospice will ensure that existing providers do not become complacent. Additionally, PH3-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. PH3-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.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** recognizes the Agency's Fixed Need Pool publication for the need for an additional hospice program in HSA 3A. SNCF maintains that its initial need assessment performed in HSA 3A revealed the following problems with a corresponding Seasons solution (page 1-7 of the application):

- Problem 1
  - Unmet needs in rural communities
- Solution
  - Establish a physical presence throughout the service area
  - Community education
  - Telemedicine
  - 24-hour call center
  - Volunteer Vigil Program
  - Seasons Hospice Foundation
    - Wish fulfillment
    - Emergency relief
- Problem 2
  - Lack of choice and service from existing hospice providers
- Solution:
  - Seasons' Hospice Programs including –
    - Open Access
    - Music therapy
    - Partners in Care Program

SNCF comments that the initial need assessments made in speaking with area residents reveal areas of improvement that can easily be met in the normal course of business Seasons and the specific programs proposed for HSA 3A. SNCF also comments that further statistical analysis confirms additional areas of need. SNCF's response to item E.2.a. (1) of the application states that the following HSA 3A populations are experiencing unmet hospice need:

- Elderly Residents Age 65 and over
- Children Under Age 18
- African-American Population
- Hispanic Population
- Homeless Population

The applicant asserts that the majority of people in HSA 3A reside in rural counties and that Seasons has the experience to enter large rural markets (page 1-8 of the application). The applicant uses the Agency's Florida Hospital Bed Need Projections and Service Utilization by District publication, issued January 18, 2019, to show, for each of the 27 HSAs in Florida, their respective square miles, January 2019 population

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estimates, population density, population rank and density rank. The reviewer partially reproduces the applicant’s Florida HSA land size and population density table, including the data regarding HSA 3A, but does not reproduce the data regarding the remaining 26 HSAs. See the table below.

**HSA Land Size and Population Density**

<b>Service Area</b>	<b>Square Miles</b>	<b>Jan 2019 Population</b>	<b>Population Density</b>	<b>Population Rank</b>	<b>Density Rank</b>
3A	6,843	602,295	88.0	12	25

Source: CON application #10600, page 1-9, Table 1-2 (partial reproduction)

The reviewer notes that in the applicant’s full table, the 27 HSAs are listed in rank order, from the most to the least square miles, with HSA 3A having the most square miles of any HSA in Florida and also having the third lowest population density (only HSAs 2A and 2B have a lower population density). Using the same source for the same time frame, SNCF provides estimates for the population density for each county in HSA 3A. See the table below.

**HSA 3A Land Size and Population Density by County**

<b>County</b>	<b>Square Miles</b>	<b>Jan 2019 Population</b>	<b>Population Density</b>
Alachua	874.3	262,415	300.1
Putnam	721.9	73,252	101.5
Columbia	797.1	71,982	90.3
Suwannee	687.6	46,885	68.2
Levy	1,118.4	43,543	38.9
Bradford	293.1	28,086	95.8
Gilchrist	348.9	17,963	51.5
Dixie	704.0	17,353	24.6
Union	240.3	16,565	68.9
Hamilton	514.9	15,147	29.4
Lafayette	542.8	9,104	16.8
<b>Total</b>	<b>6,843</b>	<b>602,295</b>	<b>88.0</b>

Source: CON application #10600, page 1-10, Table 1-3

The applicant contends that the counties of Alachua, Putnam, Columbia, Suwannee and Levy each have at least twice the population of the remaining six counties. The reviewer confirms that according to the applicant’s table, the counties of Alachua, Putnam, Columbia, Suwannee and Levy each have at least twice the population of the counties of Gilchrist, Dixie, Union, Hamilton and Lafayette. However, the reviewer notes that neither Suwannee County nor Levy County has twice the population of Bradford County (28,086 X 2 = 56,172).

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The reviewer notes that a perusal of the Florida Department of Health Office of Rural Health website at <http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/health-professional-shortage-designations/Rural%20Counties%20Map%202016.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), indicate that of the 11 HSA 3A counties:

- Alachua and Putnam are classified as urban
- Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee and Union are classified as rural

The reviewer partially reproduces CON application #10600, page 1-10, Table 1-3 (shown above) with the addition of a population subtotal and a population subtotal percentage for urban counties and a population subtotal and a population subtotal percentage for rural counties. See below.

<b>HSA 3A Urban and Rural Population by County</b>	
<b>County</b>	<b>Jan 2019 Population</b>
<b>Urban Counties</b>	
Alachua	262,415
Putnam	73,252
<b>Urban County Population Subtotal</b>	<b>335,667</b>
<b>Urban Population Percentage</b>	<b>55.73%</b>
<b>Rural Counties</b>	
Columbia	71,982
Suwannee	46,885
Levy	43,543
Bradford	28,086
Gilchrist	17,963
Dixie	17,353
Union	16,565
Hamilton	15,147
Lafayette	9,104
<b>Rural County Population Subtotal</b>	<b>266,628</b>
<b>Rural Population Percentage</b>	<b>44.27%</b>
<b>Urban and Rural Population P</b>	<b>100.00%</b>
<b>Total Population</b>	<b>602,295</b>

Source: CON application #10600, page 1-10, Table 1-3 (partial reproduction with reviewer's added calculations)

Therefore, SNCF's assertion that the majority of people in HSA 3A reside in rural counties is not supported by the data provided, which shows that 69,039 (or 11.46 percent) more people resided in an urban county

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than in a rural county in HSA 3A, as of January 2019 (335,667 – 266,628 = 69,038 and 55.73 percent minus 44.27 percent = 11.46 percent).

SNCF next uses UF Bureau of Economic and Business Research, reviewed 10/24/2018 to indicate total population change from April 1, 2010 to April 1, 2028, by county and by municipality. The reviewer partially reproduces the applicant’s HSA 3A total population (2010 to 2018) table by county, but does not reproduce the corresponding population data by municipality. See the table below.

**HSA 3A 2010 Census and 2018 Total Population**

<b>County</b>	<b>April 1, 2010(1) Census</b>	<b>April 1, 2018 Total Population</b>	<b>Population Change</b>	<b>Percent Change</b>
Alachua	247,336	263,291	15,955	6.5%
Bradford	28,520	28,057	-463	-1.6%
Columbia	67,531	69,721	2,190	3.2%
Dixie	16,422	16,489	67	0.4%
Gilchrist	16,939	17,424	485	2.9%
Hamilton	14,799	14,621	-178	-1.2%
Lafayette	8,870	8,501	-369	-4.2%
Levy	40,801	41,054	253	0.6%
Putnam	74,364	72,981	-1,383	-1.9%
Suwannee	41,551	44,879	3,328	8.0%
Union	15,535	15,867	332	2.1%
<b>3A Total</b>	<b>572,668</b>	<b>592,885</b>	<b>20,217</b>	<b>3.5%</b>

(1) The April 1, 2010 census counts include all corrections resulting from the U.S. Census Bureau's 2010 Census Count Question Resolution (CQR) Program received by the Florida Legislative Office of Economic and Demographic Research as of February 11, 2014.

Source: CON application #10600, pages 1-10 to 1-12, Table 1-4

The applicant stresses Suwannee County’s population of nearly 45,000, resulting from an 8.0 percent growth rate since the 2010 census and no other county in the service area realizing this great a percentage population rise over the referenced period.

SNCF provides a diagram of licensed hospice providers in HSA 3A (page 1-14, Figure 1-2 of the application), depicting the physical location of each hospice provider in the service area. SNCF emphasizes that currently no hospice program in HSA 3A has a physical presence in Suwannee County and that Suwannee County has the highest growth rate of all the counties in HSA 3A, as well as having one of the highest populations. The reviewer confirms that as of January 30, 2019, no hospice program in HSA 3A has a satellite office in Suwannee County.

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As previously indicated, CON application #10600 Schedule C-Condition #1 commits SNCF to establish a primary office in Alachua County and a physical presence in the counties of Levy, Suwannee and Putnam, within the first year. The reviewer notes that CON application #10600, page 1-14, Figure 1-2 depicts geographically well-distributed satellite office locations for the proposed project, with SNCF conditioning that one of its four physical presence locations being in the fourth largest county (by population) and toward the more extreme northwestern part of HSA 3A – Suwannee County.

SNCF uses the Agency's Florida Need Projections for Hospice Programs publication, issued October 4, 2019, to indicate the HSA 3A population estimates for the three-year period ending July 1, 2018 and the corresponding HSA 3A death estimates for the three-year period, consistent with the proposed project's Schedule C-Condition #1 physical presence location. The reviewer notes that SNCF does not offer estimates into the January 2021 hospice planning horizon.

SNCF explains that improving access to rural communities requires a multi-pronged approach and that establishing a strong physical presence through four initial locations within the first year is only the first step. SNCF also explains that education and outreach, use of technology, and programs designed to reach and care for the most vulnerable are equally important toward reaching those that may benefit from hospice care. SNCF discusses Seasons' community outreach, as well as the No One Dies Alone and the Volunteer Vigil Programs and the use of technology/remote and wireless devices/telemedicine (see item E.2. of this report).

In CON application #10600, page 1-20, Figure 1-3, SNCF indicates that through FY 2018 Medicare Cost Report, it is shown that Seasons' Florida programs have higher percentages of total patient days attributable to continuous care than some other hospice providers in Florida and that this indicates that Seasons does a better job at keeping patients in their homes, whether that is with family or in an assisted living facility, where they are more comfortable and have their family close and familiar surroundings.

The applicant describes the proven experience of Seasons in comparison to other hospice providers in Florida, some of whom are co-batched in this competitive batching cycle and others that are not co-batched (pages 1-22 to 1-24 of the application).

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Below are experts of letters of support that the applicant presented in this section of CON application #10600.

Mary Moran, Medical Assistant - Azalea Health states *“I have been working in health care for 5 years and believe that hospice is a wonderful service for patients and families that are in need of extra help. In my experience here in this area of Florida there are many rural areas that include low income families. Many of our patients live alone and don't have family. We have received phone calls from police officers that our patients have passed away at home and were found one month later. This is serious concern to all of us as each person deserves to have a support system that surrounds them and their health.”*

Eric L. Godet, President & CEO - Greater Gainesville Chamber of Commerce writes *“Outside of Seasons Hospice & Palliative Care having an outstanding reputation within the hospice industry, we are pleased to know they intent to collaborate with community organizations to strengthen its initiative to enrich the community and empower its residents [with] advanced care planning through the form of community events, classes, and programs. This speaks volumes and shows how important both community enrichment accountability is to their organization.”*

Feral Carytsas, Lecturer & Undergraduate Curriculum Advisor University of Florida Center for Arts in Medicine writes *“We often find that hospice residents in our assisted living facility need additional care as they approach the end-of-life and too often our local hospice providers aren't able to provide that care timely resulting in hospital readmissions for our residents. Seasons Hospice prevents this from happening by providing Continuous Care for patients meeting that level of care. In doing so, they are able to manage residents' symptoms in the comfort of their familiar surroundings. In addition, they provide a No One Dies Alone program, ensuring that patients have a Seasons staff member or volunteer at their side as they make their final transition.”*

Rachel R. Voyles, Social Services Director -North Florida Rehabilitation and Specialty Care writes *“Seasons Hospice also works closely with area nursing homes to utilize their facilities to provide general inpatient (GIP) level of care for their residents and members of the community. This is an important program as it ensures that patients are receiving round-the-clock nursing services in a safe environment and allows nursing homes the opportunity to fill available beds with community GIP-level patients.”*

Seasons offers a forecast of expected utilization for year one and for year two, contending that the determination of the new hospice's market share is based upon the most recent decade of new hospice start-ups in



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Florida in service areas having three or more counties. Based on the Seasons analysis, Seasons concludes in the past decade, new hospice programs in Florida in service areas having three or more counties realized a year one market share of 4.1 percent and a year two market share of 8.4 percent (page 1-27, Table 1-11 of the application). Seasons then rounds to the nearest whole number (4.0 percent for year one and 8.0 percent for year two) for its own CON application #10600 estimates. The reviewer partially reproduces the applicant’s forecast table by collapsing the age 0-64 and the age 65+ columns into the total columns for cancer and “other” cause of death. The projected hospice patient count for CY 2021 (4,271) and for CY 2022 (4,308) is for the entirety of HSA 3A. See the table below.

**Forecasted Hospice Admissions for First Two Years in Service Area 3A  
And the Expected Number of Admissions to Seasons**

<b>Cause of Death</b>	<b>Projected Hospice Patients CY 2021 Total</b>	<b>Seasons’ Admissions CY 2021 – Year One Market Share 4% Total</b>	<b>Seasons’ Patient Days CY 2021 – Year One ALOS = 55 Total</b>
Cancer	1,327	53	2,918
Other	2,945	118	6,479
<b>Total</b>	<b>4,271</b>	<b>171</b>	<b>9,397</b>
<b>Cause of Death</b>	<b>Projected Hospice Patients CY 2022 Total</b>	<b>Seasons’ Admissions CY 2022 – Year Two Market Share 4% Total</b>	<b>Seasons’ Patient Days CY 2022 – Year Two ALOS = 65 Total</b>
Cancer	1,338	107	6,957
Other	2,970	238	15,443
<b>Total</b>	<b>4,308</b>	<b>345</b>	<b>22,400</b>

Source: CON application #10600, page 1-25, Table 1-9 (partial reproduction)

Seasons contends that the above year one and year two admission and patient day estimates are realistic and achievable for Seasons, given its national experience entering competitive markets around the country, including its experience in Broward, Miami-Dade, Hillsborough and Pinellas. The reviewer partially reproduces the applicant’s test-of-reasonableness/recent experience table by collapsing Seasons’ stated 13 start-up programs (from September 2010 to April 2018) and reproduces the average (all 13 start-ups) and the Florida average (in the counties of Broward, Hillsborough and Pinellas). The reviewer does not reproduce the stated ALOS counts or the admission growth percentages. See the table below.

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**Recent Experience of Seasons' Hospice Programs Nationally and in Florida  
First Two Years of Operation  
National Average / September 2010 – April 2018  
Florida Average / January 2015 – April 2018**

Seasons Hospice Program Averages	Year One		Year Two	
	Admits	Patient Days	Admits	Patient Days
Nationally	168	8,889	326	21,907
Florida	234	11,572	698	35,717

Source: CON application #10600, page 1-26, Table 1-10 (partial reproduction)

Seasons asserts that given the parameters in the above table, The SNCF estimate of 171 admits in year one and 345 in year two are reasonable and conservative.

**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.

**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 #10596)** states a commitment to serve the following populations that the applicant identifies as having unmet need:

- Persons with end-stage heart, pulmonary, dementia and Alzheimer's Diseases
- Rural access communities
- The African/American community

**Chapters Health Hospice, Inc. (CON application #10597)** responds to this Agency Rule Criteria and Preferences in the form of a narrative description (pages 54 – 58 of the application). The reviewer notes that from this narrative, the

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applicant specifically references that the following populations experience unmet hospice need in the area:

- Black/African American population
- Hispanic population
- Veterans
- Financially constrained population (higher percentages of persons in poverty)
- Lack of “Open Access”
- Socially isolated populations (especially the elderly)
- Rural areas - especially the HSA 3A populations in and around the communities of:
  - Alachua (Alachua County)
  - Live Oak (Suwannee County)
  - Palatka (Putnam County)

### **Hospice of Marion County, Inc. (CON application #10598)**

points to six populations/subpopulations or services that HMC indicates are underserved or lacking in HSA 3A (pages 63 – 66 of the application):

- Palliative care
- Patients without a primary caregiver
- Homeless persons
- Minority populations/community outreach and education
- African Americans
- Veterans

HMC points out that palliative care is a growing and important part of the care spectrum. HMC states that multiple studies have shown that palliative care can improve patient quality of life while reducing health care costs by minimizing ineffective services, reducing hospitalizations (or readmissions), and shortening lengths-of-stay<sup>6</sup>. HMC states that according to the U.S. Centers for Disease Control and Prevention (CDC), 60 percent of adults live with at least one chronic disease and 40 percent of adults have two or more.

<sup>6</sup> Diane Meier, Anthony Back, Amy Berman, Susan Block, Janet Corrigan, and R. Sean Morrison, "A National Strategy for Palliative Care," *Health Affairs*, 36:7; 1265-1273, 1266 (July 2017) and Smith, S., Brick, A., Normand, C., "Evidence on the Cost and Cost-Effectiveness of Palliative Care: A Literature Review," *Palliative Medicine*, July 2013

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HMC indicates through another study<sup>7</sup> that in Florida, it is estimated that each chronic condition an individual has increases medical spending by an average of more than \$2,000 a year.

The applicant explains that hospice and palliative care are closely aligned, that "...in a years' time.." approximately 1,400 of HMC's patients transitioned from palliative care to hospice care and that this represents a conversion rate of 51 percent, pointing to this as why a provider that can navigate both programs is so valuable for patient, families and providers. HMC references its Schedule C-Condition #4.

The reviewer notes that the applicant does not state the dates for when, "...in a years' time" covers and therefore does not specify when its approximately 1,400 patient were transitioned. The applicant does not provide documentation to verify that palliative care is sought but unattainable or is otherwise unavailable in HSA 3A. The reviewer further notes that the applicant provides no documentation to indicate that poor, substandard or undesirable health care outcomes are occurring in HSA 3A due to the current palliative care landscape in the area.

Next, the applicant states that patients without primary caregivers are a familiar population to CNF. The applicant describes a three-bulleted protocol to address this population, when encountered. HMC references its Schedule C-Condition #3.

The applicant provides the following excerpts from letters of support to identify this stated unmet need in the area

Cherlyn Deleonabreu, BSN, MBA, NHA, Executive Director,  
Life Care Center of Ocala

*"I would be glad to know that the residents of our sister facility in Alachua County will be able to receive the same quick response and attentive, compassionate care experienced by our residents here in Marion County. "*

<sup>7</sup> Partnership to Fight Chronic Disease, "The Costly Chronic Disease Epidemic in Florida," 2016

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Debi Sellers, Salt Springs Ambassador, Realtor with Foxfire, Volunteer with Hospice of Marion County.

*"Hospice of Marion County cares for all who need their services regardless of their insurance or ability to pay. Charity care is supported by their thrift store and philanthropy efforts."*

Mollie McMahon, Volunteer with Hospice of Marion County  
*"I have not been disappointed in the quality of service of this hospice and I have been impressed with the scope of services offered to Marion County residents. Our Transitions program broadens the care we are able to offer to folks not yet eligible for hospice itself."*

The reviewer notes that according to the website <https://lcca.com/locations/florida/>, Life Care Center of Ocala is located in Marion County, Florida.

The reviewer notes that the applicant provides no documentation to verify that primary caregivers are sought but unattainable or are otherwise unavailable in HSA 3A. The applicant provides no documentation to indicate that poor, substandard or undesirable health care outcomes are occurring in HSA 3A due to the current primary caregiver landscape in the area.

The applicant states that HMC works with churches, the Salvation Army, local community organizations such as Interfaith Emergency Services for those situations when a homeless patient needs to be housed for pain and symptom management or they are transferred to one of HMC's inpatient units. HMC also works with the County, hospitals and the Department of Child and Family services to secure a phone so that the homeless patient can contact the hospice team. The applicant contends that with a homeless population nearly double the State average, HSA 3A requires providers to be adept and dedicated to servicing this unique population. HMC references its Schedule C-Condition #2.

The reviewer notes no letters of support for HMC CON application #10598 from HSA 3A churches, the Salvation Army, local community organizations, Alachua County or any county in the service area, hospitals or the Florida Department of Children and Families.

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The applicant provides the following excerpt from a letters of support to identify this stated unmet need in the area

Representative Chuck Clemons, Florida House of Representatives, District 21

*"Hospice of Marion County supplies charity care to the homeless and those without health care insurance. I would feel confident that they will provide each person who needs their medical services in my community with the same high quality of care regardless of ability to pay.*

*We would welcome a hospice which is known for their extended reach into communities by providing community and professional education, veterans programs, caregiver support groups, grief care and children's bereavement services.*

*I would be glad to know my constituents would have access to attentive, high quality hospice care through Hospice of Marion County and support their efforts to be granted permission to provide hospice services in Health Planning Sub-district 3a."*

HMC points to five studies (page 65 of the application) to address disparities in health care delivery and services, particularly regarding end-of-life care, assessment and treatment, among minority populations (Black/African American and Latino/Hispanic). HMC pointed to another study that indicates that language barriers exacerbate the gap. CNF also points to CON application #10598, Appendix II-Informational Brochures and Documents. The reviewer notes that some of the written materials in this appendix address cultural diversity.

According to HMC, the proposed project will include a targeted focus to increase community education, outreach, and marketing within key population centers for African Americans and Hispanics in Alachua, Columbia, and Putnam Counties. The reviewer notes no letters of support among African American and or Hispanic organizations in HSA 3A.

HMC contends that importantly, the applicant will identify its bilingual doctors, nurses and staff to provide direct patient care and bereavement services to mono-lingual Spanish speaking patients whenever possible. HMC further contends that by using national best practices in concert

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with a local community presence and knowledge, CNF will increase awareness and improve patient experience for minority patients in need of and undergoing hospice care treatment.

Regarding veterans, the applicant discusses its participation in the We Honor Veterans Level IV program, has already filed for Level V designation (expecting to have that status conferred by early 2020) and states it has provided care to over 1,048 veterans since the start of 2018. The applicant provides excerpts of letters of support from two HMC volunteers who are also veterans (page 66 of the application). The reviewer notes no letters of support for CON application #10598 from veteran organizations, groups or related affiliations in HSA 3A.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** indicates that the unique/underserved patient populations PH3-A plans to focus programming and resources to enhance access to hospice include (pages three, 58, 102 and 117 of the application):

1. Rural population including those who reside within nine of 11 HSA 3A counties. Specific rural minority groups are also underserved
2. Veteran population
3. Veterans who reside in rural areas of HSA 3A
4. Terminally-ill with several specific diseases

The applicant states, “PruittHealth Hospice - 3A has conditioned the application on several provisions whereby it will serve populations with unmet needs. Please see the Applicant's list of conditions on page 53” (CON application #10599, page 103). The reviewer perused pages 53 – 91 of the application, as well as CON application #10599’s Schedule C. The applicant’s Schedule C-Condition #s 1 – 4 address focused services for rural and veteran populations but do not condition for the terminally-ill with specific disease.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** states that an initial need assessment made in speaking with area residents identified unmet needs, backed by statistical analysis, confirmed the following populations in need:

- Elderly Residents Age 65 and over

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- Children Under Age 18
- African-American Population
- Hispanic Population
- Homeless Population

Regarding elderly residents age 65+, SNCF uses the Agency’s Florida Population Estimates and Projections by AHCA District 2018 to 2030, published February 2015, to show population estimates and estimated five-year population growth percentages (2019 – 2024) for HSA 3 and Florida overall, by age cohorts and by total population. The reviewer partially reproduces the applicant’s population table to show the age 65+ estimates for HSA 3 and Florida overall. The reviewer does not reproduce the age 0-17 and the age 18-64 estimates. See the table below.

**HSA 3A and Florida Population Estimates by Area by Age Cohort**

Area	2019 Population		2019 Population Distribution	
	Age 65+	Total	Age 65+	Total
<b>3A Total</b>	<b>107,921</b>	<b>602,295</b>	<b>18%</b>	<b>100%</b>
Florida	4,417,180	20,803,734	20%	100%
Area	2024 Population		5-Year Growth Rate	
	Age 65+	Total	Age 65+	Total
<b>3A Total</b>	<b>125,205</b>	<b>628,241</b>	<b>16.0%</b>	<b>4.3%</b>
Florida	4,754,114	22,132,607	14.6%	6.4%

Source: CON application #10600, page 1-4, Table 2-1 (partial reproduction)

SNCF explains that with residents age 65+ representing 18 percent of the population and expected to increase by 16 percent over the next five years, outpacing the growth rate of all seniors statewide, availability of hospice service to seniors is important.

SNCF uses the Agency’s Florida Population Estimates and Projections by AHCA District 2018 to 2030, published February 2015 and the Agency website [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov), to show ALF beds and ALF beds per 1,000 age 65+ residents in HSA 3A and the state overall, along with SNF beds and SNF beds per 1,000 age 65+ residents in HSA 3A and the state overall. See the table below.



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**HSA 3A ALFs and SNFs**

<b>Area</b>	<b>Pop 65+</b>	<b>ALFs</b>	<b>ALF Beds</b>	<b>ALF Beds per 1,000</b>	<b>SNFs</b>	<b>SNF Beds</b>	<b>SNF Beds Per 1,000</b>
3A	107,921	40	1,785	17	26	2,946	27
Florida	4,147,180	3,067	106,955	26	695	84,775	20

Source: CON application #10600, page 1-3, Table 2-2

SNCF explains that the large number of nursing homes, as well as ALF, and the residents that use them require hospice service and that additionally, area residents express concern with the current service they are receiving. The reviewer confirms that this concern is expressed in the applicant’s letters of support. SNCF also explains that through Seasons’ Partners in Care program, HSA 3A residents in SNFs and ALFs will benefit. The Seasons Partners in Care program is briefly described in item E.3.b. of this report. SNCF states (but does not provide a source) that the service area had 104 deaths from Alzheimer’s disease in 2018 and that further, Seasons offers the Namaste Program as a core program that addresses the special needs of persons dying from Alzheimer’s disease. The Seasons Namaste Program is briefly described in item E.2.a. (5) of this report.

Regarding children under age 18, SNCF states that, in 2019, HSA 3A was estimated to have 115,713 children under the age of 18, representing 19 percent of the population and that furthermore, this same population is expected to increase 2.0 percent over the next five years (2019-2024). The reviewer confirms that this was shown in CON application #10600, page 1-3, Table 2-1. SNCF used the Florida Vital Statistics Annual Report 2018 to indicate that for 2018 there were 110 deaths for residents age 19 and under, representing 1.7 percent of the total 6,344 deaths. From the same source, SNCF also indicates that the 110 child deaths represent 4.5 percent of all deaths in Florida of this age group, compared to the total population which represents 3.1 percent. The reviewer partially reproduces the applicant’s children’s death table to show the total children, total deaths and percent children columns. The reviewer does not reproduce the ages under 1, 1-4, 5-9, 10-14 and 15-19 age cohorts. See the table below.

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**2018 Deaths for Children, Hospice Service Area 3A and Florida**

<b>Area</b>	<b>Total Children</b>	<b>Total Deaths</b>	<b>Percent Children</b>
<b>3A Total</b>	<b>110</b>	<b>6,344</b>	<b>1.7%</b>
Florida	2,469	205,461	1.2%
<b>3A% of Florida</b>	<b>4.5%</b>	<b>3.1%</b>	

Source: CON application #10600, page 1-5, Table 2-3 (partial reproduction)

SNCF contends that the proposed project provides families with choice for the best options that fit their needs. Seasons highlights its Kangaroo Kids (CON application #10600, Schedule C-Condition #6), a pediatric hospice program to meet the needs of terminally ill children. Kangaroo Kids is briefly described in item E.2.a. (5) of this report.

Regarding improving services to minorities (groups by race, ethnicity and religious affiliation) SNCF provides four tables and one figure (Figure 2-1 of the application). SNCF comments that there is a disparity in access to hospice care among racial and ethnic groups within the service area and further comments that it is well documented that African Americans do not receive hospice care proportionate to the service to Caucasians. SNCF additionally states that although Hispanics do not have a large presence, that is all the more reason to be culturally sensitive in areas where they are a small demographic in proportion to the remainder of the population. The applicant provides additional narrative and references studies (included in CON application #10600, Additional Information) to corroborate disparity in access to hospice care among racial and ethnic groups.

SNCF provides the following 2017 population estimates by race and ethnicity (by county) in HSA 3A and for Florida overall<sup>8</sup>. The reviewer collapses each of HSA's 11 counties, as represented by the applicant, into a single HSA 3A total.

<sup>8</sup> Source stated to be Population Projections 2018, Bureau of Economic and Business Research, Bulletin 181, June 2018; [https://www.bebr.ufl.edu/population.projections\\_201\\_B\\_asrh\\_detailed.xlsx](https://www.bebr.ufl.edu/population.projections_201_B_asrh_detailed.xlsx).

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The applicant states and the Agency recognizes, differences in racial and ethnic populations and population percentages, among and between HSA 3A's 11 counties. See the table below.

**2017 Population Estimates by Race & Ethnicity  
HSA 3A and Florida**

Area	Black Population		Hispanic Population		Total Population
	Percent	Total	Percent	Total	
3A Total	18.4%	108,992	8.5%	50,141	592,885
Florida	17.6%	3,599,724	25.4%	5,204,657	20,840,568

Source: CON application #10600, page 1-7, Table 2-4 (partial representation)

SNCF asserts that all things equal, one would expect hospice admissions to reflect similar proportions by race and ethnicity. The applicant states Seasons' existing hospice program admissions throughout its Florida operations are representative of the racial and ethnic make-up in their respective areas. SNCF provides narrative and tables (pages 1-8 and 1-9 of the application) that this is not the case in HSA 3A's existing hospice providers. Based on the referenced tables, SNCF concludes that, currently in HSA 3A:

- A hospice penetration rate of only 36.6 percent for African Americans (Black), compared to a statewide rate of 45.5 percent
- A hospice penetration rate of 63.5 percent for Caucasians
- A hospice penetration rate of 60.8 for Hispanics, compared to a statewide rate of 61.3 percent, but is three percentage points below Caucasians

SNCF maintains that to initiate outreach efforts, identify unmet communities, and develop cultural competencies specific to the service area, Seasons will establish an African American and Hispanic Advisory Board (CON application #10600, Schedule C-Condition #2). According to SNCF, this board's members will be instrumental in identifying specific needs and targeted programs to address them, forging alliances within their communities to educate residents and providers, promoting hospice care and its benefits.

Seasons states an assurance of availability to people from all walks of life, regardless of race, religion, marital status, color, creed, gender, sexual orientation, pregnancy, childbirth, age, disability, national origin, or status with

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regard to public assistance. Seasons indicates having a national African American Council to educate staff, ensuring that all needs are met, improve community understanding of hospice and palliative care, and to provide care that respects what is most important to each individual. Seasons contends its patients and staff reflect diversity, having proportionately greater numbers of African American, Hispanic and Asian patients that are served nationally by all hospice programs. The applicant cites Seasons Health care Management, Inc.'s African American Council data to indicate the diversity in its patients and staff. See the table below.

**Seasons Diversity Reflective in Patients and Staff**

<b>Demographic</b>	<b>National Patients</b>	<b>Seasons Patients</b>	<b>Seasons Staff</b>
African American	8.3%	14.99%	19.4%
Hispanic	2.1%	8.59%	17.4%
Asian	1.2%	1.54%	4.3%

Source: CON application #10600, page 1-10, Table 2-7

SNCF points out that religious affiliation also affects how persons approach hospice care or how receptive to the program they become. SNCF also points out have programs that provide spiritual support and services to a range of religious groups, including a program for those of the Jewish faith. Per SNCF, supporting spiritual care includes the following programs:

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

SNCF shows the national total number of admissions for Seasons by religious affiliation for the most recent year, 2017. SNCF lists 38 different religions, showing the breadth of diversity among those served (page 1-11, Figure 2-1 of the application). In reference to religious designation by patients, 7,691 do not specify one, and another 1,364 persons have no religious designation. SNCF also states that of the 38 religious affiliations indicated, the range of diversity requires sensitivity and objectivity in order to meet each

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person as an individual and to address his or her preferences on the dimension of spirituality (CON application #10600, Schedule C-Condition #3).

The applicant asserts that “Seasons would fill a range of needs, fulfilling numerical need, service and quality gaps, and attracting and educating health care professionals. The proposed Advisory Board and "church chats" will change community misconceptions about hospice care, bridging the gaps by engaging the community and its residents” (CON application #10600, page 1-12).

Regarding the homeless population, SNCF states that based on the Point-in-Time (PIT) counts in 2019, HSA 3A had a PIT homeless-per-1,000 estimate of 2.2 with an overall Florida estimate of 1.4<sup>9</sup>. The applicant notes that the counties of Alachua, Columbia Hamilton, Lafayette and Suwannee had homeless-per-1,000 estimates greater than Florida overall for the same PIT count. See the table below.

**Homeless Point in Time Counts and Total Population by County  
HSA 3A and Florida, 2019**

<b>County/Area</b>	<b>2019 PIT Count</b>	<b>County Distribution</b>	<b>Total Population</b>	<b>Homeless per 1,000</b>
Alachua	714	53.2%	262,415	2.7
Bradford	4	0.3%	28,086	0.1
Columbia	316	23.5%	71,982	4.4
Dixie	N/C	0.0%	17,353	0.0
Gilchrist	0	0.0%	17,963	0.0
Hamilton	25	3.4%	15,147	3.0
Lafayette	47	2.0%	9,104	3.0
Levy	27	2.0%	43,543	0.6
Putnam	59	4.4%	73,252	0.8
Suwannee	150	11.2%	46,885	3.2
Union	N/C	0.0%	16,565	0.0
<b>3A Total</b>	<b>1,342</b>	<b>100.0%</b>	<b>602,295</b>	<b>2.2</b>
Florida	28,590		20,803,734	1.4

Source: CON application #10600, page 1-12, Table 2-8

<sup>9</sup> The Agency’s Florida Population Estimates and Projections by AHCA District, February, 2015; The Florida Council on Homelessness 2019 Annual Report; Table 7: Homeless Point in Time Counts

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Seasons states that the homeless population is especially vulnerable with high mortality and lack of access to health care and commits to serving the homeless population (CON application #10600, Schedule C-Condition #7). SNCF specifically references plans to work with GRACE (Gainesville Region/Alachua County Empowerment) and the Homeless Services Network of Suwannee Valley. Seasons contends that in this way and through its' programs, Seasons assures that No One Dies Alone (the Seasons No One Dies Along program is briefly described in item E.2.a. (5) of this report).

Below are experts of letters of support that the applicant presented in this section of CON application #10600.

Jessica Dedge, RN, BSN, Director of Nursing -The Rehabilitation Center of Lake City *"When making a referral to hospice, time is of the essence. I recently experienced a situation where upon making a referral to one of the current providers in our area, we did not receive a timely response. Ultimately, the family had to call in a personal favor to get the hospice provider out to admit our patient Had the family of the patient not had this personal connection, it could have been days before the patient was admitted to hospice."*

Teresa Matheny, Chief of Programs and Administration - Episcopal Children's Services *"The addition of the Kangaroo Kids pediatric hospice program and Camp Kangaroo, a grief and loss camp for children and their loved ones that have experience a loss due to death, would be an incredible support to the many children and families that we serve in this area. We would welcome the opportunity to refer families to these resources, as these needs are largely unmet in our service area."*

Saundra Powell, Assistant to the Senior Pastor Mount Pleasant United Methodist Church *"I believe it is a gift to have decisions made in advance and would like to see more members of the African American community engaged in dialogue around such an important topic. They [Seasons].have a proven record of providing educational support to communities ... with the goal of decreasing the disparities in access to hospice and palliative care. I support {Seasons}*

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*because they will conduct community workshops that focus on advance care planning and should they receive this license, I am interested in being a part of their community advisory board.”*

Jon Decarmine, Executive Director-GRACE “We see a great need for organizations to step up and assist with our growing homeless population. Sadly, people at the end-of-life who are without shelter may die on the streets, in homeless shelters, or in emergency departments. Just off the grounds of our campus, we experienced 15 deaths that occurred in tents without medical care. Our population is growing older, and we see an increased number of people with advanced and terminal illnesses who need palliative care. These deaths are often tragic and heartbreaking, and I know working together, we can all do better. Sadly, we see homeless Veterans who would benefit from Seasons Hospice care - under their care, our Veterans wouldn't die alone on the street. We need more agencies like Seasons Hospice to recognize the needs here and proactively make a difference.”

- (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 #10596)** states plans to contract with local hospitals, inpatient units, or SNFs throughout HSA 3A, to provide inpatient care as necessary for patients with terminal diagnoses. AI references its Attachment 18-General Inpatient Services Addendum.

**Chapters Health Hospice, Inc. (CON application #10597)** states that Chapters proposes to provide the inpatient care component of its new HSA 3A hospice program through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs located throughout the HSA 3A marketplace.

Chapters states negotiations for contracts with hospitals and nursing homes to support the program's inpatient needs are ongoing, and by the time the new hospice program is operational, it will have a number of contracts with HSA 3A providers.

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The reviewer notes the following letters of support from the administrators of existing SNFs in HSA 3A (specifically in Gilchrist & Lafayette Counties) expressing a willingness to discuss a contract with Chapters for general inpatient care at their facility:

- Tri-County Nursing & Rehabilitation Center
- Lafayette Nursing and Nursing Center

### **Hospice of Marion County, Inc. (CON application #10598)**

maintains that CNF will provide inpatient hospice care through contractual arrangements with existing health care facilities and that currently, there is no identified need for additional inpatient hospice beds within the services area. HMC contends that while the majority of patients will be provided care within the comfort of their home, Carewell will ensure all patients have ready and convenient access to inpatient care by collaborating with local providers with existing inpatient beds to deliver care.

HMC states that Carewell will work with area medical systems, such as UF Health Shands Hospital and has contacted additional facilities to ensure inpatient access to hospice care when necessary. The reviewer notes no letter of support for this project from any area hospitals or SNFs that indicated an interest or willingness to considering entering into a contractual arrangement with the applicant for the provision on inpatient hospice services.

### **PruittHealth Hospice – 3A, LLC (CON application #10599)**

states an intent to have contractual agreements with nursing homes and hospitals, as well as other health care providers designed to meet patient needs in all 11 counties of HSA 3A. PH3-A also states that by partnering with hospitals and nursing homes (in both urban and rural counties and proximate to the population pockets most in need of the inpatient level of care) to provide hospice inpatient care, PruittHealth Hospice will fulfill its goal to expand awareness and utilization of hospice.

The applicant states that PruittHealth Hospice operates inpatient units throughout the southeast region of the country, partnering with non-profit and for-profit facilities in bringing this vital service to the local communities it serves.



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Though not referenced by the applicant, the reviewer notes that CON application #10599 includes the following sample inpatient hospice agreements:

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

The reviewer 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.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** proposes contractual agreements with nursing homes throughout the service area, stating that initially, three nursing homes have shown interest in working with Seasons to provide general inpatient care in their facilities. Letters of support expressing a willingness to discuss a contract with Seasons for general inpatient care include:

- Cross City Nursing & Rehabilitation Center (Dixie County)
- Signature HealthCare of Gainesville (Alachua County)
- Suwannee Valley Nursing Center (Hamilton County)

Seasons states that in order to assure access and availability of general inpatient care close to the patients' homes, it intends further outreach to nursing homes and hospitals to secure coverage for the service.

- (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 #10596)** 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 “Power of Yes”, a stated Open Access philosophy to admit all eligible patients who want to elect the hospice benefit.

**Chapters Health Hospice, Inc. (CON application #10597)** maintains that Chapters currently serve patients without primary caregivers at home, the homeless, and patients with AIDS, and will continue to do so at its proposed HSA 3A program.

Chapters indicates the proposed HSA 3A hospice program will utilize Chapters' proven caregiver programs designed specifically to address the circumstances in which a patient has no or inadequate caregiver services that ensure hospice patients and families have adequate support. Per Chapters, any member of the Interdisciplinary Group (IDG) may identify the potential need for a supplemental caregiver, including no caregiver, a fragile caregiver, or a part-time caregiver.

Chapters points out that due to changes in circumstances some options previously undesirable for homeless persons may become acceptable such as: local VA housing and nursing homes for veterans, halfway housing, emergency homeless shelters, supportive housing, faith community resources and homeless initiatives, available in the service area. Chapters indicates that staff will work with each individual patient to utilize the most acceptable resource for that patient.

Chapters states it serves patients with an HIV or AIDS diagnosis with the same attention to individual needs and circumstances as its patients with other diagnoses and emphasizes that no person is refused service because of age, race, color, creed, religion, disability, diagnosis, sexual orientation, national origin, or ability to pay.

**Hospice of Marion County, Inc. (CON application #10598)** indicates having previously responded to this criterion (see item E.2.a.(1) of this report). However, the applicant maintains that Carewell is committed to serving the

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homeless, patients without caregiver, and patients with HIV/AIDS. HMC points out having treated 18 patients with HIV/AIDS since the start of 2018. The applicant explains that using HMC's, "...current program", the applicant will ensure employees and volunteers take into account the unique challenges and needs of patients with HIV/AIDS and their families.

The applicant also explains that community outreach by CNF will include educational materials, online tutorials to hospice care for patients/family members, and clear admission guidelines online to communicate eligibility and provide education on when hospice is appropriate for patients and family members. HMC states and the reviewer confirms that written materials regarding hospice services for those with HIV/AIDS is included in CON application #10598, Appendix II-Information Brochures and Documents. The applicant references its Schedule C-Condition #s 2 and 3.

### **PruittHealth Hospice – 3A, LLC (CON application #10599)**

states a commitment to serving all residents, including the homeless, patients who do not have primary caregivers at home and patients with AIDS.

PH3-A comments that in the event a terminally ill patient has no at-home support, PH3-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 PH3-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.

PH3-A explains that if the patient is not able to care for him/herself, has no caregiver support group, or is homeless, PH3-A may recommend placement in an ALF or nursing home, in which the hospice program will be able to provide residential care. PH3-A further explains that 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, PH3-A states plans to provide monitoring, pain management, counseling, emotion and psychological support to both the patient and family. These plans are stated to include but is 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.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** previously referenced its No One Dies Along program (see item E.2.a. (1) of this report. No One Dies along is also briefly described in item E.2.a. (5) of this report.

Seasons states an expectation that some persons will not have a designated person who can function as the primary caregiver and that the hospice team leader identifies and directs safe and effective provision of hospice care in situations where the terminally ill patient requires assistance with self-care and skilled services. Per Seasons, care is provided in a location in accordance with the patient's wishes and the procedure for meeting the need for a designated caregiver follows a four-step process (briefly described below):

1. A Comprehensive Patient and Family Assessment will be completed by the team social worker
2. The Comprehensive Assessment will identify the level of independence and the patient's need for support will be regularly reassessed (initially some patients may be able to care for themselves)
3. If the patient is initially unable to meet their own needs, interventions will include:
  - a. Frequency for reassessment of the patient's need for care assistance.
  - b. A social worker assessment of the patient's ability and desire to pay independently for hired care givers
  - c. A discussion of anticipated care needs with the patient and collaboration on a plan to meet those future needs
4. As decline in functional ability develops with progressive disease, the type of assistance needed will be determined by the Interdisciplinary Team in collaboration with the patient and family (if involved) and options may be:

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- a. Friends, neighbors, and community members as a potential future support network – including hospice team support
- b. Placement in a group home, public housing or shelter
- c. Placement in a skilled facility
- d. Continuous care (if pain and symptoms are unmanageable by arranged caregiver and the patient wishes to remain at home)
- e. Placement in a general inpatient bed (when pain and symptoms are unmanageable at home)

Seasons maintains a commitment to providing palliative and end-of-life care, and persons with HIV/AIDs would be among those persons for which the hospice has programs and services that meet their needs. The reviewer notes a letter of support for this project from The Gainesville Area AIDS Project (GAAP)<sup>10</sup>.

- (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 3A is comprised of 11 counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union. Therefore, this Agency preference is applicable in this co-batched review.

**Amedisys Hospice, LLC CON application #10596)** states plans to establish a parent agency upon licensure in Alachua County (within 12 months of being awarded the CON) and commits to open a satellite/branch agency in Columbia County during its second year of operation (within 24 months of operation). AH states that the goal is to select a location that enhances access to the greatest number of patients, families and potential referrals. According to AH, the branch office will enhance geographic and programmatic

<sup>10</sup> GAAP's website @ <http://www.gaaponline.org/>, shows it is a program of Pride Community Center of North Central Florida (PCCNCF). PCCNCF is an IRS 501(c)(3) charitable organization serving all 11 HSA 3A counties (source: <http://gainesvillepride.org/about/>).

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access to residents Columbia, Hamilton and Suwannee Counties, all of which AI indicates are medically underserved areas (MUAs) and health professional shortage areas (HPSAs). AH defined and described MUA and HPSA on pages 62 and 63 of the application.

AH cites the following sources to contend particular unmet need in Columbia, Hamilton and Suwannee Counties:

- Agency Hospital Inpatient Data File (November 2019 for CY 2018 to generate CON application #10596, Exhibit 19
- Agency's Florida Need Projections for Hospice Programs, issued October 4, 2019 and Nielsen-Claritas, "Population Estimates and Projections by County, Age, Race and Ethnicity" (April 2015) to generate CON application #10596, Exhibit 20

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

- Columbia County ranked 3rd in terms of discharges from hospitals to hospice
- Columbia County ranked 3rd in terms of total resident hospital discharges
- Columbia County ranked 7th in terms of the percent of patients discharged from hospitals to hospice
- Hamilton and Suwannee Counties, adjacent to Columbia County and the most geographically distant from the major population center of Service Area 3A, Gainesville/Alachua County, tied for 8th in terms of the percent of patients discharged from hospitals to hospice
- Columbia, Hamilton, and Suwannee Counties had negative variances with respect to the value calculated for Florida for the percent of patients discharged from hospitals to hospice.

The reviewer notes that in addition to the counties of Columbia, Hamilton and Suwannee, Union County had the highest negative variance of any county in HSA 3A (Exhibit 19 of the application).

**Chapters Health Hospice, Inc. (CON application #10597)** contends that the majority of HSA 3A, specifically the areas away from the more urban Alachua County/Gainesville areas, are accessing hospice care at levels well below

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expected or appropriate care - with significant gains possible in the expansion of hospice services to these underserved populations.

For a review of conditioned office locations for more targeted hospice underserved areas, see CON application #10597- Schedule C/Condition #4. The reviewer notes that the applicant identifies the counties/areas that its Condition #4 is designed to capture due to low hospice access rates:

- 1<sup>st</sup> - Live Oak area (Suwannee County) – to provide access to the norther part of HSA 3A, including Suwannee/Hamilton/Lafayette/Columbia Counties
- 2<sup>nd</sup> - Palatka area (Putnam County)
- 3<sup>rd</sup> – Alachua or High Springs area (Alachua County) – to provide access north of Gainesville along the I-75 corridor

**Hospice of Marion County, Inc. (CON application #10598)** states it is committed to quickly and definitively establish a physical presence necessary to serve the disparate and rural areas of HSA 3A. HMC indicates that as the largest provider of hospice services in HSA 3B, it understands the demands on caregivers and patients in rural, difficult to reach places. HMC also indicates that not only does the applicant have the experience in Marion County, but HMC's CEO, Richard E. Bourne, has a history of leading large multi-county hospice organizations in rural areas in multiple states. HMC contends that it makes operational sense to first establish an office in the Gainesville area to service the largest population, with an expansion to Lake City to further services the northern counties and remote areas. The applicant reiterates its Schedule C-Condition #9.

The reviewer notes that per the Agency's Florida Need Projections and Hospice Programs publication, issued October 4, 2019, for the 12-month period ending June 30, 2019, among the two existing hospice providers in HSA 3B:

- HMC reported total hospice admissions of 3,055
- Kindred Hospice f/k/a Gentiva/Odyssey Hospice reported total hospice admissions of 452.

HMC is the largest hospice provider in HSA 3B.

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**PruittHealth Hospice – 3A, LLC (CON application #10599)**

states a commitment to creating a presence in each of the counties in HSA 3A through offices, employed professionals and/or contracted facilities. PH3-A also states that the applicant will establish three offices dispersed across HSA 3A, with office locations being a strategic decision to ensure that two of three offices were positioned within and accessible to the rural spans of HSA 3A. The applicant indicates it will have three physical office locations, two to open immediately the first in Alachua County to serve Alachua, Bradford and Putnam residents, the second in Columbia to focus on Columbia, Union, Hamilton, Suwannee and Lafayette residents. The third will open in Levy County “at the beginning of year two” to primarily serve Levy, Dixie and Gilchrist residents.

PH3-A states it will make every effort to employ persons residing in HSA 3A counties, to enable a physical presence of visible employees throughout HSA 3A. The applicant stresses that PruittHealth Hospice’s expertise in rural programming, veteran outreach, disease specific programming, minority outreach and the strategic dispersion of three office locations will ultimately reduce outmigration and enhance accessibility to hospice utilization within HSA 3A’s 11 counties.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)**

maintains that Seasons’ main office will locate centrally in HSA 3A in Alachua County, that having the largest population. SNCF next indicates having review other existing hospice programs in the area that already have a physical locations in the counties of Alachua, Putnam, Columbia and Levy. SNCF also maintains having determined the best locations for improving access in HSA 3A based on 2018 population, deaths, death rates, Medicare hospice patients and penetration rates by county (see the table below).



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**2018 Population, Deaths, Death Rate, Medicare Hospice Patients and Hospice Penetration Rate**

<b>County</b>	<b>7/1/2019</b>	<b>2018 Deaths</b>	<b>Deaths per 1,000 Persons</b>	<b>CMS Patients</b>	<b>Penetration</b>
Gilchrist	17,867	228	13	140	61.4%
Alachua	261,112	2,030	8	1,246	61.4%
Bradford	27,992	335	12	181	54.0%
Columbia	71,627	835	12	426	51.0%
Putnam	73,226	1,091	15	541	49.6%
Suwannee	46,631	559	12	255	45.6%
Hamilton	15,128	148	10	66	44.6%
Levy	43,254	549	13	241	43.9%
Dixie	17,266	235	14	103	43.8%
Lafayette	9,067	85	9	30	35.3%
Union	16,552	249	15	58	23.3%
<b>3A Total</b>	<b>599,722</b>	<b>6,344</b>	<b>11</b>	<b>3,287</b>	<b>51.8%</b>

Source: CON application #10600, page 1-18, Table 2-9 from Florida Population Estimates and Projections by AHCA District, February, 2015; Vital Statistics Annual Report 2018; CMS Standard Analytic File, Hospice, 2018.

Based on its analysis, Seasons plans to establish a main office in Gainesville and conditions (CON application #10600-Schedule C-Condition #1) to establish a physical location in Levy, Suwannee and Putnam Counties within the first year. Seasons indicates that hospice access will be improved for the counties assigned to have a physical presence, as follows:

- Alachua County, to serve the counties of:
- Alachua, Bradford and Union
- Levy County, to serve the counties of:
- Levy, Dixie and Gilchrist
- Putnam County to serve Putnam County residents
- Suwannee County, to serve the counties of:
- Suwannee, Columbia, Hamilton and Lafayette

**(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 #10596)** restates its non-discrimination policy (emphasizing non-discrimination due to ability to pay), restates the “Power of Yes” (an Open Access philosophy) and reiterates its Schedule C-Condition #24.

**Chapters Health Hospice, Inc. (CON application #10597)**

reiterates its Open Access Program (CON application #10597, Schedule C-Condition #1). The applicant explains how HSA 3A patients/families/caregivers will benefit from the applicant's affiliation with the parent company (CHS), and that rather than returning profits to investors, as for-profit operations will do, Chapters reinvests profits in the communities it serves, expanding the scope of hospice services provided and expanding access to important end-of-life care and services.

Per the applicant, Chapters Health receives no direct reimbursement or payment (Medicare, Medicaid, private insurance or other) for vital programs, which include:

- Extensive bereavement and grief support services for individuals / families and adults /children provided free of charge and available to all service area residents, regardless of any relationship to Chapters' patients or operations
- Caregiver services that permit patients to remain in their homes
- Complementary therapy services including aromatherapy, pet volunteers and visitation, music activities, comfort touch activities, art activities and a Reiki program
- Education programs for medical, nursing, social work and HIM students from a variety of colleges and universities, including the University of South Florida
- Hospice and Palliative Medicine Fellowship Program at the University of South Florida
- Ongoing community education activities

The applicant reiterates CON application #10597, Schedule C-Conditions #2 and #3.

**Hospice of Marion County, Inc. (CON application #10598)**

states that it is useful to remember what the hospice benefit typically covers by looking at what Medicare covers for hospice. HMC indicates that the Medicare Hospice Benefit covers all the care related to terminal illness and necessary to keep a patient comfortable. HMC bullets 11 services/items for which the Medicare Hospice Benefit pays (page 68 of the application).

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HMC explains that the Hospice Medicare Benefit doesn't cover anything aimed at curing a patient's terminal illness and further, does not cover the cost of room and board. HMC points out that patients in a nursing home, ALF, board and care home, or living at a hospice facility, are responsible for covering his or her board and care costs. HMC explains too that emergency room and ambulance services are also often not covered by the Hospice Medicare Benefit.

The applicant contends that in addition to its pledge for funds to provide services to those without primary caregivers and the homeless, CNF will continue the non-profit mission of HMC and always aim to provide patients without means for payment for the services they require. The applicant also contends that as demonstrated by the significant free care of over \$550,000 HMC already provides annually, Carewell will support its patients and the community. The applicant explains that this may entail services such as:

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

**PruittHealth Hospice – 3A, LLC (CON application #10599)**

states it will serve all medically qualified patients who meet the State/Medicare definition of “terminally ill” that select the hospice care benefit. PH3-A states that the proposal will provide the following “Non-Core Services as a condition of project approval, listed as 1 - 6 (the reviewer notes that this is a duplication of CON application #10599’s corresponding Condition #s 4, 6 – 8, 12 and 13):

1. 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
2. PruittHealth will develop a Palliative Care Program in Subdistrict 3A during year two
3. The applicant will partner with the Second Wind Dreams Program to continue efforts in realizing past dreams for its patients

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4. The applicant will incorporate Disease Management CarePaths and the Peaceful Path Program into the Subdistrict 3A operations
5. The applicant will implement a Camp Cocoon Day Camp Program in Subdistrict 3A
6. 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

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** explains that a range of services allows for a variety of patients' needs to be met responsively. The applicant lists services available to all patients (pages 1-19 to 2-25) and specifications of services available to all patients (pages 2-25 to 2-35). The reviewer briefly summarizes the applicant's services/programs:

- **Call Center** - Seasons has the advantage of full integration with the Seasons Hospice & Palliative Care Call Center. The call center, staffed 24 hours a day, seven days a week with nurses and other professionals, integrates care team members and patients by accessing the patient's medical record. The success of the call center relies upon a fully integrated call record. The fully electronically integrated system with electronic medical records and other communication devices used by employees. Specifically, the t in with wireless and remote access in real time via lap top, cell phone - Cerner *HomeWorks* electronic medical records (EMR) system - allows care teams in the field to get access to the medical record and get in touch with all resources in real time using *RoadNotes* (a notebook platform).
- **Music Therapy** - provides an option for pain management, stress relief, and generates positive reactions in patients and their families. The therapists are Board Certified Music Therapists (MT-BC). *Music Companion* is provided for patients who simply need entertaining beyond the MT-BC staff.

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- Five key highlights of Seasons Hospice Music Therapy Program (verified by the reviewer) in a letter of support from Jeanne H. Ellinport, Executive Director, American Music Therapy Association:
  - Seasons is the largest employer of MT-BCs nationwide, ensuring access to professional music therapy services for all patients and their families
  - Camp Kangaroo children's bereavement program utilizing music therapy by MT-BCs
  - Committed to on-going training of future professionals through their National Roster Internship Program
  - Supportive of research in music therapy for end-of-life care through partnerships with academic researchers and graduate students<sup>11</sup>
  - Through their community-oriented needs assessments they tailor hospice care to each community they serve, creating culturally-specific programs

Seasons Hospice Music Therapy Program lists 12 techniques and 20 goals (also note CON application #10600, Schedule C-Condition #12).

- **Leaving a Legacy** - assists patients in creating memories and tangible recordings, art works, journals, scrapbooks, memory bears, fingerprint necklaces, and other mementoes to assist the family with coping during bereavement.
- **No One Dies Alone** - Seasons recognizes that the dying moment is truly profound for the patient and their family. The goal is to ensure every patient and their family have the support of Seasons throughout life's final transition, prevent unwanted hospitalizations, and ensure patients' wishes of dying at home (or within their established long-term care setting) are honored. Many patients will qualify for Continuous Care and are with Seasons nurses and aides until their last breath (CON application #10600, Schedule C-Condition #9).

<sup>11</sup> The reviewer notes that this is corroborated in a letter of support from Lori F. Gooding, PhD, MT-BC, Assistant Professor of Music Therapy, College of Music, Florida State University

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- **Namaste Care** - a dementia care program, designed by internationally recognized dementia expert, Joyce Simard (the author of Namaste Care), uses multi-modal interventions to find human connectedness, decrease dementia-related symptoms, and enhance quality of life. Seasons is the only national hospice approved to implement Namaste Care and all staff are oriented by Joyce Simard through virtual and e-learning modules.
- **Cardiac Care Program** - uses hospice physicians and cardiac trained hospice nurses to focus on providing the latest Heart Failure guideline-based therapies, along with education to provide support for patients and families in their home environment. The care team helps prevent unnecessary emergency department visits and hospital admissions by focusing on symptom control, functional status and quality of life.
- **Open Access** – a program that covers services such as ventilators at home so patients may die on the ventilator, radiation therapy and chemotherapy. A total of 12 specific medical interventions are listed. Open access also addresses patients with complex psychosocial needs. Seasons also cites seven benefits of the program.
- **Kangaroo Kids Pediatric Hospice and Palliative Care** - when a pediatric patient requires palliative as well as end-of-life care, Seasons reviews the care team staff and assembles a designated pediatric care team. The pediatric care team provides direct care to the pediatric patient, teaches the parents how to provide care at home, the regimen of care, and schedule for medicines and other services. The Seasons Hospice Foundation fulfills wishes as well as emergent needs for pediatrics in the Kangaroo Kids program. Care for the surviving children (such as siblings) continues through bereavement with developmentally-appropriate grief support and children's bereavement camps (CON application #10600, Schedule C-Condition #6 and #11).
- **Pharmacy Consultation** – regarding prescriptions is an important service that is available 24 hours a day, seven days a week for all nurses and physicians to assist in pharmacologic consultation.
- **We Honor Veterans** - Seasons commits to serving veterans of the armed forces, as all Seasons hospice programs participate in the in the We Honor Veterans Program.

- **Palliative Care Program** – provides clinical symptom management for people living with an advanced illness and emotional support for their families and caregivers. This program treats all age groups, with a focus on the alleviation of symptoms to provide comfort care as well as meeting the emotional and spiritual needs of patients and families. Seasons bullets five characteristics that make this program different from hospice.
- **CareFlash** - access to an online support community for patients and families. This web-based service affords loved ones opportunities to communicate in a safe, secure manner, provides updates regarding the patient's condition, coordination of care, and share stories and memories.
- **Cultural Inclusion Council (CIC)** - Seasons commits to serving patients and families from diverse backgrounds. The Cultural Inclusion Council (CIC) was founded out of a desire to honor and respect the diverse communities that Seasons serves, and to address the disparities in access to hospice and palliative care.
- **Patient and Families Resource Hub** - an online resource that includes a 24-hour number where the community can speak directly to a Seasons team member for support.

SNCF maintains that in summary, the services available from Seasons rely upon a well-trained and dedicated workforce.

**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:**

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**(a) Proposed staffing, including use of volunteers.**

**Amedisys Hospice, LLC (CON application #10596)**

indicates in Schedule 6 of the application a total of 23.55 FTEs for year one (ending month 12/no year indicated) and a total of 36.85 FTEs for year two (ending month 24/no year indicated). The applicant’s staffing pattern is shown below.

**Amedisys Hospice, LLC (CON application #10596)  
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
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	7
LPNs	0.00	--
Nurses’ Aides	5.00	7
Other: On-Call	1.00	2
<b>Marketing</b>		
Outreach Coordinator	3.00	5
<b>Social Services</b>		
Social Worker	2.00	3
Volunteer Coordinator	1.00	1
<b>Bereavement</b>		
Chaplain	1.00	2
Other (Year One)		
Bereavement Coordinator (Year Two)	1	1
<b>Grand Total</b>	<b>23.55</b>	<b>36.85</b>

Source: CON application #10596, Schedule 6

AH responded to volunteers in the Project Summary of CON application #10596 and provides its Attachment 14-Volunteers Policies and Operational Guidelines.

The applicant’s Schedule 6 and the applicant’s Schedule C-Condition #10 is inconsistent with Schedule 6 in that there are no FTEs for LPNs, occupational therapists or physical therapists. The applicant’s Schedule C-Condition #12 is inconsistent with Schedule 6 in that there are no FTEs for LPNs.



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**Chapters Health Hospice, Inc. (CON application #10597)**

indicates in Schedule 6A of the application a total of 11.75 FTEs for year one (ending 2021) and a total of 19.00 FTEs for year two (ending 2022). The applicant's staffing pattern is shown below.

**Chapters Health Hospice, Inc. (CON application #10597)  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending 2021</b>	<b>Year Two Ending 2022</b>
HHA	1.75	3.50
LPN	0.50	1.00
RN	1.75	3.50
Patient Access Admissions RN	0.50	1.00
12-hour weekend Pt Access RN	0.50	0.50
On Call RNs	0.50	1.00
Chaplain	0.50	0.75
Social Worker	1.00	2.00
Executive Director	0.50	1.00
Manager	1.00	1.00
Professional Relations reps	1.00	1.00
Volunteer Coordinator	0.50	0.50
Bereavement Specialist	0.25	0.50
Team Clerk	0.50	0.75
Department Secretary	1.00	1.00
<b>Grand Total</b>	<b>11.75</b>	<b>19.00</b>

Source: CON application #10597, Schedule 6A

Notes to the applicant's Schedule 6A indicate that positions will be open to all existing employees some of whom currently reside in the service area 3A. The applicant contends that Chapters has long been effective in attracting area residents who wish to make a meaningful contribution to their community, and believes this mutually beneficial circumstance will continue to be reflected in its HSA 3A program.

The applicant states that during 2018, more than 1,800 volunteers provided a wide range of services in Chapters' existing operations, including patient and family support, bereavement support, administration and fundraising.

Chapters further comments on volunteer services on page 49 of the application and includes Chapters Health System Printed Patient, Community and Physician Program and Educational Materials in Attachment 15 of CON application #10597. The reviewer notes that some of these materials include brochures about Chapters volunteer opportunities.

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The applicant states Chapters will employ a medical director in HSA 3A and that with a comprehensive medical staff currently in place at Chapters' existing operations in support of existing medical care services, there are adequate medical resources available to support existing operations as well as the proposed new HSA 3A operation. Chapters states it present staff includes 175 physicians and nursing staff certified in hospice and/or palliative care. The applicant further states being a sponsor of and supports the operation of the ACGME approved Hospice and Palliative Care Medicine Fellowship program at the University of South Florida that graduates four additional hospice physicians each year. The reviewer notes that the applicant's Schedule 6A does not identify any FTE(s) for a medical director or physician.

**Hospice of Marion County, Inc. d/b/a Carewell of Northern Florida (CON application #10598)** indicates in Schedule 6A of the application a total of 29.76 FTEs for year one (ending 04/2021) and a total of 42.50 FTEs for year two (ending 04/2022). These totals account for the incremental FTE staff to be added by the project. The applicant also indicates on the same schedule for the same time frame (years ending 04/2021 and 04/2022) total FTEs of 377.66 and 390.4, respectively. Below is a table to account for the incremental FTE staff to be added.

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**Hospice of Marion County, Inc.  
d/b/a Carewell of Northern Florida  
(CON application #10598)  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending 04/2021</b>	<b>Year Two Ending 04/2022</b>
<b>Administration</b>		
Administrator	1.0	1.0
Business Development Staff	2.0	2.0
Education/Quality Manager	1.0	1.0
Administrative Support	1.0	2.0
<b>Physicians</b>		
Program Director/Physician	1.0	1.5
<b>Nursing</b>		
RNs	3.7	5.76
LPNs	3.84	5.76
Nurses' Aides	10.72	14.98
Director of Nursing	1.0	1.0
Admissions Nurse	1.0	2.0
<b>Social Services</b>		
Medical Social Worker	1.0	2.0
Volunteer Coordinator	0.5	1.0
Bereavement Coordinator	1.0	1.0
Chaplain	1.0	1.5
<b>Grand Total</b>	<b>29.76</b>	<b>42.50</b>

Source: CON application #10598, Schedule 6A

Notes to the applicant's Schedule 6A indicate that Carewell will contract for speech, occupational, respiratory, and physical therapies and that further, Carewell will always maintain administrative, clinical, and legal responsibility and oversight for the care provided by contracted individuals. The same schedule notes state that Carewell may also contract for, "...DME, pharmacy, finance/accounting, training, staffing, recruitment, IT, legal services, education, etc."

**PruittHealth Hospice – 3A, LLC (CON application #10599)** indicates in Schedule 6A of the application a total of 17.47 FTEs for year one (ending September 30, 2021) and a total of 38.04 FTEs for year two (ending September 30, 2022). The applicant's staffing pattern is shown below.

**CON Action Numbers: 10596 through 10600**

**PruittHealth Hospice – 3A, LLC (CON application #10599)  
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	1.26
Community Relations Representative	3.00	5.00
Secretary	1.00	1.00
Clerk for Additional Offices	1.00	2.00
<b>Physicians</b>		
Medical Director	Contract	Contract
<b>Nursing</b>		
RNs	1.70	5.51
Admissions Nurse	1.00	1.00
Nurse Practitioner	0.69	1.25
Nurses' Aides	2.08	7.17
Continuous Care Nurse	1.09	4.09
Continuous Care Aide	0.89	3.35
<b>Social Services</b>		
Social Worker	1.01	2.05
Volunteer Coordinator	0.50	0.96
Chaplain	1.00	1.45
Bereavement Coord	0.50	0.96
<b>Grand Total</b>	<b>17.47</b>	<b>38.04</b>

Source: CON application #10599, Schedule 6A

The reviewer notes that the applicant's Schedule 6A exceeds CON application #10599, Condition #2 FTEs in year one and in year two for community relations representatives.

PH3-A discusses volunteers on page 95 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

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** indicates in Schedule 6 of the application a total of 21.7 FTEs for year one (ending December 31, 2021) and a total of 36.5 FTEs for year two (ending December 31, 2022). The applicant's staffing pattern is shown below.

**CON Action Numbers: 10596 through 10600**

**Seasons Hospice & Palliative Care of North Central Florida, LLC  
(CON application #10600)  
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
Admissions Director	1.0	1.4
Team Coordinator	1.0	1.0
Team Assistant	1.3	2.3
Business Development	2.0	3.0
Human Resources	1.0	1.0
CC Coordinator	1.0	1.0
Clinical Administration	1.0	1.3
<b>Physicians</b>		
Medical Director	0.7	1.4
<b>Nursing</b>		
RN	2.4	4.8
LPN	1.7	3.4
Hospice Aides	2.8	5.6
<b>Social Services</b>		
Chaplain	1.2	2.4
Social Worker	1.2	3.0
Volunteer Coordinator	1.2	2.4
Music Therapy	1.0	1.0
Massage/Art Therapy	0.2	0.5
<b>Grand Total</b>	<b>21.7</b>	<b>36.5</b>

Source: CON application #10600, Schedule 6

Notes to the applicant’s Schedule 6 indicate that contracted positions include the medical director (included on Schedule 6A) and positions associated with rehabilitative and palliative therapy services (not reflected on Schedule 6A).

The applicant describes the Seasons direct patient volunteer program (page 2-38 and 2-39 of the application) as well as the Volunteer Vigil Program (page 2-29 and 2-30 of the application). According to the applicant, Seasons has the capability to recruit and train volunteers to join the care teams.

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

**Amedisys Hospice, LLC (CON application #10596)** states that referrals will come from a wide variety of sources, including but not limited to:

- Cardiologists
- Pulmonologists
- Oncologists
- Neurologists

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- 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

**Chapters Health Hospice, Inc. (CON application #10597 )** states current referrals from the sources listed below and that these same referral sources are expected to generate the patient volume to be served in the new HSA 3A hospice program:

- Physicians
- Hospitals and hospital discharge planners
- Social workers
- Nursing facilities
- Assisted living facilities
- Home health agencies
- Managed care organizations
- Community health care programs
- Community social service agencies
- Churches/ Faith communities
- Veterans groups
- Families with prior experience with Chapters/ Chapters staff

Chapters includes the CON application #10597, Attachment 15-Chapters Health System Printed Patient, Community and Physician Program and Educational Materials. The reviewer notes that some of these materials are in Spanish and some are titled specifically for its existing Florida hospice affiliates.

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**Hospice of Marion County, Inc. (CON application #10598)** states an anticipation of referrals from a variety of sources, including:

- Area physicians
- Hospitals (including UF Health Shands Hospital & Veterans Medical Center in Gainesville)
- Nursing homes
- ALFs
- Home health agencies (including Concierge Home Care)
- Family members and friends of patients
- Patients themselves
- Faith communities
- Insurers
- Community health centers and organizations
- Detention Centers
- Area Agencies on Aging

**PruittHealth Hospice – 3A, LLC (CON application #10599)** 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.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** states referral from the following groups:

- Nursing homes
- Hospitals
- ALFs
- Health Maintenance Organizations
- Physicians
- Dialysis Centers
- Social Workers
- Home Health Organizations
- Churches
- Funeral Directors
- Social Services Organizations
- Families
- Individuals

**CON Action Numbers: 10596 through 10600**

- (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 #10596)**

provides the following projected number of admissions by payer source for the first two years of operations.

**Amedisys Hospice, LLC (CON application #10596)**

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

Admissions by Payer	Year One		Year Two	
	Admissions	Percent	Admissions	Percent
Medicare	141	77.0%	273	77.0%
Insurance/Other	33	18.0%	64	18.0%
Medicaid/Self-Pay/Indigent	9	5.0%	18	5.0%
<b>Total</b>	<b>183</b>	<b>100.0%</b>	<b>354</b>	<b>100.0%</b>

Source: CON application #10596, page 92

**Chapters Health Hospice, Inc. (CON application #10597)**

provides the following projected number of admissions by payer source for the first two years of operations.

**Chapters Health Hospice, Inc. (CON application #10597)**

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

	Medicare	Medicaid	Commercial Insurance	Self-Pay	Total
Year One	150	11	8	1	170
Year Two	299	22	7	2	340
Percent of Total	88.1%	6.5%	4.8%	0.6%	100%

Source: CON application #10597, page 66

**Hospice of Marion County, Inc. (CON application #10598)**

provides the following projected number of admissions by payer source for the first two years of operations.

**Hospice of Marion County, Inc. (CON application #10598)**

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

	Year One	Year Two
Medicare	291	470
Medicaid	16	26
Commercial	10	16
Self-Pay	0	0
Indigent	3	5
<b>Total Admissions</b>	<b>320</b>	<b>517</b>

Source: CON application #10598, page 79

**PruittHealth Hospice – 3A, LLC (CON application #10599)**



**CON Action Numbers: 10596 through 10600**

provides the following projected number of admissions by payer source for the first two years of operations.

**PruittHealth Hospice – 3A, LLC (CON application #10599)  
Year One and Year Two – Admissions by Payer**

<b>Payer</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Medicare	172	443
Medicaid	14	36
Private	2	5
Indigent	3	9
<b>Total</b>	<b>191</b>	<b>492</b>

Source: CON application #10599, page 108

Per PH3-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.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** provides the following projected number of admissions by payer source for the first two years of operations.

**Seasons Hospice & Palliative Care of North Central Florida, LLC  
(CON application #10600)  
Year One and Year Two – Admissions by Payer**

<b>Payer</b>	<b>Year One Admits</b>	<b>Year One Days</b>	<b>Year Two Admits</b>	<b>Year Two Days</b>	<b>Percent Days</b>
Medicare	155	8,551	314	20,384	91.0%
Medicaid	7	376	14	896	4.0%
Insurance	5	282	10	672	3.0%
<b>Self-Pay</b>	<b>3</b>	<b>188</b>	<b>7</b>	<b>448</b>	<b>2.0%</b>
<b>Total</b>	<b>171</b>	<b>9,397</b>	<b>345</b>	<b>22,400</b>	<b>100.0%</b>

Source: CON application #10600, page 2-42, Table 2-10

According to the applicant, medically indigent days are included as part of the self-pay days and account for 1.0 percent of the amount in the table above. The reviewer notes that this is consistent with the applicant’s response to item E.3.g. of this report.

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

**Amedisys Hospice, LLC (CON application #10596)**

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

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**Amedisys Hospice, LLC (CON application #10596)  
Year One and Year Two – Admissions by Terminal Illness**

Admissions by Diagnosis	Year One		Year Two	
	Admissions	Percent	Admissions	Percent
Cancer	59	32.0%	113	32.0%
End-stage Pulmonary	18	10.0%	35	10.0%
End-stage Heart	11	6.0%	21	6.0%
Other	95	52.0%	184	52.0%
<b>Total</b>	<b>183</b>	<b>100.0%</b>	<b>354</b>	<b>100.0%</b>

Source: CON application #10596, page 92

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

**Chapters Health Hospice, Inc. (CON application #10597)**

provides the following projected number of admissions by terminal illness (cancer and “other”) and by age cohort (under 65 and 65+) for the first two years of operations.

**Chapters Health Hospice, Inc. (CON application #10597)  
Year One and Year Two – Admissions by Terminal Illness and by Age Cohort**

	Year One Chapters Hospice Admissions			Year Two Chapters Hospice Admissions		
	Under 65	65+	Total	Under 65	65+	Total
	Cancer	15	37	52	31	75
Other	14	104	118	27	207	234
<b>Total</b>	<b>29</b>	<b>141</b>	<b>170</b>	<b>58</b>	<b>282</b>	<b>340</b>

Source: CON application #10597, page 66

**Hospice of Marion County, Inc. (CON application #10598)**

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

**Hospice of Marion County, Inc. (CON application #10598)  
Year One and Year Two – Admissions by Terminal Illness**

	Year One	Year Two
Cancer Under 65	29	46
Cancer 65+	72	116
Non-Cancer Under 65	62	101
Non-Cancer 65+	157	254
<b>Total Admissions</b>	<b>320</b>	<b>517</b>

Source: CON application #10598, page 79

**PruittHealth Hospice – 3A, LLC (CON application #10599)**

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

**CON Action Numbers: 10596 through 10600**

**PruittHealth Hospice – 3A, LLC (CON application #10599)  
Year One and Year Two – Admissions by Terminal Illness**

<b>Terminal Illness</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Cancer	39	100
HIV/AIDS	3	8
Respiratory	35	90
Cardiac	45	116
Renal Failure	20	52
Alzheimer/Cerebral Degeneration	15	39
Cerebrovascular/Stroke	20	52
Other	14	36
<b>Total</b>	<b>191</b>	<b>492</b>

Source: CON application #10599, page 108

PH3-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.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** provides the following projected number of admissions by disease for the first two years of operations.

**Seasons Hospice & Palliative Care of North Central Florida, LLC  
(CON application #10600)  
Year One and Year Two – Admissions by Disease**

<b>Disease</b>	<b>Year One Admits</b>	<b>Year Two Admits</b>
Heart Disease	56	114
Malignant Neoplasm (Cancer)	54	109
Cerebrovascular Diseases	16	32
Chronic Lower Respiratory Disease	15	30
Alzheimer’s Disease	8	16
Diabetes Mellitus	7	15
Chronic Lower Disease & Cirrhosis	4	8
Nephritis, Nephrotic Syndrome, Nephrosis	4	8
Essential Hypertension & Hypertensive Renal Disease	3	7
Parkinson’s Disease	3	7
<b>Total</b>	<b>171</b>	<b>345</b>

Source: CON application #10600, page 2-43, Table 2-11

The reviewer notes that SNCF states having attained its disease admission estimates from the website [www.FLHealthCharts.com](http://www.FLHealthCharts.com), based on the top 10 categories of death for 2018.

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- (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 #10596)**

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 #10596)  
Year One and Year Two – Admissions by Age Cohort**

Admissions by Age Cohort	Year One		Year Two	
	Admissions	Percent	Admissions	Percent
Under 65	31	17.0%	60	17.0%
Over 65	152	83.0%	294	83.0%
<b>Total</b>	<b>183</b>	<b>100.0%</b>	<b>354</b>	<b>100.0%</b>

Source: CON application #10596, page 92

**Chapters Health Hospice, Inc. (CON application #10597)**

provides the following projected number of admissions by age cohort (under 65 and 65+) and by terminal illness (cancer and “other”) for the first two years of operations.

**Chapters Health Hospice, Inc. (CON application #10597)  
Year One and Year Two – Admissions by Age Cohort and by Terminal Illness**

	Year One Chapters Hospice Admissions			Year Two Chapters Hospice Admissions		
	Under 65	65+	Total	Under 65	65+	Total
	Cancer	15	37	52	31	75
Other	14	104	118	27	207	234
<b>Total</b>	<b>29</b>	<b>141</b>	<b>170</b>	<b>58</b>	<b>282</b>	<b>340</b>

Source: CON application #10597, page 66

**Hospice of Marion County, Inc. (CON application #10598)**

provides the following projected number of admissions by age cohort (under 65 and 65+) for the first two years of operations.

**Hospice of Marion County, Inc. (CON application #10598)  
Year One and Year Two – Admissions by Age Cohort**

Admission by Age Cohort	Year One	Year Two
Under 65	91	147
65+	229	370
<b>Total Admissions</b>	<b>320</b>	<b>517</b>

Source: CON application #10598, page 80

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**PruittHealth Hospice – 3A, LLC (CON application #10599)** provides the following projected number of admissions by age cohort (under 65 or over 65) for the first two years of operations.

**PruittHealth Hospice – 3A, LLC (CON application #10599)  
Year One and Year Two – Admissions by Age Cohort**

<b>Age Cohort</b>	<b>Year One</b>	<b>Year Two</b>
Under 65	6	15
Over 65	185	477
<b>Total</b>	<b>191</b>	<b>492</b>

Source: CON application #10599, page 109

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** provides the following projected number of admissions by age cohort (0-64 or age 65+) for the first two years of operations.

**Seasons Hospice & Palliative Care of North Central Florida, LLC  
(CON application #10600)  
Year One and Year Two – Admissions by Age Cohort**

<b>Year</b>	<b>0-64</b>	<b>65+</b>	<b>Total</b>
Year One : CY 2021	29	142	171
Year Two : CY 2022	59	286	345

Source: CON application #10600, page 2-43, Table 2-12

**(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 #10596)** 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
- Social services
- Patient and family education
- Specialty Programs: End-Stage Dementia, Cardiac & Pulmonary Connection, Palliative Care, Trees in Memory

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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 #10596:

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

### **Chapters Health Hospice, Inc. (CON application #10597)**

states that the following core services will be delivered directly by Chapters HSA 3A, consistent with those services offered by other Chapters' hospice operations:

- Routine Home Care
- Continuous Care
- Respite Care
- Hospice Inpatient Care
- Nursing services
- Hospice Aide services
- Volunteer services
- Pediatric services
- Veterans services
- Case management
- Social work services
- Pastoral & counseling services
- Dietary/nutrition counseling
- Bereavement Services
- Physician Services
- Nursing Services
- Patient and Family Education/Support

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Additionally, Chapters indicates that the following will be provided directly by Chapters or from an affiliate of CHS:

- Evening and Weekend Care
- HospiceHelp24
- Home Health Care (for unrelated diagnosis)
- Infusion
- Pharmacy
- DME/Medical Supplies
- Therapy Services (PT, ST, OT)
- Infection Control
- Integrative Therapies
- Professional/Community Outreach and Education
- Patient/Family Surveys
- Palliative Care

The applicant bullets 26 administrative services that Chapters states will be integrated due to affiliation with the parent (CHS) and not duplicated. Chapters maintains that though non-core services may be provided under arrangement, Chapters retains the responsibility for the management of care.

### **Hospice of Marion County, Inc. (CON application #10598)**

states that CNF will provide required core services of routine care, respite care, inpatient care, and continuous care directly through CNF staff. HMC also states that services provided directly will include:

- ▶ Physician Services/Medical Director
- ▶ Nursing Services
- ▶ Home Care Aides
- ▶ Medical Social Services
- ▶ Bereavement Counseling Services
- ▶ Dietary Counseling Services
- ▶ Spiritual Counseling Services
- ▶ Pharmacy Services
- ▶ Durable Medical Equipment (DME) / Medical Supplies
- ▶ Volunteer Services
- ▶ Infection Control
- ▶ Quality Measurement and Reporting
- ▶ Music Therapy
- ▶ Community outreach and education

The applicant asserts that at all times, Carewell will directly provide those services and functions mandated by state and federal regulations.

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The reviewer notes that the applicant's Schedule 6A shows no FTEs for CNF to provide the following services directly:

- ▶ Pharmacy Services
- ▶ Music Therapy

HMC states that Carewell will contract for speech, occupational, respiratory, and physical therapies via Concierge Home Care and that further, Carewell will contract for inpatient general and inpatient respite care. HMC maintains that Carewell will always maintain administrative, clinical, and legal responsibility and oversight for the care provided by contracted individuals. The applicant states that the vast majority of contracted provider services will be through affiliated entities, where the financial mechanics of payment are simply administratively simplified to enter into a contractual arrangement.

The applicant comments that Carewell may procure certain administrative functions in whole or in part from related or outside organizations, such as:

- ▶ Billing and Collections
- ▶ Finance
- ▶ Human Resources
- ▶ Staffing, Recruitment
- ▶ Education/Training
- ▶ Information Technology
- ▶ Payer Negotiation
- ▶ Legal Services
- ▶ Maintenance
- ▶ Community outreach and education

The reviewer notes that HMC states that the following service will be provided directly but then states that Carewell may procure, in whole or in part from related or outside organizations, for Community outreach and education

**PruittHealth Hospice – 3A, LLC (CON application #10599)** states that core services, including physician services, nursing services, social work services, pastoral counseling, bereavement services and dietary counseling will be provided for by PH3-A staff, PruittHealth corporate staff and volunteers. Per PH3-A, complementary services to be provided by volunteers include massage therapy, pet



therapy, and aroma therapy. PH3-A states that notably, the PruittHealth Caring Hands Program also trains caregivers in some holistic techniques.

PH3-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. PH3-A states an expectation that volunteers will exceed the minimum requirements of service.

Per PH3-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.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** states that Seasons employees deliver the bulk of all hospice services with assistance of volunteers who augment and enhance the hospice's service lines. Seasons points out that contracted services must be specified in the plan of care and that the majority of contracts are for physical, respiratory, speech and occupational therapists. Seasons states that other allied personnel include art therapists, massage therapists, and acupuncturists and other palliative care options.

Seasons maintains that the applicant contracts for a medical director and that additionally, the hospice retains professional, financial and administrative responsibility for contracted services.

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

**Amedisys Hospice, LLC (CON application #10596)** 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 3A. AH references its Attachment 18-General Inpatient Services Addendum.

**Chapters Health Hospice, Inc. (CON application #10597)** restates that Chapters proposes to provide the inpatient care component of its new HSA 3A hospice program through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs located throughout the HSA 3A marketplace. Chapters again states that negotiations for contracts with hospitals and nursing homes to support the program's inpatient needs are ongoing, and by the time the new hospice program is operational, it is Chapters' expectation that there will be a number of contracts with HSA 3A providers.

CON application #10597, Appendix 9-Chapters Health System Care Partners is a comprehensive listing of Chapters Health System's existing linkages with its care partners, including inpatient providers, documenting Chapters ability to be able to successfully establish linkages with local Service Area 3A inpatient providers. The reviewer confirms that the listing is extensive and includes facilities/providers other than just hospitals and SNFs.

As previously stated in item E.2.a.(2) of this report, Chapters has two HSA 3 nursing expressing a willingness to discuss a contract with Chapters for general inpatient care at their facility.

**Hospice of Marion County, Inc. (CON application #10598)** points out that Carewell is not seeking to develop an inpatient care facility at this time but will execute contracts with existing inpatient hospice care resources within the communities of HSA 3A. Per HMC, this will provide the most cost-efficient use of community resources for the provision of inpatient care.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** states an intent to have contractual arrangements with nursing homes and hospitals designed to meet patient needs in the 11 county HSA 3A and that this is the most cost efficient as inpatient and respite needs can be met under contract with existing hospital and nursing home facilities.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** replicates its response to this preference from its response in item E.2.a.(2) of this report.

**(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 #10596)** restates that AH will enter into contractual agreements with hospitals, SNFs or hospice inpatient units to provide inpatient care to the residents of HSA 3A.

**Chapters Health Hospice, Inc. (CON application #10597)** states that this is not applicable. CHH explains that there will be contracts for inpatient beds with existing hospital and nursing home providers in HSA 3A. Chapters further explains that there are not expected to be dedicated or reserved beds, but will be available on an "as needed" basis under the terms of its agreements.

**Hospice of Marion County, Inc. (CON application #10598)** states that the proposal is not for any new inpatient beds at this time.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** states that it is the applicant's intent to have contractual arrangements with existing facilities throughout the 11 county HSA 3A. The applicant also states having already met with hospitals and area nursing homes to provide the inpatient level of care on a contractual basis.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** indicates that during the first two years of operations, SNCF has no plans to construct or to operate a freestanding inpatient hospice facility.

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

**Amedisys Hospice, LLC (CON application #10596)** 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

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- Pleural effusions
- Agitation/hallucinations
- Sudden debilitation
- 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.

**Chapters Health Hospice, Inc. (CON application #10597)** indicates that patients are admitted to an inpatient bed according to the guidelines set forth in the Federal Medicare Guidelines for hospice inpatient care. Chapters also indicates that at the patients' request and with their physician's order, patients are admitted for management of severe symptom control or medical crisis that cannot be managed in the patient's residence with other levels of care provided.

Chapters comments that in addition to the general hospice admissions criteria, admission to an inpatient bed is based on one or more of the following factors:

- Pain control
- Symptom control
- Imminent death with symptoms necessitating frequent physician and nursing intervention
- Medical-surgical procedures or therapies aimed at palliation of symptoms

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- Family education needs necessary in order to follow the established plan of care at home
- Provision of a safe and supportive environment to the terminally ill individual during periods of acute psychosocial and/or spiritual breakdown of the primary caregiver(s)
- Primary caregiver incapable of continuing daily care in the home setting

Chapters maintains that this same approach for admitting patients to an inpatient bed will be used in the HSA 3A program.

### **Hospice of Marion County, Inc. (CON application #10598)**

indicates that in keeping with CMS, state and national guidelines, inpatient care may be initiated when the Carewell IDG determines that the patient's pain and symptoms cannot be effectively managed in the patient's home or other residential setting. This may occur suddenly after a period of gradual decline, with a sudden change in symptoms or condition, or when continuous home care has failed to relieve the problems. HMC further indicates that industry best practice states that hospice providers are to obtain a physician's order to change the level of care. The applicant explains that the following examples of patient status triggers may lead to the change to a general inpatient level of care:

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

HMC points out that CMS does not furnish a list of scenarios or examples appropriate for respite care and states that as such, this decision is at that hospice provider's discretion. HMC indicates that some examples for the provision of respite care may include when a caregiver is:

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- Physically and emotionally exhausted from caring 24/7 for the patient and requires a break
- Wishing to attend a family event, such as a wedding, graduation, or other event
- Ill and needs a break from patient care to recover

HMC states that requests for respite care will be thoughtfully considered and the IDG will review the patient/family situation to ensure appropriate care planning.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** 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. PH3-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. PH3-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.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** states the provision of an inpatient level of care will be in a contracted hospital or nursing home that is a participant in Medicare or Medicaid and the inpatient bed will be used for pain control, symptom management, and respite purposes for the hospice patient. SNCF provides an eight-step process in determining, executing and monitoring/oversight of inpatient services (pages 2-46 to 2-48 of the application).

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

**Amedisys Hospice, LLC (CON application #10596)** 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

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caregiver arrangement when appropriate. According to AH, “The Conditions of Participation (COPs) govern our industry and mandate a sea of sameness”.

**Chapters Health Hospice, Inc. (CON application #10597)**

indicates that the HSA 3A hospice program will have a caregiver program designed specifically to address the circumstances in which a patient has no or inadequate caregiver services available. The program will be based on Chapters' proven caregiver programs that facilitate referring patients and families to community resources to provide caregiving services. Again per Chapters, any member of the Interdisciplinary Group (IDG) may identify the potential need for a supplemental caregiver, including no caregiver, a fragile caregiver, or a part-time caregiver.

**Hospice of Marion County, Inc. (CON application #10598)**

states that Carewell intends to make every effort for patients to remain in the most supportive environment possible during their hospice care. HMC comments that Carewell will ensure that every patient admitted to hospice care has a detailed plan of care that accounts for the status of their primary caregiver. HMC states that as needed, and subject to patient choice, Carewell may assist the patient in being placed within an assisted living, nursing home, or hospice house as their plan of care dictates when no patient caregiver is available. HMC asserts that Carewell is committed to providing free room and board to patients without the means to pay for room and board at a facility and that this extends to the homeless in HSA 3A.

**PruittHealth Hospice – 3A, LLC (CON application #10599)**

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.

PH3-A maintains that it 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 for routine care. PH3-A social

workers will assist patients without financial resources to obtain residential care in a hospice unit within an assisted living facility or nursing home, as determined by their medical condition.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** replicates the majority of its response to this preference from its response in item E.2.a. (3) of this report.

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

**Amedisys Hospice, LLC (CON application #10596)** 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
- 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 points out that AI serves as a bereavement resource to anyone in the local community who has also experienced the death of a loved one. The reviewer notes that bereavement volunteers are briefly described on page 26 of the application.

AH offers discussion regarding its bereavement services including:

- Bereavement mailings (at one, three, six, nine, 11 and 13 month intervals)



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- Trees in Memory – A partnership with the Arbor Day Foundation
- Individual and group support
- Special Programming and Community Outreach
- Memorial services
- Trained bereavement volunteers

### **Chapters Health Hospice, Inc. (CON application #10597)**

states that Chapters 3A will utilize Chapters Health System's proven policies and procedures for provision of bereavement services, and will offer similar bereavement services in the proposed program. The applicant references and the reviewer confirms Bereavement Materials (CON application #10597, Appendix 8). The reviewer notes that this appendix includes the following:

- Chapters Health System Policy and Procedures Manual
  - Policy: Bereavement Services, effective 05/26/2014 (one page)
  - Policy: Bereavement Risk Assessment, effective 05/26/2014 (two pages)
  - Policy: Bereavement Care Planning, effective 05/26/2014 (one page)

Chapters indicates that it is the practice of Chapters Health to routinely evaluate family members for services related to grief/bereavement. Chapters states that all family members identified by the Chapters hospice team to receive bereavement services receive a monthly mailing with information about support group availability, children's camps, special memorial services and other information. Services are provided for 12 months after the patient's death, however family members may request services at any time after the death of the patient. Chapters states that survivors are categorized for bereavement risk based on the following:

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

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Chapters emphasizes that a family member may request individual counseling or support group services, regardless of risk level, at any time after the patient's death. The applicant discusses the special needs of grieving children--its annual children's camps (for those ages 6 to 17) and reiterates its Schedule C-Condition #13.

**Hospice of Marion County, Inc. (CON application #10598)** indicates that Carewell will offer a full complement of bereavement services to hospice patients and their families and it will be the responsibility of a qualified professional with experience or education in grief or loss counseling to coordinate and execute the hospice bereavement program and activities. HMC maintains that bereavement risk assessments will be completed by an interdisciplinary team member after a patient's death and that this provides for an appropriate initial plan for follow up services, including type of interventions.

The applicant notes that bereavement services include at least 13 months of follow-up by staff and volunteers specially trained in bereavement support, including:

- ▶ Mailings/Phone calls
- ▶ Educational Offerings
- ▶ Individual & Group Counseling
- ▶ Referral to Community Resources
- ▶ Crisis Intervention Counseling
- ▶ Grief Support Groups
- ▶ Memorial Service(s)

HMC presently offers the following programs it states will be implemented in HSA 3A include:

- Adult Grief Support groups (Friends in Grief) offer comfort and encouragement over five weekly sessions
- Memorial Services of Remembrance, held three times a year, are special times to remember and celebrate the lives of loved ones who have died
- Grief Care (introductory class) seminars provide education about the journey of grief
- Children's Program Services provide individual and group support for children and adolescents, such as Camp Mariposa (for children aged 5-12) and Club Soul (Ages 13-18)

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Community services to be offered include:

- Grief in the Workplace - to help organizations that have lost an employee
- Monthly Workshops - for the general public
- Seminars - within the school system
- Adult Assessment - services and community resource coordination (short-term)
- Individual and group support for children and adolescents in the schools (short-term)

The applicant asserts that bereavement services are integrated with existing or potential support systems available to the bereaved person and that additionally, bereavement support is provided, available, and offered to bereaved persons for at least one year after the patient's death. HMC maintains that when hospice is unable to meet the bereavement needs of the survivor or identifies a survivor who is at risk for complicated bereavement, it will refer the person to other counseling services/agencies, as needed.

According to the applicant, importantly, Carewell will be building upon HMC's best in class bereavement programs and services from HSA 3B and intends to follow HMC's current operational guides, adapted for the community, and engage the local community in services and programs (see the applicant's Schedule C-Condition #11).

**PruittHealth Hospice – 3A, LLC (CON application #10599)** 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.

The Bereavement Program is stated to include an assessment of survivor risk factors identified at the time of the patient's admission to PH3-A and will be reviewed on a quarterly basis by chaplain(s) and social workers. PH3-A maintains that personal belief systems and grief demonstrations, or lack thereof, will be respected and supported by hospice staff.

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PH3-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

PH3-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 reviewer notes the applicant's written materials on bereavement (CON application #10599, Tab 7: Bereavement Program).

The applicant states that once its project is operational and increases its market presence, PH3-A will establish a Camp Cocoon Day Camp Program within HSA 3A (see CON application #10599, Condition #12).

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** states that bereavement services form part of the Seasons core program in the circle of care and that volunteers receive training to support the family. SNCF further states that the duration of bereavement services varies, based upon friends and families' needs and that this service extends to the patient and family before and following the patient's death in order to manage the effects of the natural grief process. SNCF provides the following one-to-10 step description of the Seasons bereavement process:

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1. Bereavement services follow the death of a hospice patient and extend for not less than 13 months, to the extent desired by the bereaved. These services cease by family's request
2. Bereavement services focus on goals arising from the plan of care under the direction of the interdisciplinary team
3. The types of supportive care varies as the care team evaluates needs on an ongoing basis with the family and friends. If a survivor is assessed as high risk, follow-up occurs from a team member within 24 hours
4. Services include bereavement calls and mailings, and may include bereavement visits, support groups, or referrals to community resources as necessary
5. Any member of the interdisciplinary group, including specially trained volunteers, may participate in the delivery of bereavement services; however, overall direction will be provided by a qualified professional with experience or education in grief or loss counseling
6. All bereavement services become part of the record
7. Seasons hosts at least one memorial service per year for bereaved family members and significant others
8. Seasons provides bereavement services to the community and to residents of a facility as identified in the bereavement plan of care
9. Seasons employees receive bereavement and grief education during orientation and periodically throughout the year
10. Family members receive the Notice of Privacy Practices if any undergo treatment as specified in the plan of care

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

**Amedisys Hospice, LLC (CON application #10596)**

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 100 and 101 of the application), including community:

- Expectations
- Communication and activity
- Events

CON application #10596, Schedule C-Condition #s 18 - 21 are under the heading of community education and outreach.

### **Chapters Health Hospice, Inc. (CON application #10597)**

states its existing hospice programs are skilled and experienced in delivering community education programs and it anticipates extending its community education and outreach programs quickly and efficiently into HSA 3A. Per the applicant, Chapters Health management and clinical staff have a wealth of knowledge and expertise regarding open access, palliative care and a wide variety of end-of-life issues. Further, staff members make numerous presentations ranging from speeches and presentations before large audiences to small targeted group discussions, and participate in a wide variety of forums to help inform and educate the community about all aspects and benefits of hospice care.

Chapters states that sample recent presentations include:

- Benefits of collaborative effort for patients in the ALF
- Educational socials in ALFs and SNFs discussing benefits of hospice
- ALF staff educational seminar: Hospice 101- “How to recognize a terminally ill patient”
- “Aging Gracefully” presented by the spiritual support team
- Veterans pinning ceremony
- Educational presentations in physician offices regarding benefits of hospice, coordination of care, advance directives and other topics

### **Hospice of Marion County, Inc. (CON application #10598)**

states, “HMC already provides educational sessions to the community of District 3B. Carewell of Northern Florida will build upon this existing infrastructure to offer the community relevant educational opportunities and resources

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in District 3B.” The reviewer notes that CON application #10598 proposes to establish an additional hospice program in HSA 3A.

The applicant contends that Carewell will work with local partners to execute beneficial programming for the community, partners such as:

- UF Health Shands Hospital
- Veterans Administration
- North Florida Division/HCA Healthcare
  - Lake City Medical Center

The applicant provides a count of stated HMC community outreach engagements in 2018, with the organization conducting nearly 500 events and reaching nearly 12,000 individuals (in 2018). See the summary below.

**Community Outreach Engagement Summary**

<b>Month</b>	<b>Health/ Community Fairs</b>	<b>Speaker Bureau Presentations</b>	<b>Marketers Clinical Presentations</b>	<b>Community Events*</b>	<b>Total # Activities</b>	<b>Total * People</b>
<b>Totals</b>	<b>30</b>	<b>103</b>	<b>195</b>	<b>150</b>	<b>478</b>	<b>11,780</b>
*This includes community events held in the Elliott Center, Monarch Center, vet pinning's and 3rd party events by external orgs.						
**Actual # of people reached is higher since some of the activities include radio talks/no way of knowing how many are listening.						

Source: CON application #10598, page 31

**PruittHealth Hospice – 3A, LLC (CON application #10599)** states a commitment to the provision of extensive community education activities surrounding the benefits of hospice to increase hospice awareness and utilization.

PH3-A points out having forecasted its staffing to include 3.0 FTE Community Relations Representatives in year one dispersed among its two HSA 3A office locations and then increasing to 5.0 FTE Community Relations Representatives in year two, across its three HSA 3A office locations.

PH3-A Community Relations Representatives will be responsible for leading the outreach programs and coordinating educational sessions, presentations and listening sessions. The applicant states it will educate nursing home and assisted living facility constituents on the myths and benefits of hospice.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** reiterates a commitment to a dedicated social worker to focus on community development, as well as a chaplain (CON application #10600, Schedule C-Condition #4 and Condition #3, respectively).

SNCF states that the Seasons Hospice Circle of Care program will ensure widespread community outreach to every municipality. SNCF also states that printed material, commercial spots on television and radio, articles in newspapers and magazines, testimonials in person at service clubs, women's clubs, churches, synagogues, and schools, community colleges and university-all produce education, increase opportunities for volunteers, and function as outreach for those who may need hospice care.

The applicant states that community education activities concerning hospice programs are targeted to hospitals, ALFs and SNFs as well as end-of-life seminars and panels. SNCF also offers discussion regarding education relative to CON application #10600, Schedule C-Condition #s 13 and 14.

The applicant maintains that management publishes educational guides and brochures that are available free of charge, and some can be downloaded or reviewed on computers and other devices. The applicant maintains also that the proposed project will be adopting this type of outreach in HSA 3A. The applicant offers a brief description on the following two stated publications:

- Guide for Patients Families and Friends/Enhancing the Quality of Time
- Tender Legal Care™

**(m) Fundraising activities.**

**Amedisys Hospice, LLC (CON application #10596)** 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 3A. AH also maintains that should additional capital be needed to fund the operations of the proposed hospice, Amedisys (the parent), is in a position to be financially supportive.



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AH discusses the Amedisys Foundation – page 101 of the application, which was founded in 2016 for 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 Amedisys Foundation funds include:

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

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.

CON application #10596 Schedule C-Condition #23 addresses Amedisys Foundation financial relief options.

### **Chapters Health Hospice, Inc. (CON application #10597)**

indicates that the Chapters Health Foundation conducts a wide variety to fundraising activities throughout the communities that it serves. Chapters states that such activities are based on the unique giving capacities and opportunities found within each of the communities that Chapters serves and that additionally, these activities consider the interest of the communities and the composition of the potential donor population.

Chapters explains that CHF brings a collaborative approach to fundraising through its Corporate Honor Roll Program, which is designed to build mutually beneficial relationships by providing benefit amenities back to supporters of the Foundation and Chapters Health System. Chapters lists 10 events and five activities stated to be found throughout the CHF's operating territory (page 64 of the application).

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Though not discussed by the applicant in this section, the reviewer notes CON application #10597, Schedule C-Condition #5.

**Hospice of Marion County, Inc. (CON application #10598)** states that Carewell will build upon the existing fundraising activities of HMC and as part of the same operating entity, Carewell will also benefit from the donations currently received by HMC. Carewell indicates that HMC accepts individual and corporate donations and runs five thrift stores in Marion County that currently are expected to contribute about \$800,000 in donation funds above costs in 2020.

The applicant explains that as a provider in HSA 3A, Carewell will be open to donations from area residents and corporations, and will explore the opportunity to open a thrift store within the region. The applicant contends that this diversifies the HMC/CNF revenue stream, connects the entity with the community, and brings the community an added economic benefit through the operations of the thrift store.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** emphasizes that PH3-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. PH3-A asserts that it will not dilute potential contributions available in the community or adversely impact existing hospice programs' fundraising efforts. PH3-A maintains that the proposed project will in fact give back to its community.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** states that Seasons provides a number of specialized programs and services that are not part of the benefits of Medicare, Medicaid or insurance. The applicant further states that these programs are those that patients and their families need to have for palliative care during the end-of-life and that oftentimes, the cost of these services is covered by the efficiency generated by operations and also offset by many hours of gratefully donated volunteer time.

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SNCF explains that donations given without being sought go to the foundation, that donations are not a steady revenue stream and that Seasons works diligently to negotiate rates with insurers, HMOs, PPOs, and other local and state programs to cover the cost of care. SNCF indicates that by working efficiently, Seasons becomes a better steward of its funding sources and uses those funds to provide care.

The applicant references The Seasons Hospice Foundation, a stated non-profit foundation within the organization that is dedicated to providing a long-term benefit for all persons. SNCF contends that hospice is one program that many give to in heartfelt appreciation for the services provided.

- 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 #10596)** states that if approved, AH will submit the required semi-annual utilization reports to the Agency, as required.

**Chapters Health Hospice, Inc. (CON application #10597)** does not respond directly to this criterion. However, its existing programs do report promptly and the applicant commits to meeting all licensure standards and criteria.

**Hospice of Marion County, Inc. (CON application #10598)** states that Carewell will file its semi-annual utilization reports with all required data elements in conformity with this criterion.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** indicates that PH3-A will comply with all reporting requirements, reporting results to the Agency or its designee, by the required time frames.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** states that Seasons' record in Florida as well as in other states shows conformity with the requirements for reporting services to the Agency and to the Department of Elder Affairs pursuant to requirements in statute and rule.

**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.**

In Volume 45, Number 194, of the Florida Administrative Register, dated October 4, 2019, need for one hospice program was published in HSA 3A 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, after a decline in admissions from 3,730 (12 months ending June 30, 2015) to 3,414 (12 months ending June 30, 2016), admissions has increased for each 12-month period for the four-year period ending June 30, 2019.

<b>Hospice Admissions for Hospice Service Area 3A June 30, 2015 – June 30, 2019</b>	
<b>June 30, 2015 through June 30, 2019</b>	<b>Admissions</b>
June 2019	3,709
June 2018	3,702
June 2017	3,564
June 2016	3,414
June 2015	3,730

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 3A is currently served by the following providers:

- Community Hospice of Northeast Florida, Inc.
- Haven Hospice
- VITAS Healthcare Corporation of Florida

**Amedisys Hospice, LLC (CON application #10596):** Regarding availability, the applicant references the Agency’s Fixed Need Pool. Regarding accessibility, the applicant: “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.”

Amedisys restates its Schedule C-Condition #1 and contends HSA 3B has four groups of persons with underserved and unmet needs due to programmatic access issues:

1. Persons with End-Stage Heart, Pulmonary, Dementia and Alzheimer's Diseases
2. Rural Access Communities
3. The Black/African American Community”

AH reiterates:

- Trends in the number of discharges to hospice in HSA 3A, including CMI for residents of the service area
  - AH’s plan to meet the unmet hospice need with regard to this population
- The three-year trend in hospital discharges to hospice and hospice discharges for the Africa-American community in HSA 3A
  - AH’s plan to meet the unmet hospice need with regard to this population

Amedisys contends having the experience of operating in culturally diverse areas throughout the U.S. and will bring its experience and best practices to HSA 3A.

**Chapters Health Hospice, Inc. (CON application #10597)** maintains that the proposed project will expand the overall availability of hospice care as well as fill current service availability gaps. According to CHH, the proposed project will aggressively treat all appropriate hospice candidates and will work with the local community and with hospice referral sources to ensure that all appropriate hospice candidates have knowledge and awareness of available hospice services - significantly enhancing the availability of hospice care within the HSA 3A marketplace.

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

The reviewer notes that on page 76 of the application, CHH defines s. 408.035(1), (a) and (b), Florida Statutes, as including “efficiency” and the applicant provides a brief narrative on page 77 of the applicant under the heading “Efficiency”. As shown earlier in this section, per the referenced statute, need for a project is 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 but is not evidenced by efficiency.

CHH reiterates its Open Access Program and its planned broad array of palliative care and services – indicating that patients will not be forced to choose between either hospice care or palliative/comfort care. The

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applicant's Schedule C-Condition #4 is again mentioned as a mechanism to address falling hospices ratios in the service area overall but especially in more rural parts of the service area.

CHH responds to the Health Care Access Criteria (pages 78 – 81 of the application).

**Hospice of Marion County, Inc. (CON application #10598)** reiterates:

- The Agency's Fixed Need Pool publication pursuant to this batching cycle (referenced in item E.1.a. of this report)
- Additional market demographics impacting need (pages 48 and 49 of the application)
- Expected year one and year two total patient admissions
  - 320 and 517, respectively
- Expected year one and year two total patient days
  - 15,377 and 24,808, respectively

**PruittHealth Hospice – 3A, LLC (CON application #10599)** 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 3A's penetration rates were:
  - 11 percent lower for those age 65+ with a primary diagnosis of cancer
  - 11.9 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:
  - Rural population including those who reside within nine of 11 Subdistrict 3A counties. Specific rural minority groups are also underserved
  - Veteran population
  - Veterans who reside in rural areas of Subdistrict 3A
  - Terminally-ill with several specific diseases

PH3-A responds to the Health Care Access Criteria (pages 118 and 119 of the application).

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** reiterates that the proposal improves availability of hospice care through outreach and education of gatekeepers and through building a strong workforce. Additionally, through narrative descriptions, SNCF reiterates the effect and purpose of the following CON application #10600 Schedule C-Condition #s 2, 4, 7, 13 and 14.

SNCF's response to quality of care is addressed in item E.3.b. of this report. SNCF provides four contour maps (pages 3-8 to 3-11 of the application) to offer a visual depiction of how CON application #10600, Schedule C-Condition #1 will improve geographic access of hospice services in HSA 3A, regarding 30 to 45-minute drive times from the proposed project's conditioned physical presence locations.

Seasons previously stated its admission growth in its other hospice operations inside and outside of Florida. SNPCNCF responds to the Health Care Access Criteria (pages 3-16 to 3-20 of the application).

Below are experts of letters of support that the applicant presented in this section of CON application #10600. Susan Byers, LPN, Director of Resident Care - HarborChase Assisted Living and Memory Care  
*"As a nurse, I can attest to the need for additional providers in our community. Sometimes, we have situations where our current providers are unable to meet our residents' needs from a symptom management perspective, and they are moved to the hospice house for care. This is unfortunate as it goes against the wishes of our residents and their family to have care in their home until they pass away."*

Sandra King, RN, BHA, Director of Case Management. Shands LakeShore Regional Medical Center - *"I have been a RN in acute care for a very long time and I am currently serving as the Director of Case Management at the Shands Lake Shore Medical Center. After having a personal experience I gained a deep understanding of the importance and value of hospice care. Our community has a need for increased quality of life for those who are hospice care and that includes access to beds. There is only one care facility in our community and if it is not available patients have to drive to Palatka, which is more than 70 miles away. We need hospice providers who can create relationships in the community with our surrounding facilities so patients can be comfortable and have a place to spend their final days in peace."*

Marianne Vanderhoof, Administrator, Crescent Lake House Assisted Living Facility - *As care providers in a rural county, we have faced challenges with the responsiveness of our current providers in the last days of life and at the time of death. There have been occasions when the current providers are unable to meet our residents' needs for continuous care or have not sent a staff member in a timely manner ... Please consider this letter as our support for Seasons' application for a CON."*

**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. 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 National Hospice and Palliative Care Organization (NHPCO) data 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 3A (OM 3A): 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 OM3A.

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):

- 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>
Amedisys, LLC*								
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
Chapters Health System								
LifePath Hospice	99.4	93.6	98.4	75.7	99.6	98.6	83.3	6,136
Good Shepherd Hospice	99.8	96.3	97.2	89.5	98.3	99.4	92.0	3,260
HPH Hospice	97.7	94.9	98.7	78.3	99.8	99.1	94.1	3,125
Hospice of Okeechobee, Inc.	97.0	91.1	95.5	76.9	99.5	97.2	97.4	211
Hospice of Marion County, Inc.								
Hospice of Marion County, Inc.	100.0	100.0	100.0	98.4	100.0	99.9	99.9	3,220
Seasons Hospice & Palliative Care, Inc.								
Seasons Hospice & Palliative Care of Broward Florida, LLC	100.0	99.6	95.9	53.6	98.4	97.5	97.0	995
Seasons Hospice & Palliative Care of Southern Florida	99.9	99.5	99.0	88.6	99.2	98.2	98.2	1,760
<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, Amedisys, LLC acquired the following three hospice programs

**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.

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**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.

**CAHPS Measure Results by Hospice**

<b>Facility Name</b>	<b>Hospice Team Communication</b>	<b>Getting Timely Care</b>	<b>Treating Patient With Respect</b>	<b>Getting Emotional and Religious Support</b>	<b>Getting Help for Symptoms</b>	<b>Getting Hospice Care Training</b>	<b>Rating of Hospice Care</b>	<b>Willingness To Recommend Hospice</b>	<b>Number of Patients</b>
Amidysis LLC*									
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
Chapters Health System									
LifePath Hospice	69	67	82	87	66	64	73	80	6,136
Good Shepherd Hospice	76	76	88	89	68	69	80	85	3,260
HPH Hospice	70	69	83	82	66	64	70	76	3,125
Hospice of Okeechobee, Inc.	91	92	98	94	89	79	94	99	211
Hospice of Marion County, Inc.									
Hospice of Marion County, Inc.	79	79	90	88	78	72	83	88	3,220
Seasons Hospice & Palliative Care, Inc.									
Seasons Hospice & Palliative Care of Broward Florida, LLC	63	64	74	80	62	57	66	66	995
Seasons Hospice & Palliative Care of Southern Florida	69	68	82	82	70	62	67	71	1,760
<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 through 27, Exhibit 20 and pages 4 and 5, Exhibit 3 (number of patients only)

NOTE: \* As of February 2019, Amedisys, LLC acquired the following three hospice programs

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Below are summaries of the co-batched applicants' stated additional quality features/characteristics, as well as the Agency's substantiated compliant history during the three-year period ending November 20, 2019, for the applicants (or parent) licensed in Florida.

**Amedisys Hospice, LLC (CON application #10596)** 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. Amedisys cites the following vision, mission, strategy and values:

- Vision – *Where We Want to Go*  
We will lead the future of health care 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*  
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

## **CON Action Numbers: 10596 through 10600**

Based on Amedisys and Strategic Healthcare Program, “HQRP Analysis” as of September 30, 2019, and Amedisys and Strategic Healthcare Program, “Real-Time Satisfaction Survey Results: CAHPS Hospice”, March 31, 2019 AI provides:

- A comparison of its Hospice Item Set (HIS) scores with multistate and national benchmarks, October 1, 2018-September 30, 2019 (page 117, Exhibit 21 of the application). Amedisys states that these score exclude its Florida hospice operations – CCH
- A comparison of its Amedisys CAHPS score with multistate and national benchmarks, April 1, 2018 through March 31, 2019

Amedisys points out that it outperformed national and state averages.

The applicant discusses coordination of care, care planning, accreditations and awards (pages 119 -123 of the application).

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

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- c. The storage, handling, delivery and access to supplies, medical gases and drugs as appropriate to services provided
- 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. 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's "Board to Bedside" 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. Further, 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.

Amedisys hospice programs are described as 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. The 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 #10596 includes an extensive list of attachments that name 31 attachments, by attachment number and address issues of overall quality of care policies, guidelines or addendums. Amedisys attachments include but are not limited to:

- 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
- 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

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- 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 in February 2019. CCH provides hospice services in HSAs 3E, 6B and 11. CCH had no substantiated complaints during the three-year period ending November 20, 2019.

**Chapters Health Hospice, Inc. (CON application #10597)**, as a newly formed entity has no operating history. However, the applicant states that CHS, the parent has a strong history of providing high quality, compassionate care in its existing Florida hospice operations. CHH maintains that all Chapters hospice affiliates now comply, and the proposed Chapters 3A program will comply, with all standards for program licensure described in Chapter 400, Part IV, Florida Statutes and Chapter 58A-2, Florida Administrative Code. The applicant further maintains that Chapters is a provider of Medicare and Medicaid benefits and meets all applicable Medicare conditions of participation.

The reviewer confirms CON application #10597, Appendix 3-Chapters Health System Licenses and Joint Commission Accreditation Documentation. The reviewer notes CHS's current hospice programs in Florida are:

- Good Shepherd Hospice
- Hospice of Okeechobee, Incorporated
- HPH Hospice
- Lifepath

Chapters asserts that the proposed program will be part of an organization that provides comprehensive and integrated post-acute care services through its hospice, palliative care, home health, pharmacy and staffing affiliates, as well as their "...DME Joint Venture" (page 83 of the application).



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The applicant contends that Chapters offers experience in and the ability to provide benefits to patients and families in Chapters ability to:

- Provide an integrated, seamless transition of care for patients receiving home care services to transition to hospice care without any disruption in services or providers
- Ensure high quality of care is provided by staff members, and that staff with specialized skills and experience are available as needed
- Ensure that the patient is cared for in the most appropriate setting
- Ensure timely delivery and 24/7/365 availability of pharmacy and durable medical equipment needed by patients – no delays for patients being discharged from the acute care setting because Chapters controls and coordinates all aspects of the patients’ post-acute end-of-life medical care
- Cost-effectively manage the health care of its patients by managing key and often costly components of care such as drug and equipment costs

CHH asserts that its HSA 3A hospice will benefit from efficiencies gained from the corporate structure of Chapters Health System (the implementation of an electronic medical records or EMR system is highlighted). The applicant contends that Chapters’ ability to fund its programs and services from operations is unique among not-for-profit hospice providers and according to Chapters, simply stated, the approval of CHH in HSA 3A would offer service area residents a sophisticated, mature corporate infrastructure necessary to implement new hospice programs at low costs with a non-profit organization’s focus specifically on the local communities’ needs. CHH states a willingness and ability to quickly respond to community needs, as reflected in CON application #10597, Schedule C-Condition #16.

Chapters cites its practice and philosophy of “Open Access” (proposed Condition #1) and states its HSA 3A will support the continuation of palliative therapies such as:

- Radiation and chemotherapy, which can assist in decreasing pain and symptoms associated with cancer diagnosis
- Blood transfusions, which can boost patients’ blood volumes to help stave off fatigue and shortness of breath
- Artificial nutrition or hydration, which is helpful to patients with esophageal or colon cancer who cannot tolerate adequate nutrition by mouth for sustenance
- Cardiac infusions, which can help maintain cardiac function and treat shortness of breath, fatigue and weakness

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Chapters restates that CHF and COPD programs are both conditioned (CON application #10597, Schedule C-Condition #7) and were briefly mentioned previously by CHH as areas of hospice need (see item E.1.a. this report). According to CHH, certain chronic diseases, such as CHF and COPD lead to hospitalizations and/or re-hospitalization for evaluation and treatment of unmanaged symptoms. CHH states that in order to support significant community need in these areas, CHS has developed and implemented in its existing hospice programs year-round, round-the-clock programs and services for CHF and COPD patients and their families, which include:

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

CHH provides a narrative description of Chapters Health Palliative Care commending that a way to distinguish palliative care from hospice care is that all hospice care is palliative but not all palliative care is hospice. The applicant points out that while the primary care physician focuses on disease-specific treatments, the Chapters Health Palliative Care specialized team of palliative health care professionals addresses pain and symptom management. The applicant further points out that, together, the team ensures a comprehensive, coordinated patient and family centered plan of care, including:

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- Expanded disease education and informed decision making
- Assistance with advance directives, care planning and complicated treatment choices
- Assistance with pain management
- Emotional and spiritual assistance
- Help with community services

CHH states that in response to the need to provide multi-disciplinary, patient centered care to patients with serious illness who are not in the last six months of life, Chapters Health Palliative Care began providing services for non-hospice patients in 2006. CHH also states that initially, fully based in hospital settings as consultative services, care is also provided in the community setting in nursing homes and outpatient clinics and the service has grown significantly and now provides care to over 3,000 patients per year. Chapters community-based palliative care service (advanced illness management program) is condition #8 on CON application #10597's Schedule C.

The applicant maintains that like other Chapters affiliates, Chapters 3A will meet all requirements regarding:

- Governing body
- Administrative officer
- Administrative policies and procedures
- Outcome measures
- National initiatives

The applicant indicates that CHH in HSA 3A will include residents of HSA 3A on the board of directors of its affiliate board, and will document its commitment to meet the individual needs of each community that it serves - including the proposed HSA 3A communities. CCH points to and the reviewer confirms CON application #10597, Appendix 4-Chapters Health System Quality Initiatives and Programs Information.

Regarding quality assurance and utilization review, CHH states that Chapters' existing hospice organizations currently operate an effective and proven Quality Assessment and Performance Improvement (QAPI) program which will be implemented at the proposed CHH at HSA 3A. CHH also states that quarterly QAPI meetings are held and are chaired by a representative of the affiliate board of directors reviewing all aspects of the QAPI program, with a report of each meeting presented to the entire affiliate board of directors.

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The applicant maintains that CHH will report outcome measures to the State of Florida's DOEA, the National Hospice and Palliative Care Organization and the Centers for Medicare and Medicaid Services. The applicant states that moreover, Chapters is actively involved with NHPCO, with representation from Chapters serving as members of NHPCO's Regulatory and Public Policy Committees. The applicant additionally states that Chapters' chief medical officer is on the National Hospice Medical Director Certification Board of Directors.

CHH indicates that care delivered by Chapters hospice affiliates (including the proposed CHH in HSA 3A) is planned, designed, delivered and monitored through the Interdisciplinary Group (IDG). CHH also indicates that members of the Chapters IDG include:

- A doctor of medicine or osteopathy
- An RN
- A social services specialist
- A pastoral or other counselor

The applicant lists six other Chapters IDG potential members, depending upon patient circumstances and wishes and also lists six Chapters IDG responsibilities/tasks/patient care services (page 89 of the application).

Chapters highlights medical expertise among six CHS affiliate physicians (pages 90 – 92 of the application) and research studies/recent peer-review publications which are included in CON application #10597, Appendix 11-Chapters Health System Research Activity and Bioethics Committee. Further, Chapters is a founding sponsor of the Center for Hospice, Palliative Care and End-of-life Studies (the Center) at the University of South Florida (USF). Chapters indicates having become a major teaching site for the Center and USF, annually providing clinical rotations for three to four hospice and palliative medicine fellows and approximately 120 medical students the opportunity to participate in hospice care services and make home visits to hospice patients. Chapters offers excerpts of three medical students' essays on pages 94 and 95 of the application.

Chapters provides a 1983 to 2019 timeline of highlights/milestones/key events in CHS's formation and development of its current status (pages 96 – 98 of the application). CHS history is also provided in CON application #10597, Appendix 13-Chapters Health System History.

As previously stated in item C of this report, Chapters provides hospice services in the following HSAs: 3C, 3D, 5A, 5B and 9B. Chapters existing Florida hospice programs include:

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Florida hospices are:

- HPH Hospice
- Lifepath
- Good Shepherd Hospice
- Hospice of Okeechobee, Incorporated

Agency records indicate that for the three-year period ending November 20, 2019, Chapters hospice affiliates had a total of six substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. See the table below.

**Chapters Substantiated Complaint History by Category  
Three-Year Period Ending November 20, 2019**

<b>Complaint Category</b>	<b>Number Substantiated</b>
Quality of Care/Treatment	4
Administration/Personnel	1
Admission, Transfer & Discharge Rights	1

Source: Agency for Health Care Administration Complaint Records

**Hospice of Marion County, Inc. (CON application #10598)** is a current licensed provider of hospice services in HSA 3B and proposes to expand into contiguous HSA 3A. The applicant's history, licensure, quality and accreditation is discussed at length in the project summary portion of CON application #10598. HMC provides excerpts of five letters of support on page 87 of the application (see item B of this report).

CNF points out that as an extension of HMC (the preeminent service provider in HSA 3B since 1983), CNF will be part of a leading service provider that has multifaceted operations. The applicant note that HMC is one of the 100 top hospice providers in the country. The reviewer notes that according to NexisLexis® Risk Solutions and the NexisLexis® Marketview™ claims database, which provides an annual listing of the leading U.S. hospice providers based on medical claims and patient volume data, HMC was ranked as the 71<sup>st</sup> top hospice provider in the U.S., in 2019 (CON application #10598, Appendix IV-Additional Reference Material).

HMC indicates having expanded its services beyond traditional hospice care by operating three separate legal companies which work together to provide high quality, compassionate, coordinated care and often reducing costs. These companies include:

- Hospice of Marion County, Inc. / the parent of the entire operation, the direct provider of hospice services - having Deemed Status with The Joint Commission
  - HMC has its own internal pharmacy to ensure medications are delivered expeditiously to all patients

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- Comprehensive Palliative Care, LLC d/b/a Center for Comprehensive Palliative Care providing expert symptom relief, compassionate support with reliable information to those in advancing medical conditions - having its own Joint Commission accreditation. HMC also will work collaboratively with Concierge Home Health in HSAs 3A and 3B
- Florida Palliative Equipment, LLC d/b/a Accent Medical/offering fast response and high quality medical equipment and supplies – having Joint Commission accreditation. CNF benefits from the availability of equipment and supplies from an in-house vendor

HMC offers a brief narrative about its inpatient houses (page 18 of the application). In addition to Joint Commission, HMC states other quality hospice operations (pages 19 and 20 of the application). Earlier in this section, the Agency reproduced the most recent HMC quality scores regarding the:

- CMS Quality Measures for Hospice Quality Reporting Program
- CAHPS Measure Results

The applicant’s description of specialized training/outreach programs to serve HSA 3A residents is addressed in item E.1.a. of this report.

Regarding the non-profit mission of HMC/CNF, the applicant states that whether or not the hospice you use is a for-profit corporation or a non-profit corporation should not make a difference in the quality of care you receive, but states that it sometimes does. The applicant asserts that (page 21 of the application):

“...there may be long-term differences in the care provided by non-profit hospices vs. for-profit hospices. A report released by the National Partnership for Hospice Innovation (NPHI) in July of 2019 highlights several cost and quality differences between for-profit and non-profit hospices serving Medicare beneficiaries, many indicating there are beneficial trends for services rendered by non-profits. The report was prepared by the global actuarial and consulting firm Milliman.”

The reviewer notes that CON application #10598 does not include a copy or further reference to this publication. CNF states it will build upon HMC’s excellent history and operations and will possess the current HSA 3B mission, vision, values and pillars (page 22 of the application):

- Mission
  - ▶ To provide exceptional compassionate end-of-life care to our community

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- ▶ Hospice of Marion County and its affiliated companies, Accent Medical, and The Center for Comprehensive Palliative Care are committed to the highest Standards of Excellence
- Vision
  - To enhance the quality of life through expert collaborative care and services
- Values
  - ▶ Integrity
  - ▶ Teamwork
  - ▶ Respect
  - ▶ Stewardship
  - ▶ Recognition
- Pillars (Pillars of Excellence provide the basis for organizational goals, directions and strategic planning for operational excellence)
  - ▶ People Pillar: To attract, develop and sustain a highly skilled motivated staff
  - ▶ Service Pillar: To achieve high satisfaction rankings/results related to quality care and services, safety and other identified components of work
  - ▶ Stewardship Pillar: To achieve a positive consolidated net margin.
  - ▶ Quality Pillar: To ensure safe exceptional care and services
  - ▶ Growth Pillar: To serve more people
  - ▶ Community Pillar: To be the organization of choice for donors, the bereaved, community partnerships and industry education

CNF states that the proposed project will be operated according to the same standards of excellence that have led to the success of HMC over the past four decades. The five key systems HMC states provide focus to guide success are briefly described below:

1. **Using Data:** The organization uses various data sets in decision making processes, especially to promote compliant, high quality and safe care and services and to strengthen operations
2. **Planning:** Leadership staff and then the Board of Directors reviews/ revises and approves the vision, mission, strategic priorities, and organizational goals that guide organizational planning
3. **Communicating:** We strive for a culture of transparency and to support overall safety, organizational compliance and high-quality care and services
4. **Changing Organizational Performance:** The organization has an established history of working through process change with Performance Excellence Teams (P.E.T.), and we ensure the organization addresses ongoing improvements on a continuous basis

- 5. Employment/Staffing:** Employee engagement is critical to the success of the organization - an employee Circle of Wellness has been created to address Financial Wellness, support Physical Wellness and Emotional Wellness, promote Work Life Wellness and assist with Career Wellness

HMC states the following visit counts in its licensed services in 2018:

- 4,293 by our 11 employed medical directors (MDs)
- 838 by our advanced registered nurse practitioners (ANRPs)
- 45,750 by registered nurses (RNs)
- 4,433 by on-call nurses (RNs)
- 5,236 by licensed practical nurses (LPNs)
- 41,553 by certified nursing assistants (CNAs)
- 15,493 by social workers (MSWs and LCSWs)
- 4,529 by chaplains
- 7,784 by grief facilitators
- 1,918 by volunteers
- 1,245 by volunteers to Transitions clients

HMC next offers a brief narrative overview of the services offered (pages 24 – 27 of the application):

- Hospice services
  - Hospice care
  - Spiritual care
  - Advanced care planning
  - Hospice houses
  - Bereavement services
  - Transitions
  - CCPC
  - Accent Medical
  - Thrift stores
  - Veteran care

According to the applicant, these programs and services will be provided by Carewell in HSA 3A. CON application #10598, Appendix II- Information Brochures and Documents includes:

- State of Florida AHCA hospice license (effective date 03/06/2019 and expiration date 12/31/2020)
- AHCA Form 3020-0001 and an Agency letter dated October 17, 2019, from Aleta Garner, Field Office Manager, Alachua Field Office, indicating zero deficiencies noted during a biennial re-licensure survey conducted at HMC on October 4, 2019 and October 7-8, 2019



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Carewell explains that navigating the nuances of acute care, palliative care, primary care, home health, home care, and hospice is always a challenge, especially when you're communicating with different providers for each service. Carewell states a commitment to providing a continuum of care that integrates vital services by, in part, fostering close relationships with acute care providers, SNFs and ALFs, detention centers and physicians in HSA 3A.

The applicant lists the following organizations that HMC/CNF have proactively reached out to, regarding proposed approval of CON application #10598:

- Williston Care Center (Levy County)
- Putnam Community Medical Center (Putnam County)
- Lake City Medical Center (Columbia County)
- Lake Butler Hospital/ Lake Butler (Union County)
- North Florida Regional Medical Center (Alachua County)
- Shands Live Oak Regional Medical Center (Suwannee County)
- Shands Lake Shore Regional Medical Center (Columbia County)
- Tri-County Nursing Home (Gilchrist County)
- Suwannee Health and Rehabilitation Center (Suwannee County)
- UF Health Shands Hospital (Alachua County)
- Palm Garden Health and Rehabilitation Center (Alachua County)
- Windsor Health and Rehabilitation Center (Bradford County)

The reviewer notes no letters of support for this project from any of the 12 bulleted organizations named above. Hospice of Marion County, Inc., provides hospice services in the HSA 3B. Agency records indicate that during the three-year period ending November 20, 2019, Hospice of Marion County, Inc. had a total of zero substantiated complaints.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** states being an entity formed for the purpose of establishing a hospice program in HSA 3A and as such, has quality of care history in Florida. PH3-A maintains that upon licensure and certification, it 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.

PH3-A is an affiliate of 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 ADC of 1,277 patients. The

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applicant provides maps of the stated PHH hospice locations (pages 18 – 20 of the application). Per PH3-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.

PH3-A provides the following diagrams in CON application #10599:

- PruittHealth Model of Care (page 15)
- PruittHealth Continuum of Care (page 121)
- Performance Indicators-Hospice Evening/Weekend Response (page 122)
- Pain Medication Needs Met (page 122)

PH3-A contends that in both 2017 and 2018, PHH's response to evening and weekend referrals and patients' needs far surpassed national rates. PH3-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.

PH3-A states PHH's participation in CMS's HQRP as well as CHAPS. PH3-A further states using HQRP and CAHPS Reports, for 2018-2019, PHH improved on all measures and exceeded the national average 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 PHH's August 2018 – July 2019 quality metric HQRP and CAHPS results, see CON application #10599, page 123.

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. PH3-A maintains that the 35 Best Practices at PHH span several topics and categories (page 24 and restated on page 124 of the application):

- ▶ Best practices to best support to the patient and family

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- ▶ 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
- ▶ 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 35 “Best Practices” (pages 24 – 27 and pages 124 – 127 of the application) which are also replicated with additional written materials in 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 in 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 (included in the application’s Tab 17) has been shown to significantly improve CAHPS scores, family survey results and meets Medicare requirements for consistent family education.

PHH points out that reducing hospital readmissions is a priority industry wide and is therefore, a major emphasis PruittHealth places on this PruittHealth operational initiative. PruittHealth has adopted INTERACT 3.0, a comprehensive program with tools specifically designed to decrease patient re-hospitalizations. PH3-A states that this program will be adopted at the proposed project (CON application #10599, Schedule C-Condition #5).

PH3-A states that another tool/program utilized by PHH to reduce hospital readmissions is the Peaceful Path Program (CON application #10599, Tab 35 and Schedule C-Condition #8). 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. PH3-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

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PH3-A also comments that volunteers 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).

The applicant's disease-specific care pathways and programming was briefly discussed in item E.1.a. of this report. PHH's Palliative Care Program is included in CON application #10599, Tabs 30 – 33.

PruittHealth Palliative Care Program goals 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

PH3-A explains that the major difference between hospice and palliative care is that palliative care has no limited life expectancy and may be provided earlier in the disease, which means fewer hospitalizations. PH3-A lists 20 characteristics/features that differ palliative care and hospice care on page 134 of the application. The applicant commits to the establishment of a palliative care program (Schedule C-Condition #6). Other programs/services discussed include:

- Tuck-In
- Second Wind Dreams (Schedule C-Condition #7)
- Caring Hands
- Specialized Disease Management (Schedule C-Condition #8)

PH3-A cites PruittHealth's Commitment to Caring Campaign's mission and vision:

- 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.

PH3-A next cites PPH'S "Commitment to Caring Pledge" (page 137 of the application) and describes the annual CNA Disney retreat, the administrative fellowship program, corporate standards the previously discussed PruittCares Foundation and Camp Cocoon (see item

E.2.b.(1)(k) of this report). Family outreach crisis grants, workforce investment/scholarships and “Tree of Memories” are addressed and PH3-A lists 14 memberships/awards that all PruittHealth affiliated hospices enjoy the benefits of, where applicable. PH3-A states that it will follow PruittHealth’s established clinical audit, training and quality monitoring practices and will engage PruittHealth Pharmacy Services to perform random audits of patient regimens.

PH3-A states 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 PH3-A, data is used to compare facilities with regional, state and national benchmarks, and customized to benchmark internal quality programs and that these metric systems allow PruittHealth to utilize the data from trending analysis to incorporate into the overall Performance Improvement process. PH3-A states that compared to other *My InnerView* users, PruittHealth Hospice programs are leaders in satisfaction. The reviewer notes that PH3-A provides no documentation to verify this.

PH3-A offers narrative regarding its performance improvement program/continuous quality improvement initiatives (pages 144 – 146 of the application). PH3-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 list is provided of staff positions that participate in various Hospice QAPI activities/committees, as well as their respective responsibilities. The applicant reiterates that the PruittHealth QAPI Plan (Schedule C-Condition #10) will be used in the HSA 3B program. CON application #10599, Tab 38 has a QAPI Committee Meeting Agenda Template.

PH3-A includes a narrative regarding its staff, training and career development and commits to the inclusion of PruittHealth University in the proposed hospice program (Schedule C-Condition #11). Other retreats, conferences and trainings are discussed. A narrative regarding customer service and transparency, quality and describing “The Green Sweep Program” is provided. The Green Sweep Program consists of unannounced visits by PruittHealth's CEO, COO, and other leaders to

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PHH facilities and hospice programs, which utilizes a standard scoring tool focusing on areas as seen through the eyes of facility residents. Per PH3-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 #10599 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 some of the applicant's issuances not mentioned earlier in this report below:

- 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

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** as stated previously is a newly formed entity with no operational history. However, the parent, Seasons:

- Began as one local program in 1997
- Now operated 29 Medicare-certified sites across 19 states
- Ranks as the 5<sup>th</sup> largest hospice company in the U.S.<sup>12</sup>
- Admitted over 28,000 patients, caring for 32,000 patients and families in 2018 with 1.95 million days of care
- Provided \$5 million charity care in 2018
- Has a commitment to developing out-of-the-box solutions for patients and families
- Operates four hospice programs in Florida

<sup>12</sup> This is verified through LexisNexis® Risk Solutions at the websites <https://risk.lexisnexis.com/insights-resources/research/top-100-hospice-and-home-health>, and <https://risk.lexisnexis.com/about-us/press-room/press-release/2017-11-16-care-providers>.

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The applicant points out that 24 of Seasons' 29 programs have The Gold Seal of Approval accreditation from The Joint Commission and that all hospice programs operated by Seasons seek Joint Commission accreditation. The applicant comments that the proposed project will also seek such accreditation.

Per SNCF, accreditation and certification improve quality through additional education and implementation of best practices. SNCF provides the following notations:

- Seasons accreditation by the Joint Commission
- Seasons belongs to the National Hospice and Palliative Care Organization (NHPCO) and the Florida Hospice and Palliative Care Association (FHPCA)
- Seasons is platinum certified by the Services and Advocacy for Gay Elders (SAGE)
- Seasons adheres to the National Ethics Committee following guidelines for promotions and publications in the exercise of the widest influence for good in daily service provision
- Seasons adheres to the Centers for Medicare and Medicaid Services' reporting requirements (including CAHPS and the Hospice Item Set or HIS)

SNCF indicates that Seasons Healthcare Management provides daily operational control assuring Season Hospices uniformity locally as well as nationally. Seasons Healthcare Management company oversees compliance with federal and state reporting standards, accreditation of the hospices, billing to include Medicare and Medicaid recipients in addition to all other payers, data reporting, and compliance monitoring, staff education and training, and employment. Further, the Seasons approach encompasses the 10 components of quality in hospice care, as identified by the NHPCO Quality and Standards Committee. The applicant lists and briefly describes these 10 components (page 4-3 of the application).

Seasons Hospice mission, vision and core values as stated are:

- Mission
  - Honoring Life ~ Offering Hope
- Vision
  - Recognize that individuals and families are the true experts in their own care
  - Support our staff so they can put our patients and families first
  - Find creative solutions which add quality to life
  - Strive for excellence beyond accepted standards

- Increase the community's awareness of hospice as part of the continuum of care
- Core Values
  - TRUE = Trust, Responsiveness, Understanding, Empowerment
  - HOPE = Humility, Ownership, Passion, Excellence

SNCF explains that Seasons engaged with the Disney Institute for Leadership Development and Corporate Culture Design and that Disney consultants helped Seasons Hospice identify its core values. The applicant states that for more than three decades, Disney Institute has been helping to advise and train a variety of organizations worldwide based on the business insights and best practices of Walt Disney Parks & Resorts (see website @ <https://www.disneyinstitute.com/about/>).

SNCF states that Seasons is committed to the fundamental principal on which the program was founded...*to die at home* and that Seasons start-up programs are overseen by company leadership and all employees hired for the start-up hospice meet at the home office. SNCF shares the Seasons:

- Code of Conduct
  - Affirms and celebrates life and accepts death as a normal process
  - Focuses care on pain and symptom management provided by an interdisciplinary team in collaboration with all other caregivers
  - Manages the care plan
  - Provides a range of materials to professionals, patients, families, and interested persons about end-of-life care and the processes of death

SNCF asserts a core philosophy made manifest in the delivery of service, and a code of conduct that emphasizes dignity in the treatment of employees and patients. The applicant further asserts that when put together, the result is better choices in all practices and enhanced patient care. SNCF comments that Seasons provides educational opportunities to ensure that each employee and volunteer has the tools to succeed in the tasks asked of them. SNCF also comments that Seasons invests in e-learning, virtual classrooms, and bedside orientation as a major part of its quality initiative.

SNCF states that the top two ranked factors that patients reported that lead to a loss of dignity - medical mismanagement and dying in pain – contrast with what the clinicians ranked as most likely to lead to loss of dignity: disrespectful treatment, not having wishes carried out, and



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losing ability to choose<sup>13</sup>. The applicant indicates this study confirms that Seasons focus on the patient and its program strategy *Circle of Care* assure that every patient will have dignity throughout the end-of-life process, pain will be controlled and wishes will be met. The applicant provides a diagram of the Seasons Hospice *Circle of Care* (page 4-7, Figure 4-1 of the application). SNCF indicates pro-active steps taken by Seasons to ensure quality include phone calls to patients such as: team director welcome calls, *Circle of Care* calls by volunteers, quality leadership calls, and *Back to the Bedside* supervisory visits.

The applicant maintains that SNCF will implement an effective quality assessment and performance improvement (QAPI) program that utilizes data to assess outcomes. Further, SNCF will have the required policies and procedures to assure the highest quality of hospice care. Seasons written materials in CON application #10600, Exhibit 4-1, include:

- QAPI 501
- Sentinel Events 502
- Utilization Review Process 5005

The applicant notes that Seasons tracks the results of calls to patients as part of the QAPI program to identify trends and help leadership focus on any opportunities for performance improvement projects. SNCF asserts that this data is analyzed at the site, regional, and national level, allowing insight into the quality of care in real time rather than waiting for post-death family satisfaction data. SNCF reiterates EMR through Cerner *HomeWorks* as well as specialized programs (see item E.2.a. (5) of this report).

As previously stated, Seasons provides hospice services in HSAs 5B, 6A, 10 and 11. Agency records indicate that, statewide, as of the three-year period ending November 20, 2019, Seasons hospice affiliates had a total of one substantiated complaint. Each substantiated complaint can encompass multiple complaint categories. See the table below.

<sup>13</sup> Source is S P Vyjeyanthi, H C Kaermer, and A Noda, Stanford University. 2009. *Creation and the empirical validation of the dignity card-sort tool to assess factors influencing erosion of dignity at life's end*, **Journal of Palliative Medicine**, Dec 12(12): 1125-30.

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**Seasons Hospice & Palliative Care, Inc.,  
Substantiated Complaint History by Category  
Three-Year Period Ending November 20, 2019**

<b>Complaint Category</b>	<b>Number Substantiated</b>
Quality of Care/Treatment	1
Resident/Patient/Client Rights	1

Source: Agency for Health Care Administration Complaint Records

- c. What resources, including health manpower, management personnel, and funds for capital and operating expenditures, are available for project accomplishment and operation? ss. 408.035(1)(d), Florida Statutes.**

**Analysis:**

The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital projects. Our review includes an analysis of the short and long-term position of the applicant, parent, or other related parties who will fund the project. The analysis of the short and long-term position is intended to provide some level of objective assurance on the likelihood that funding will be available. The stronger the short term position, the more likely cash on hand or cash flows could be used to fund the project. The stronger the long-term position, the more likely that debt financing could be achieved if necessary to fund the project. We also calculate working capital (current assets less current liabilities) a measure of excess liquidity that could be used to fund capital projects.

**Amedisys Hospice, LLC (CON application #10596):** Historically we have compared all Amedisys, Inc. (Parent) financial ratios regardless of type to benchmarks established from financial ratios collected from Florida acute care hospitals. While not always a perfect match to a particular CON project it is a reasonable proxy for health care related entities.

Below is an analysis of the audited financial statements for the parent, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

**CON Action Numbers: 10596 through 10600**

<b>10596 - Amedisys, Inc. (Parent)</b>		
	<b>Dec-18</b>	<b>Dec-17</b>
Current Assets	\$224,118,000	\$311,156,000
Total Assets	\$717,118,000	\$813,482,000
Current Liabilities	\$222,476,000	\$215,062,000
Total Liabilities	\$234,485,000	\$297,056,000
Net Assets	<b>\$482,633,000</b>	<b>\$516,426,000</b>
Total Revenues	\$1,662,578,000	\$1,511,272,000
Excess of Revenues Over Expenses	\$120,129,000	\$30,683,000
Cash Flow from Operations	\$223,483,000	\$105,731,000
<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	<b>\$1,642,000</b>	<b>\$96,094,000</b>

<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 \$1,101,799, which consists entirely of this project. The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. The applicant submitted a letter from the parent confirming funding. With \$20.2 million in cash and cash equivalents and \$1.6 million in working capital, the parent has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

**Chapters Health Hospice, Inc. (CON application #10597):** Historically we have compared all Chapters Health System, Inc. (Parent) financial ratios regardless of type to benchmarks established from financial ratios collected from Florida acute care hospitals. While not always a perfect match to a particular CON project it is a reasonable proxy for health care related entities.

Below is an analysis of the audited financial statements for the parent, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

**CON Action Numbers: 10596 through 10600**

<b>10597 Chapters Health System , Inc. (Parent)</b>		
	<b>Dec-18</b>	<b>Dec-17</b>
Current Assets	\$50,160,872	\$48,223,454
Total Assets	\$221,051,228	\$228,923,030
Current Liabilities	\$24,314,248	\$28,835,776
Total Liabilities	\$55,767,103	\$65,789,151
Net Assets	<b>\$165,284,125</b>	<b>\$163,133,879</b>
Total Revenues	\$168,684,850	\$160,396,135
Excess of Revenues Over Expenses	\$3,676,746	\$5,662,390
Cash Flow from Operations	\$10,713,786	\$3,677,615
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	2.1	1.7
Cash Flow to Current Liabilities (CFO/CL)	44.06%	12.75%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	19.0%	22.7%
Total Margin (ER/TR)	2.18%	3.53%
<b>Measure of Available Funding</b>		
Working Capital	<b>\$25,846,624</b>	<b>\$19,387,678</b>

<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 \$321,641, which consists entirely of this project. The applicant indicates on Schedule 3 of its application that funding for the project will be by internal cash and related company financing. The applicant submitted a letter from the parent confirming funding. With parent company resources consisting of \$16.2 million in cash and cash equivalents and \$25.8 million in working capital, funding appears assured for this project.

**Conclusion:**

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

**Hospice of Marion County, Inc. (CON application #10598):**

Historically we have compared all Hospice of Marion County and Affiliates, Inc. (Parent) financial ratios regardless of type to benchmarks established from financial ratios collected from Florida acute care hospitals. While not always a perfect match to a particular CON project it is a reasonable proxy for health care related entities.

Below is an analysis of the audited financial statements for the parent, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

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<b>10598 - Hospice of Marion County and Affiliates, Inc. (Parent)</b>		
	<b>Dec-18</b>	<b>Dec-17</b>
Current Assets	\$10,704,899	\$8,936,423
Total Assets	\$26,789,711	\$25,525,919
Current Liabilities	\$3,574,109	\$3,765,915
Total Liabilities	\$5,883,332	\$6,660,288
Net Assets	\$20,906,379	\$18,865,631
Total Revenues	\$31,383,872	\$29,986,362
Excess of Revenues Over Expenses	\$2,329,120	(\$351,524)
Cash Flow from Operations	\$1,939,378	(\$583,086)
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	3.0	2.4
Cash Flow to Current Liabilities (CFO/CL)	54.26%	-15.48%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	11.0%	15.3%
Total Margin (ER/TR)	7.42%	-1.17%
<b>Measure of Available Funding</b>		
Working Capital	\$7,130,790	\$5,170,508

<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 \$551,968, which includes \$200,000 allocated to this CON. The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. The applicant submitted a letter from the parent confirming funding. With \$5.2 million in cash and cash equivalents and \$7.1 million in working capital, the parent has sufficient resources to fund this project and all capital expenditures and the first year operating loss of \$114.244.

**Conclusion:**

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

**PruittHealth Hospice – 3A, LLC (CON application #10599):**

Historically we have compared all United Health Services, Inc. (Parent) financial ratios regardless of type to benchmarks established from financial ratios collected from Florida acute care hospitals. While not always a perfect match to a particular CON project it is a reasonable proxy for health care related entities.

Below is an analysis of the audited financial statements for the parent, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.



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<b>100599 - United Health Services, Inc. (Parent)</b>		
	<b>Jun-19</b>	<b>Jun-18</b>
Current Assets	\$174,311,000	\$146,731,000
Total Assets	\$743,072,000	\$690,363,000
Current Liabilities	\$252,682,000	\$222,241,000
Total Liabilities	\$651,950,000	\$579,032,000
Net Assets	<b>\$91,122,000</b>	<b>\$111,331,000</b>
Total Revenues	\$1,053,680,000	\$1,008,461,000
Excess of Revenues Over Expenses	<b>(\$18,066,000)</b>	<b>(\$21,038,000)</b>
Cash Flow from Operations	\$13,232,000	\$20,233,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	<b>0.7</b>	<b>0.7</b>
Cash Flow to Current Liabilities (CFO/CL)	<b>5.24%</b>	<b>9.10%</b>
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	<b>438.2%</b>	<b>320.5%</b>
Total Margin (ER/TR)	<b>-1.71%</b>	<b>-2.09%</b>
<b>Measure of Available Funding</b>		
Working Capital	<b>(\$78,371,000)</b>	<b>(\$75,510,000)</b>

<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 \$464,100, which includes \$454,100 allocated to CON 10599. The applicant states that funding will be provided by operating cash flows of

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the parent company, United Health Services, Inc.; however, while the applicant provided a funding letter from PruittHealth describing the funding arrangements, the applicant did not provide a letter from the parent confirming a funding commitment. With \$2.6 million in cash and cash equivalents, the parent has sufficient resources to fund this project.

**Conclusion:**

Funding for this project should be available as needed, if agreed to by the parent company, United Health Services, Inc.

**Seasons Hospice & Palliative Care of North Central Florida, LLC**

**(CON application #10600):** Historically we have compared all Seasons Hospice & Palliative Care of North Central Florida, LLC financial ratios regardless of type to benchmarks established from financial ratios collected from Florida acute care hospitals. While not always a perfect match to a particular CON project it is a reasonable proxy for health care related entities.

Below is an analysis of the audited financial statements for the parent, where the short term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

<b>CON 10600 - Seasons Hospice &amp; Palliative Care of North Central Florida, LLC</b>	
	<b>Oct-19</b>
Current Assets	\$1,500,000
Total Assets	\$1,500,000
Current Liabilities	\$0
Total Liabilities	\$0
Net Assets	\$1,500,000
Total Revenues	\$0
Excess of Revenues Over Expenses	\$0
Cash Flow from Operations	\$0
<b>Short-Term Analysis</b>	
Current Ratio (CA/CL)	N/A
Cash Flow to Current Liabilities (CFO/CL)	N/A
<b>Long-Term Analysis</b>	
Long-Term Debt to Net Assets (TL-CL/NA)	0.0%
Total Margin (ER/TR)	N/A
<b>Measure of Available Funding</b>	
Working Capital	\$1,500,000

**CON Action Numbers: 10596 through 10600**

Position	Strong	Good	Adequate	Moderately Weak	Weak
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 – 1.0	< 1.0
Cash Flow to Current Liabilities	N/A				
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	N/A				

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$789,839, which consists entirely of this project. The applicant is a development stage company with no operations or operating cash flow and no debt. The applicant has \$1,500,000 in cash which it will use to finance the capital and year one operating loss of \$516,163.

**Conclusion:**

Funding for this project should be available as needed from the applicant’s own resources.

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

**Analysis:**

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

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

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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 #10596)  
Revenue Table Year Two December 2022**

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

**CON 10596**

**Amedisys Hospice**

Alachua, Bradford, Columbia, Dixie, Gilchrest, Hamilton,  
Lafayette, Levy, Putnam, Suwannee, and Union Counties

**County:**

**Year Two:**

**Dec-22**

CON 10596	Amedisys Hospice				
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$131.04	0.8373	\$109.72	\$59.67	\$169.39
Routine Home Care 61+ days	\$103.56	0.8373	\$86.71	\$47.16	\$133.87
Continuous Home Care	\$940.24	0.8373	\$787.26	\$428.18	\$1,215.44
Inpatient Respite	\$238.89	0.8373	\$200.02	\$202.43	\$402.45
General Inpatient	\$640.96	0.8373	\$536.68	\$360.39	\$897.07
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.119	\$189.55	\$1,703,949		8,989
Routine Home Care 61+ days	1.119	\$149.81	\$1,703,949		11,374
Continuous Home Care	1.119	\$1,360.12	\$29,666	24	22
Inpatient Respite	1.119	\$450.36	\$50,839		113
General Inpatient	1.119	\$1,003.84	\$114,266		114
		<b>Total</b>	<b>\$3,602,669</b>		<b>20,612</b>
			Days from Schedule 7		22,668
			<b>Difference</b>		<b>2,056</b>
			<b>Percentage Difference</b>		<b>9.07%</b>

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The applicants projected patient days are 9.07 percent or 2.056 days more than the calculated patient days. The applicant did not separate routine home care by number of days. Routine home care is divided equally among routine 1-60 days, and routine 61+ days. If any revenue is for over 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from a loss of \$303,412 in year one to a profit of \$228,049 in year two.

**Conclusion:**

This project appears to be financially feasible, although patient days, and thus revenue, may be overstated.

**Chapters Health Hospice, Inc. (CON application #10597):**

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

**CON 10597**

**Chapters Health Hospice, Inc.**

Alachua, Bradford, Columbia, Dixie, Gilchrest, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties

**County:**

**Year Two:**

**Jun-22**

<b>CON 10597</b>	<b>Chapters Health Hospice, Inc.</b>				
<b>est, Hamilton, Lafayette, Levy</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$131.04	0.8373	\$109.72	\$59.67	\$169.39
Routine Home Care 61+ days	\$103.56	0.8373	\$86.71	\$47.16	\$133.87
Continuous Home Care	\$940.24	0.8373	\$787.26	\$428.18	\$1,215.44
Inpatient Respite	\$238.89	0.8373	\$200.02	\$202.43	\$402.45
General Inpatient	\$640.96	0.8373	\$536.68	\$360.39	\$897.07
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.084	\$183.59	\$1,509,946		8,225
Routine Home Care 61+ days	1.084	\$145.09	\$1,509,946		10,407
Continuous Home Care	1.084	\$1,317.32	\$87,933	24	67
Inpatient Respite	1.084	\$436.18	\$10,688		25
General Inpatient	1.084	\$972.25	\$561,036		577
		<b>Total</b>	<b>\$3,679,549</b>		<b>19,300</b>
			Days from Schedule 7		18,700
			<b>Difference</b>		<b>-600</b>
			<b>Percentage Difference</b>		<b>-3.21%</b>

**CON Action Numbers: 10596 through 10600**

The applicants projected patient days essentially equal calculated patient days. The applicant did not separate routine home care by number of days. Routine home care is divided equally among routine 1-60 days, and routine 61+ days. If any revenue is for over 60 days, the percentage difference gets larger. Operating profits from this project are expected to increase from a loss of \$185,621 in year one to a profit of \$247,251 in year two.

**Conclusion:**

This project appears to be financially feasible.

**Hospice of Marion County, Inc. (CON application #10598):**

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

**CON 10598**

**Hospice of Marion County, Inc.**

Alachua, Bradford, Columbia, Dixie, Gilchrest, Hamilton,  
 County: Lafayette, Levy, Putnam, Suwannee, and Union Counties

Year Two: **Apr-22**

<b>CON 10598</b>	<b>Hospice of Marion County, Inc.</b>				
rest, Hamilton, Lafayette, Levy	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$131.04	0.8373	\$109.72	\$59.67	\$169.39
Routine Home Care 61+ days	\$103.56	0.8373	\$86.71	\$47.16	\$133.87
Continuous Home Care	\$940.24	0.8373	\$787.26	\$428.18	\$1,215.44
Inpatient Respite	\$238.89	0.8373	\$200.02	\$202.43	\$402.45
General Inpatient	\$640.96	0.8373	\$536.68	\$360.39	\$897.07
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.084	\$183.59	\$1,486,458		8,097
Routine Home Care 61+ days	1.084	\$145.09	\$2,324,974		16,024
Continuous Home Care	1.084	\$1,317.32	\$533,755	24	405
Inpatient Respite	1.084	\$436.18	\$109,210		250
General Inpatient	1.084	\$972.25	\$735,251		756
		<b>Total</b>	<b>\$5,189,648</b>		<b>25,533</b>
			Days from Schedule 7		24,808
			<b>Difference</b>		<b>-725</b>
			<b>Percentage Difference</b>		<b>-2.92%</b>

**CON Action Numbers: 10596 through 10600**

The applicants projected patient days are essentially equal to the calculated patient days. Operating profits from this project are expected to increase from a loss of \$706,073 in year one to a profit of \$317,532 in year two.

**Conclusion:**

This project appears to be financially feasible.

**PruittHealth Hospice – 3A, LLC (CON application #10599)**

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

**CON 10599**

**PruittHealth Hospice - 3A, LLC**

**County:**

Alachua, Bradford, Columbia, Dixie, Gilchrest, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties

**Year Two:**

**Dec-22**

<b>CON 10599</b>	<b>PruittHealth Hospice - 3A, LLC</b>				
rest, Hamilton, Lafayette, Levy	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$131.04	0.8373	\$109.72	\$59.67	\$169.39
Routine Home Care 61+ days	\$103.56	0.8373	\$86.71	\$47.16	\$133.87
Continuous Home Care	\$940.24	0.8373	\$787.26	\$428.18	\$1,215.44
Inpatient Respite	\$238.89	0.8373	\$200.02	\$202.43	\$402.45
General Inpatient	\$640.96	0.8373	\$536.68	\$360.39	\$897.07
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.101	\$186.57	\$2,104,032		11,278
Routine Home Care 61+ days	1.101	\$147.45	\$2,104,032		14,270
Continuous Home Care	1.101	\$1,338.70	\$674,798	19.2	403
Inpatient Respite	1.101	\$443.26	\$111,366		251
General Inpatient	1.101	\$988.04	\$248,758		252
		<b>Total</b>	<b>\$5,242,985</b>		<b>26,454</b>
			Days from Schedule 7		25,805
			<b>Difference</b>		<b>-649</b>
			<b>Percentage Difference</b>		<b>-2.51%</b>

The applicant’s projected patient days are negative 2.51 percent or 649 days fewer than the calculated patient days. The applicant did not separate routine home care by number of days. Routine home care is divided equally among routine 1-60 days, and routine 61+ days. If any revenue is for over 60 days, the percentage difference gets smaller.

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Operating profits from this project are expected to increase from a loss of \$735,820 in year one to a profit of \$560,811 in year two.

**Conclusion:**

This project appears to be financially feasible.

**Seasons Hospice & Palliative Care of North Central Florida, LLC  
(CON application #10600):**

HOSPICE REVENUE (Year 2) TABLE 1

CON 10600

Seasons Hospice & Palliative Care of North Central Florida, LLC

County: Alachua, Bradford, Columbia, Dixie, Gilchrest, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties

Year Two: Dec-22

CON 10600		Seasons Hospice & Palliative Care of North Central Florida, LLC				
rest, Hamilton, Lafayette, Levy		Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
<b>Base Rate Calculation</b>						
Routine Home Care 1-60 days		\$131.04	0.8373	\$109.72	\$59.67	\$169.39
Routine Home Care 61+ days		\$103.56	0.8373	\$86.71	\$47.16	\$133.87
Continuous Home Care		\$940.24	0.8373	\$787.26	\$428.18	\$1,215.44
Inpatient Respite		\$238.89	0.8373	\$200.02	\$202.43	\$402.45
General Inpatient		\$640.96	0.8373	\$536.68	\$360.39	\$897.07
<b>Year Two Comparison</b>		<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days		1.101	\$186.57	\$2,167,722		11,619
Routine Home Care 61+ days		1.101	\$147.45	\$2,167,722		14,702
Continuous Home Care		1.101	\$1,338.70	\$589,873	24	441
Inpatient Respite		1.101	\$443.26	\$21,847		49
General Inpatient		1.101	\$988.04	\$970,984		983
			<b>Total</b>	<b>\$5,918,147</b>		<b>27,793</b>
				Days from Schedule 7		22,400
				<b>Difference</b>		<b>-5,393</b>
				<b>Percentage Difference</b>		<b>-24.08%</b>

The applicant's projected patient days are negative 24.08 percent or 5,393 days fewer than the calculated patient days. The applicant did not separate routine home care by number of days. Routine home care is divided equally among routine 1-60 days, and routine 61+ days. If any revenue is for over 60 days, the percentage difference gets smaller.

Operating profits from this project are expected to increase from a loss of \$516,163 in year one to a profit of \$352,341 in year two.



**Conclusion:**

Since the applicant's projected patient days are significantly lower than staff's projections, the project appears financially feasible.

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

**Analysis - applies to all applicants:**

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, this project 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**

There are no construction costs and methods associated with the applicants proposals.

- g. **Does the applicant have a history of providing health services to Medicaid patients and the medically indigent? Does the applicant propose to provide health services to Medicaid patients and the medically indigent? ss. 408.035(1)(i), Florida Statutes.**

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal Regulations 418.108). Hospice care also must be provided regardless of ability to pay and regardless of age, race, religion, sexual orientation, diagnosis, payer source or financial status.

**CON Action Numbers: 10596 through 10600**

**Amedisys Hospice, LLC (CON application #10596)** maintains that the applicant 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.

The applicant references Attachment 19-Amedisys, Inc. Policy on indigent and charity care.

The reviewer generates the following table from the applicant's Schedule 7A, to account for patient days and the percentage of patient days (all by payer source) for year one (ending date not stated) and for year two (ending date not stated) of operations.

**Amedisys Hospice, LLC/CON application #10596  
Year One and Year Two  
Projected Number of Patient Days and Percent of Patient Days by Payer**

	<b>Self-Pay/ Indigent/ Medicaid</b>	<b>Medicare</b>	<b>Insurance</b>	<b>Total</b>
Year One Patient Days	463	7,137	1,668	9,268
Year Two Patient Days	1,133	17,454	4,080	22,668
Percent of Total Year One	5%	77%	18%	100%
Percent of Total Year Two	5%	77%	18%	100%

Source: CON application #10596, Schedule 7A

As shown in the above table, Amedisys projects, total annual patient days, by percentage, as follows:

- 5.0 self-pay/indigent/Medicaid (year one and year two)

Below are the applicant's Medicaid/Medicaid HMO/Uncompensated conditions:

Amedisys' Schedule C-Condition #22:

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

Amedisys' 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

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Amedisys' Schedule C-Condition #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.

**Chapters Health Hospice, Inc. (CON application #10597)** maintains that it is the policy of Chapters to offer all patients access to hospice services if appropriately indicated, consistent with its mission of service to indigent and low-income populations. Chapters further maintains that no person is, or will be, refused service because of age, race, color, creed, religion, disability, diagnosis, sexual orientation, national origin, or ability to pay. The applicant states that while the majority of patient days are projected to be Medicare, Medicaid patient days are expected to represent 6.5 percent of total volume plus an additional 0.6 percent to 0.7 percent of volume associated with self-pay patients. The applicant also states an expectation that 1.5 percent of total revenue will be allocated to support charity/indigent care activity.

The applicant includes CON application #10597, Appendix 7-Chapters Health System Charity Care Policy. The reviewer notes that this charity care policy indicates, in part, that community care a/k/a charity care represents medical services provided to a person for which Chapters has no expectation of receiving full payment.

The reviewer generates the following table from the applicant's Schedule 7A, to account for patient days and the percentage of patient days (all by payer source) for year one (ending date of 2021) and for year two (ending date of 2022) of operations.

**Chapters Health Hospice, Inc./CON application #10597  
Year One and Year Two  
Projected Number of Patient Days and Percent of Patient Days by Payer**

	<b>Self-Pay</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>Commercial Insurance</b>	<b>Total</b>
Year One Patient Days	50	511	6,975	384	7,920
Year Two Patient Days	123	1,213	16,444	920	18,700
Percent of Total Year One	0.6%	6.5%	88.1%	4.8%	100.0%
Percent of Total Year Two	0.7%	6.5%	87.9%	4.9%	100.0%

Source: CON application #10597, Schedule 7A

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As shown in the above table, Chapters projects, total annual patient days, by percentage, as follows:

- 0.6 percent self-pay (year one)
- 0.7 percent self-pay (year two)
- 6.5 percent Medicaid (year one and year two)

The reviewer notes that Chapters' Schedule C does not include a Medicaid/Medicaid HMO/Medicaid Managed Care condition and does not include a self-pay/charity care condition.

The reviewer notes Chapters/Chapters Health System's other financial conditions include:

2. Provide \$75,000 per year, for three years, to the Florida Council on Aging activities to support community-based programs to combat social isolation and support social, mental and physical well-being among the elderly within Service Area 3A counties. This community investment will be allocated as follows.
  - 2A. \$18,750 per year, for three years, for **Suwannee River Economic Council** (serving Bradford, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union Counties) supporting the provision of non-medical transportation for area elderly residents.
  - 2B. \$18,750 per year, for three years, for **ElderCare of Alachua County** (serving Alachua County) supporting an expansion of ElderCare's provision of both on-site served and home delivered meals for both hospice patients and non-hospice patients.
  - 2C. \$18,750 per year, for three years, for **Columbia County Senior Services** (serving Columbia County) for the expansion of Adult Day Care services and programs.
  - 2D. \$18,750 per year, for at least three years, for the **Elder Options** (Lead Agency for FCOA within Service Area 3A) PEARLS program, supporting Elder Options' evidence-based depression management program for late-life depression.
3. Provide educational grants totaling \$30,000 over three years to students (medical, nursing, nursing aide, other clinical/ health care students) residing in Service Area 3A with study focused on hospice and end-of-life care issues.

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**Hospice of Marion County, Inc. (CON application #10598)** states already being a key community provider of health care to Medicaid patients and the medically indigent, stating that over five percent of HMC's hospice patients have Medicaid as their primary insurer. HMC is willing and able to serve more in HSA 3A (see the applicant's Schedule C-Condition #1) if the patient demand is present.

HMC indicates it has a "Wishing Well Fund" to pay for equipment for patients that are not typically covered by insurance. HMC states working with local community agencies to identify and service the homeless population, including providing them with special accommodations and equipment to meet their needs. HMC further states that it does not charge its Medicaid patients for room and board at its existing hospice facilities in District 3A<sup>14</sup>, as HMC understands that these patients are not covered by Medicaid for the fees and do not have the means to pay out of pocket. HMC asserts that these are all services that Carewell will extend to District 3A.

The applicant states that in total, HMC provides free care to the community totaling approximately \$550,000 on an annual basis.

Commitment to serving the homeless and those without a primary care giver (Schedule C-Conditions #2 and #3, respectively) are briefly restated.

CON application #10598 includes two Schedule 7As – one being for expansion services only (CNF) and the other for combined operations (HMC and CNF). The reviewer generates the following table from the applicant's Schedule 7A specific to expansion services (CNF), to account for patient days and the percentage of patient days (all by payer source) for year one (ending date of 2021) and for year two (ending date of 2022) of operations.

<sup>14</sup> The reviewer notes the applicant's intent was to cite District 3B as HMC is not licensed to provide hospice services in HSA 3A.

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**Hospice of Marion County, Inc./CON application #10598  
Expansion Hospice Services of Carewell of Northern Florida in HSA 3A  
Year One and Year Two**

**Projected Number of Patient Days and Percent of Patient Days by Payer**

	<b>Self-Pay</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>Commercial Insurance</b>	<b>Total</b>
Year One Patient Days	154	769	13,993	461	15,377
Year Two Patient Days	248	1,240	22,575	744	24,808
Percent of Total Year One	1%	5%	91%	3%	100%
Percent of Total Year Two	1%	5%	91%	3%	100%

Source: CON application #10598, Schedule 7A

Notes to the applicant’s Schedule 7A indicate that CNF considers self-pay patients to represent charity care for the organization.

As shown in the above table and notes, CNF projects, total annual patient days, by percentage, as follows:

- One percent self-pay/charity (year one and year two)
- Five percent Medicaid (year one and year two)

The reviewer notes that as indicated previously, the applicant’s Schedule 10 indicates initiation of service on May 1, 2019. Therefore, the applicant’s Schedule 7A and Schedule 10 do not agree on operational beginning dates.

Below is HMC’s Medicaid condition.

HMC’s Schedule C-Condition #1:

Carewell of Northern Florida agrees to condition the award of this CON application upon the following:

**1. Commitment to Serve the Medicaid Population**

Carewell of Northern Florida commits to making at least five percent of its projected patient volume available for Medicaid patients. This is a commitment to provide five percent of our annual care by patient admissions to Medicaid patients, although the actual percentage of volume will be dictated by patient demand. However, we are committing to ensuring the patient mix will be served if the demand is present.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** points out that as an entity formed for the purpose of establishing a hospice program in HSA 3A, PH3-A has no history of providing health services to Medicaid patients and the medically indigent. However, PH3-A also point out being a part of the PruittHealth family of providers, which includes 25 (non-Florida) hospice agencies, all having a demonstrated history and commitment to the Medicaid population, averaging approximately five

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percent Medicaid and one percent indigent. PH3-A states that, "...during this past year" PruittHealth Hospice as a division of PruittHealth provided nearly one quarter million dollars in unfunded hospice care.

PH3-A notes that under Medicare Conditions of Participation, all hospices are required to admit patients without regard to the patient's ability to pay and that PruittHealth Hospice admissions policy clearly dictates, PruittHealth Hospice-3A will not discriminate against anyone based on race, sex, religion, national origin, physical handicap, or diagnosis, payment source, and/or any other circumstance or physical condition which classify the individual as underserved and thereby demonstrates its commitment to serving the indigent population of HSA 3A.

PH3-A states that the proposed project will be Medicare and Medicaid certified and will service patients with VA benefits, private insurance, private resources or with no resources at all to pay for hospice care (page 92 of the application).

The applicant provides the following table to represent the payer mix for year one and for year two (total patient days for each year and percent of patient days for each year).

**PruittHealth Hospice – 3A Patient Days by Payer  
Years One and Two**

<b>Payer</b>	<b>Year One</b>	<b>Year Two</b>	<b>Percent of Total</b>
Medicare	6,201	23,225	90.0%
Medicaid	500	1,871	7.3%
Private Insurance	69	258	1.00%
Indigent	121	452	1.8%
<b>Total</b>	<b>6,890</b>	<b>25,805</b>	<b>100.0% *</b>

Source: CON application #10599, page 160

NOTE: \* The reviewer notes that arithmetically, this percentage totals 100.1.

The reviewer generates the following table from the applicant's Schedule 7A, to account for patient days and the percentage of patient days (all by payer source) for year one (no time frame provided) and for year two (no time frame provided) of operations.

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**PruittHealth Hospice 3-A, LLC (CON application #10599)  
Year One and Year Two  
Projected Number of Patient Days and Percent of Patient Days by Payer**

	<b>Third Party *</b>	<b>Medicare</b>	<b>Medicaid</b>	<b>Charity</b>	<b>Total</b>
Year One Patient Days	69	6,201	500	121	6,890
Year Two Patient Days	258	23,225	1,871	452	25,805
Percent of Total Year One	1.0%	90.0%	7.3%	1.8%	100.0% **
Percent of Total Year Two	1.0%	90.0%	7.3%	1.8%	100.0% ***

Source: CON application #10597, Schedule 7A

NOTE: \* The reviewer notes that "Third Party" is not defined or otherwise identified in notes to the applicant's Schedule 7A.

\*\* The reviewer notes that arithmetically, this total is 100.1

\*\*\* The reviewer notes that arithmetically, this total is 100.1

As shown in the above table, PH3-A projects, total annual patient days, by percentage, as follows:

- 1.0 percent third-party (year one and year two)
- 1.8 percent charity care (year one and year two)
- 7.3 percent Medicaid (year one and year two)

The reviewer notes that PH3-A's Schedule C does not include a Medicaid/Medicaid HMO/Medicaid Managed Care condition and does not include a self-pay/charity care condition.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** states that the applicant has no operations and is a developmental stage enterprise that was established to respond to the published need for a hospice program in HSA 3A.

The reviewer notes that SNCF provides a table (page 9-1, Table 9-1 of the application) that the applicant indicates shows payer information from 2016 - 2018 for all of Seasons Florida hospice affiliates, in aggregate (for the years that each of Seasons four Florida hospices have operated). The applicant states that this payer information is reported to Florida's DOEA. SNCF states that the average among all programs demonstrates Season's historical contribution to Medicaid and uncompensated care in Florida, with all four of its Florida hospice programs providing care to individuals with Medicaid as a payer, as well as providing uncompensated care. The reviewer notes that based on a perusal of the applicant's table, in aggregate, Seasons Florida hospice affiliates have reported highest-to-lowest Medicaid percentages and highest-to-lowest uncompensated care percentages, 2016 - 2018, as follows:

- Medicaid
  - 2.02 percent (in 2018)
  - 1.00 percent (in 2016)



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- Uncompensated
  - 2.00 percent (in 2016)
  - 1.07 percent (in 2018)

SNCF states that, in 2018, Seasons provided \$5 million in charity care (page 1-2 of the application).

SNCF indicates that for the proposed project (year one and year two), medically indigent days are included as part of the self-pay days, account for one (1.0) percent of the total payer mix and represent deduction from revenue. See the table below.

**SNCF, LLC (CON application #10600)  
Patient Days, First Two Years by Payer**

Payer	Patient Days		Percent Days
	Year One	Year Two	
Medicare	8,551	20,384	91.0%
Medicaid	376	896	4.0%
Insurance	282	672	3.0%
<b>Self-Pay</b>	<b>188</b>	<b>448</b>	<b>2.0%</b>
<b>Total</b>	<b>9,397</b>	<b>22,400</b>	<b>100.0%</b>

Source: CON application #10600, page vi, PS-2, page 3-19, Table 3-2 and page 9-2, Table 9-2

The reviewer generates the following table from the applicant’s Schedule 7A, to account for patient days and the percentage of patient days (all by payer source) for year one (ending December 31, 2021) and for year two (ending December 31, 2022) of operations.

**SNCF, LLC (CON application #10600)  
Year One and Year Two  
Projected Number of Patient Days and Percent of Patient Days by Payer**

	Self-Pay	Medicaid	Medicare	Commercial Insurance	Total
Year One Patient Days	188	376	8,551	282	9,397
Year Two Patient Days	448	896	20,384	672	22,400
Percent of Total Year One	2.0%	4.0%	91.0%	3.0%	100.0%
Percent of Total Year Two	2.0%	4.0%	91.0%	3.0%	100.0%

Source: CON application #10600, Schedule 7A

As shown in the above table and from the applicant’s narrative on page 9-2 of the application, SNCF projects, total annual patient days, by percentage, as follows:

- 2.0 percent self-pay/medically indigent (year one and year two) – broken down for each year as:
  - 1.0 percent self-pay
  - 1.0 percent medically indigent
- 4.0 percent Medicaid - year one and year two

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The reviewer notes that SNCF's Schedule C does not include a Medicaid/Medicaid HMO/Medicaid Managed Care condition and does not include a self-pay/charity care condition.

The reviewer notes the SNCF's/Seasons other financial conditions, as followings (by condition #):

7. Seasons establishes an ongoing **Homeless Program** in Hospice Service Area 3A to offer shelter and comfort for homeless hospice patients in their final days. Seasons commits to initial funding of \$100,000 during the first three years (\$15,000 in year one, \$30,000 in year two, and \$55,000 in year three) to the **GRACE for the Homeless (Gainesville Region/Alachua County Empowerment)** and the **Homeless Services Network of Suwannee Valley**. Housing vouchers will be offered based on individual needs and resources from subsidizing rent to supporting the entire expense for monthly assisted living facility care.
11. Seasons donates **\$25,000** per year to Seasons Hospice Foundation restricted to **Wish Fulfillment** (funding of wishes that enhance quality of life), **Emergency Relief** (funding basic needs such as food and shelter), and **Camp Kangaroo** (children's grief camp) for Area 3A residents.

### F. SUMMARY

**Amedisys Hospice, LLC (CON application #10596)** also referenced as 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 applying to establish a new hospice program in HSA 3A. AH is an affiliate of and parented by Amedisys, Inc. (or AI). AI acquired Compassionate Care Hospice (CCH) 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 2A and 10.

The applicant proposes \$1,101,799 in total project costs.

Pursuant to project approval, Amedisys offers a total of 24 Schedule C conditions.

**Chapters Health Hospice, Inc. (CON application #10597)** is a newly formed Florida entity, established for the purposes of submitting this CON application, to establish a new hospice program in HSA 3A. CHH is

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an affiliate of not-for-profit Chapters Health System (CHS), an existing provider of hospice services in the following HSAs: 3C, 3D, 5A, 6A, 6B and 9B.

The applicant proposes \$321,656 in total project costs.

Pursuant to project approval, CHH offers a total of 19 Schedule C conditions.

**Hospice of Marion County, Inc. d/b/a Carewell of Northern Florida (CON application #10598)**, proposes to establish a new hospice program in HSA 3A. Carewell of Northern Florida, also referenced as Carewell or CNF, is a newly formed entity established to submit this CON application for the purpose of this proposal. Hospice of Marion County, Inc., also referenced as HMC, is the parent and is a not-for-profit provider of hospice services in HSA 3B.

The applicant proposes \$476,966.75 in total project costs.

Pursuant to project approval, HMC d/b/a CNF offers a total of 11 Schedule C conditions.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** is a for-profit developmental entity and part of the PruittHealth, Inc. health care group, which proposes to provide all the administrative-related responsibilities for the proposed HSA 3A hospice project. PruittHealth provides hospice services in Georgia, North Carolina and South Carolina.

PruittHealth also proposes to establish new hospice programs in HSAs 2A and 6A in this batching cycle.

The applicant proposes \$454,100 in total project costs.

Pursuant to project approval, PH3-A offers a total of 13 Schedule C conditions.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)**, a for-profit newly formed/development stage entity, proposes to establish a new hospice program in HSA 3A. SNCF is an affiliate of Seasons Hospice and Palliative Care, Inc., (Seasons or SHPC), an existing provider of hospice services in the following HSAs: 5B, 6A, 10 and 11.

Pursuant to Final Order in DOAH Case Number 18-4986CON, issued October 16, 2019, the Agency issued on October 17, 2019 CON #10537 to SHPC's Seasons Hospice and Palliative Care of Pasco County, LLC, to provide hospice services in HSA 5A. As of November 20, 2019 Seasons had not yet acquired licensure to begin hospice operations in HSA 5A.

The applicant proposes \$789,839 in total project costs.

Pursuant to project approval, Seasons offers a total of 14 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 3A. **Each** applicant's major argument(s) in support of need for their respective proposal is briefly summarized below.

**Amedisys Hospice, LLC (CON application #10596)** states plans to remedy/address the following unmet hospice need in the area sufficient to grant project approval:

- Three groups have been identified as experiencing unmet hospice need in the area:
  - Persons with end-stage heart, pulmonary, dementia and Alzheimer's Diseases
  - Rural access communities
  - The African/American community
- Case Mix Index for CY 2016-2018 discharges from hospitals to hospices is detailed
- Discharges from hospitals to hospice for Black/African Americans declined by -3.0 percent annually whereas discharges to hospice for All Races increased 6.1 percent
  - During the last two data years of 2017 and 2018, Black/ African Americans had fewer discharges to hospice, -3.7 percent, compared to a -0.7 percent decrease for All Races
- Regarding the Black/African American community in the area:
  - Black/African American patients residing in HSA 3 were discharged from hospitals to hospice at a rate of 1.1 percent whereas All Other Races and the All Races Total reflected percentages of 2.3 percent and 2.0 percent, respectively
  - In comparison, Florida's Black/African American patients were discharged to hospice from hospitals at a rate of 1.4 percent

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- Black/African American patients residing in HSA 3A were discharged from hospitals to hospice at a rate -33.3 percent lower than Black/African Americans statewide
- End-Stage Heart Disease represented 9.8 percent of all Black/African American admissions to hospice and 9.9 percent of the admissions to hospice by All Races. These rates are slightly lower than state figures and suggest an area of unmet need
- End-Stage Pulmonary Disease is another service line that indicates a well-utilized hospice service by Black/African Americans when compared to Statewide use patterns. In HSA 3A, Black/African Americans had a 6.5 percent admission rate to hospice and 9.5 percent of All Races admissions for End-Stage Pulmonary Disease. These levels are higher than the comparable Florida percentages of 5.6 percent for Black/African American hospice admissions and only 7.6 percent for All Races' admissions to hospice

The applicant forecasts 183 admissions in year one and 354 admissions in year two of operation.

**Chapters Health Hospice, Inc. (CON application #10597)** states plans to remedy/address the following unmet hospice need in the area sufficient to grant project approval:

- Lower population density in more rural parts of the service area
- Higher percentages of poverty rates in each of the 11 counties in the service area compared to Florida overall
- Higher percentages of persons without health insurance (under age 65+) in the counties of Lafayette, Levy, Putnam and Suwannee, compared to Florida overall
- Higher percentages of Black/African American residents in the counties of Alachua, Bradford, Columbia and Union, compared to Florida overall
- There is significant variance among Hispanic/Latino residents among and between the 11 counties in the service area
- There are pockets of high Veteran populations among and between the counties in the service area
- Issues of an overall lack of Open Access
- Unusually high Medicare Death Service Ratios for the service area overall when compared to Florida overall, but particularly high in the counties of Columbia, Dixie, Hamilton, Lafayette, Levy, Putnam, Suwannee and Union
- Socially isolated populations, especially the elderly (age 65+)

The applicant forecasts 170 admissions in year one and 340 admissions in year two of operation.

**Hospice of Marion County, Inc. (CON application #10598)** states plans to remedy/address the following unmet hospice need in the area sufficient to grant project approval:

- Palliative care
- Patients without a primary caregiver
- Minority populations/community outreach and education
- African Americans
  - With this population being 18 percent of the service area population compared to 17 percent for Florida overall
    - Particularly concentrated in the counties of Alachua, Columbia and Union
    - High percentages (on lower totals) in the counties of Bradford, Hamilton and Union
- Veterans
  - With this population being 7.6 percent of the service area population compared to 6.7 percent for Florida overall
    - Composing a larger segment of rural populations in the area
- Homeless
  - With this population being 0.2 percent of the service area population compared to 0.1 percent for Florida overall
- Incarcerated persons
  - With this population being about 3.5 percent (3,468 incarcerated persons per 100,000 residents in the service area), reflective of an extremely high incarceration rate
    - Compared to an overall Florida rate of 0.51 percent per 100,000 residents
    - Compared to a national rate of 0.47 percent per 100,000 residents

The applicant forecasts 320 admissions in year one and 517 admissions in year two of operation.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** states plans to remedy/address the following unmet hospice need in the 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)
- For the 12 months ending June 30, 2019 HSA 3A ranks fourth lowest in overall hospice penetration compared to every other HSA in Florida
  - For the same period, HSA 3’a hospice penetration rates amongst residents age 65+ are much lower than statewide rates

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- In 2018, compared to Florida’s overall hospice penetration rates, HSA 3A’s penetration rates were:
  - 11 percent lower for those age 65+ with a primary diagnosis of cancer
  - 11.9 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:
  - Rural population including those who reside within nine of 11 Subdistrict 3A counties. Specific rural minority groups are also underserved
    - In CY 2018, the nine rural counties in HSA 3A accounted for:
      - 44.3 percent of HSA 3A’s total population but correspondingly accounted for 53.8 percent of the deaths in HSA 3A
    - In CY 2018, the remaining two counties in HSA 3A (the urban counties of Alachua and Putnam), accounted for:
      - 55.7 percent of HSA 3A’s total population but correspondingly accounted for 46.2 percent of the deaths in HSA 3A
  - Collaboration with HSA 3A’s Rural Health Partnership to address the health care needs of rural areas is needed
  - Veteran population (for the 12 months ending September 30, 2019 in HSA 3A with a statewide veteran population of 8.5 percent for age 18+ and 17.9 percent for age 65+)
    - The total age 18+ veteran population was 9.5 percent and the age 65+ veteran population was 21.2 percent of the total HSA 3A population
  - Veterans who reside in rural areas (for the 12 months ending September 30, 2019 in HSA 3A with statewide veteran population of 8.5 percent for age 18+ and 17.9 percent for age 65+)
    - The total age 18+ veteran population was 11.0 percent and the age 65+ veteran population was 23.6 of the total HSA 3A rural county population
  - Terminally-ill with several specific diseases
    - PruittHealth Hospice has disease-specific programming to address the leading causes of death in the area, per 2018 death data

The applicant forecasts 191 admissions in year one and 492 admissions in year two of operation.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** states plans to remedy/address the following unmet hospice need in the 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)
- Lack of choice and service from existing hospice providers
- Performed a local community health needs assessment to reach out to communities in the service area
- Experience in entering large rural markets
  - HSA 3A covers the largest square miles (6,843) but has the 3<sup>rd</sup> smallest population density (88.0) of any HSA in Florida
- HSA 3A's Suwannee County has the 4<sup>th</sup> largest population (44,879 residents as of April 1, 2018) and the fastest growing by population (8.0 percent from 2010 to April 1, 2018) of the service area's 11 counties and is the largest county by population toward the northwest of the service area
- Existing hospice providers in the service area already have a physical presence (main or satellite offices) in the counties of Alachua, Columbia, Levy and Putnam – but no physical presence (no satellite offices) in Suwannee County
  - Suwannee is classified as a rural county and is one of the four counties in the service area which Seasons conditions to establish a physical presence in the first year of operation, the other rural county conditioned for a physical presence being Levy County in the first year (Alachua and Putnam are urban counties also set for a physical presence)
- Proposing a wide range of services that are not specifically covered by private insurance, Medicaid or Medicare – including, among others, Seasons' nationally recognized Music Therapy Program
- A 24/7 call center and utilization of real-time telemedicine technology, such as electronic medical records through Cerner *HomeWorks* as well as RoadNotes (a notebook platform) – to better tie contractors, employees and volunteers together allowing for faster and more accurate responses
- Having a history of higher percentages of continuous care so that patients may die at home – where they are more comfortable, with family and in more familiar surroundings
- As of 2019, five-year population growth projections indicate that the elderly (age 65+) in the service area is growing at 16.0 percent compared to a statewide age 65+ growth rate of 14.6 percent for the same period



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- As of 2018, children (residents age 19 and under) in the service area represented 1.7 percent of total deaths in HSA 3A, whereas the corresponding statewide children’s death rate was 1.2 percent for the same period
- As of 2017, Black/African American residents in the service area represented 18.4 percent of the total population in HSA 3A, whereas the corresponding statewide Black/African American population was 17.6 percent for the same period
  - In 2018, the Black/African American hospice penetration rate in HSA 3A was 36.6 percent compared to a statewide penetration rate of 45.5 percent
- As of 2017, Hispanic residents in the service area represented 8.5 percent of the total population in HSA 3A, whereas the corresponding statewide Hispanic population was 25.4 percent for the same period
  - In 2018, the Hispanic hospice penetration rate was 60.8 percent compared to a statewide penetration rate of 61.3 percent
- Efforts to address the lower penetration rates particularly among Black/African Americans but also to a lesser extent Hispanics in the service area will be through, in part:
  - Conditioning to establish an African-American and Hispanic Advisory Board, with a minimum of one African-American and one Hispanic board member
  - Conditioning to have a chaplain with expertise in the African-American community and providing a minimum of six workshops held in African-American churches per year – including “church chats”
- Seasons has a history of having racially and ethnically diverse patients and staff
- As of 2019, the rate of homelessness in the service area was 2.2 per 1,000 population, compared to a corresponding statewide rate of homelessness of 1.4 per 1,000 population, with the single highest concentration of homeless in Alachua County but additionally, homelessness greater than 2.2 per 1,000 in the following counties: Alachua, Columbia, Hamilton, Lafayette and Suwannee
- Efforts to address homelessness in the service area will be addressed, in part, through Schedule C-Condition #7

The applicant forecasts 171 admissions in year one and 345 admissions in year two of operation.

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*CON application #10597, Chapters Health Hospice, Inc., on balance, best satisfied the statutory and rule criteria for an additional hospice provider in HSA 3A pursuant to published need—this included identifying the proposed populations that are being underserved for hospice, proposed services to make hospice accessible and available to underserved populations which will enhance access to hospice services in July 2020 or within 120 days of receiving the final order approving the CON, and demonstrating strong community support from HSA 3A health organizations, social services organizations and other entities. Chapters Health Hospice, Inc. included a letter from Haven Hospice, a 3A hospice provider endorsing Chapter’s proposed 3A program. (During the 12 months ending June 30, 2019 - Haven Hospice had the vast majority of SA resident admissions provided by the three SA programs).*

### **Quality of Care:**

**Each** co-batched applicant offered evidence of its ability to provide quality care.

**Amedisys Hospice, LLC (CON application #10596):** Agency records indicate that, in AI’s s 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.

**Chapters Health Hospice, Inc. (CON application #10597):** Agency records indicate that, in its six Chapters Health System affiliated hospice programs spread among six HSAs, as of the three-year period ending November 20, 2019, Chapters hospice affiliates had a total of six substantiated complaints.

**Hospice of Marion County, Inc. (CON application #10598):** Agency records indicate that, in its sole hospice program, as of the three-year period ending November 20, 2019, Hospice of Marion County, Inc. had a total of zero substantiated complaints.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** 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”

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- 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

**Seasons Hospice & Palliative Care of North Central Florida, LLC**

**(CON application #10600):** Agency records indicate that, in its four Seasons' affiliated hospice programs spread among four HSAs, as of the three-year period ending November 20, 2019, Seasons hospice affiliates had a total of one substantiated complaint.

**Financial Feasibility/Availability of Funds:**

Strictly, from a financial perspective, **none** of the proposed HSA 3A co-batched projects will have a material impact on price-based competition.

**Amedisys Hospice, LLC (CON application #10596)**

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated

**Chapters Health Hospice, Inc. (CON application #10597)**

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible

**Hospice of Marion County, Inc. (CON application #10598)**

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible

**PruittHealth Hospice – 3A, LLC (CON application #10599)**

- Funding for this project should be available as needed, if agreed to by the parent company, United Health Services, Inc.
- This project appears to be financially feasible

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)**

- Funding for this project should be available as needed from the applicant's own resources
- Since the applicant's projected patient days are significantly lower than staff's projections, the project appears financially feasible

**Medicaid/Indigent/Charity Care:**

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal Regulations 418.108). Hospice care also must be provided regardless of ability to pay and regardless of age, race, religion, sexual orientation, diagnosis, payer source or financial status.

**Amedisys Hospice, LLC (CON application #10596)** proposes total annual patient days, as follows:

- 5.0 self-pay/indigent/Medicaid (year one and year two)

Amedisys' Schedule C-Condition #22 indicates:

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

Amedisys' Schedule C-Condition #24 indicates:

- 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

Amedisys'/AI's other Schedule C financial conditions are as follows (by heading and then condition #):

**Staffing and Staff Development**

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.

**Finance Commitments to Enhance Financial Access**

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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**Chapters Health Hospice, Inc. (CON application #10597)** proposes total annual patient days, as follows:

- 0.6 percent self-pay (year one)
- 0.7 percent self-pay (year two)
- 6.5 percent Medicaid (year one and year two)

The applicant offers no Schedule C Medicaid/Medicaid HMO/Medicaid Managed Care condition and does not offer a self-pay/charity care condition.

The reviewer notes Chapters/Chapters Health System's other financial conditions, as follows (by condition #):

2. Provide \$75,000 per year, for three years, to the Florida Council on Aging activities to support community-based programs to combat social isolation and support social, mental and physical well-being among the elderly within Service Area 3A counties. This community investment will be allocated as follows.
  - 2A. \$18,750 per year, for three years, for **Suwannee River Economic Council** (serving Bradford, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union Counties) supporting the provision of non-medical transportation for area elderly residents.
  - 2B. \$18,750 per year, for three years, for **ElderCare of Alachua County** (serving Alachua County) supporting an expansion of ElderCare's provision of both on-site served and home delivered meals for both hospice patients and non-hospice patients.
  - 2C. \$18,750 per year, for three years, for **Columbia County Senior Services** (serving Columbia County) for the expansion of Adult Day Care services and programs.
  - 2D. \$18,750 per year, for at least three years, for the **Elder Options** (Lead Agency for FCOA within Service Area 3A) PEARLS program, supporting Elder Options' evidence-based depression management program for late-life depression.
3. Provide educational grants totaling \$30,000 over three years to students (medical, nursing, nursing aide, other clinical/ health care students) residing in Service Area 3A with study focused on hospice and end-of-life care issues.

**Hospice of Marion County, Inc./CON application #10598** proposes, for the expansion of CNF into HSA 3A, total annual patient days, by percentage, as follows:

- One percent self-pay/charity (year one and year two)
- Five percent Medicaid (year one and year two)

HMC's/CNF's Schedule C-Condition #1 indicates a Medicaid condition, as follows:

- **Commitment to Serve the Medicaid Population**

Carewell of Northern Florida commits to making at least five percent of its projected patient volume available for Medicaid patients. This is a commitment to provide five percent of our annual care by patient admissions to Medicaid patients, although the actual percentage of volume will be dictated by patient demand. However, we are committing to ensuring the patient mix will be served if the demand is present.

The reviewer notes HMC's/CNF's other financial conditions, as follows (by condition #):

- 7. **Specialized Dementia Training:**

Understanding the growing patient population and unique care needs for patients with dementia, Carewell is committed to providing additional training and education to area providers, facilities, and families as part of its hospice operations in District 3A. This training/education will include the Virtual Dementia Tour® (VDT) that Hospice of Marion County currently provides for both its staff and the community in District 3B. We are committing \$25,000 in funds to support this education initiative in District 3A over the first 24 months of operations.

**PruittHealth Hospice – 3A, LLC (CON application #10599)** proposes total annual patient days (for both year one and year two), as follows:

- 1.0 percent third-party
- 1.8 percent charity care
- 7.3 percent Medicaid

The applicant offers no Schedule C Medicaid/Medicaid HMO/Medicaid Managed Care condition and does not offer a self-pay/charity care condition.

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10600)** proposes, total annual patient days, as follows:

- 2.0 percent self-pay/medically indigent (year one and year two) – broken down for each year as:
  - 1.0 percent self-pay
  - 1.0 percent medically indigent
- 4.0 percent Medicaid - year one and year two

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The applicant offers no Schedule C Medicaid/Medicaid HMO/Medicaid Managed Care condition and does not offer a self-pay/charity care condition.

The reviewer notes the SNCF's/Seasons other financial conditions, as followings (by condition #):

7. Seasons establishes an ongoing **Homeless Program** in Hospice Service Area 3A to offer shelter and comfort for homeless hospice patients in their final days. Seasons commits to initial funding of \$100,000 during the first three years (\$15,000 in year one, \$30,000 in year two, and \$55,000 in year 3) to the **GRACE for the Homeless (Gainesville Region/Alachua County Empowerment)** and **the Homeless Services Network of Suwannee Valley**. Housing vouchers will be offered based on individual needs and resources from subsidizing rent to supporting the entire expense for monthly assisted living facility care.
11. Seasons donates **\$25,000** per year to Seasons Hospice Foundation restricted to **Wish Fulfillment** (funding of wishes that enhance quality of life), **Emergency Relief** (funding basic needs such as food and shelter), and **Camp Kangaroo** (children's grief camp) for Area 3A residents.

**G. RECOMMENDATION**

Approve CON #10597 to establish a new hospice program in Hospice Service Area 3A. The total project cost is \$1,101,799.

**CONDITIONS:**

1. Establish an Open Access Program for adults and pediatric hospice patients in Service Area 3A.  
*Compliance will be documented by submission to AHCA of a yearly report identifying resources and services provided to Service Area 3A patients in support of this Open Access Program.*
2. Provide \$75,000 per year, for three years, to the Florida Council on Aging activities to support community-based programs to combat social isolation and support social, mental and physical well-being among the elderly within Service Area 3A counties. This community investment will be allocated as follows.



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2A. \$18,750 per year, for three years, for **Suwannee River Economic Council** (serving Bradford, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union Counties) supporting the provision of non-medical transportation for area elderly residents.

2B. \$18,750 per year, for three years, for **ElderCare of Alachua County** (serving Alachua County) supporting an expansion of ElderCare's provision of both on-site served and home delivered meals for both hospice patients and non-hospice patients.

2C. \$18,750 per year, for three years, for **Columbia County Senior Services** (serving Columbia County) for the expansion of Adult Day Care services and programs.

2D. \$18,750 per year, for at least three years, for the **Elder Options** (Lead Agency for FCOA within Service Area 3A) PEARLS program, supporting Elder Options' evidence-based depression management program for late-life depression.

*Compliance will be documented by submission to AHCA of a yearly report identifying resources provided in support of this condition.*

3. Provide educational grants totaling \$30,000 over three years to students (medical, nursing, nursing aide, other clinical/ health care students) residing in Service Area 3A with study focused on hospice and end-of-life care issues.

*Compliance will be documented by submission to AHCA of a yearly report identifying funding provided to Service Area 3A students in support of this condition.*

4. Establish three hospice office locations in Live Oak (Suwannee County), Palatka (Putnam County) and Alachua/High Springs (Alachua County) to enhance access to hospice care throughout Service Area 3A.

*Compliance will be documented by submission to AHCA of a yearly report identifying the location of hospice office locations.*

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5. Expand the existing Chapters Health Foundation activity and operations into Service Area 3A specifically to provide support for Service Area 3A unfunded, wish fulfillment and safety in the home programs, similar to existing Foundation activity in support of other Chapter affiliates.

*Compliance will be documented by submission to AHCA of a yearly report identifying Foundation fundraising and funding activity within Service Area 3A.*

6. Gain Joint Commission accreditation for the proposed Service Area 3A hospice program within 18 months of initial licensure.

*Compliance will be documented by submission to AHCA of documentation showing the Joint Commission accreditation of the proposed hospice program.*

7. Establish COPD and CHF programs in Service Area 3A, including telemedicine/telemonitoring support, in support of end-of-life and hospice patient care.

*Compliance will be documented by submission to AHCA of a yearly report identifying COPD and CHF program activity within Service Area 3A.*

8. Establish a community-based palliative care service (advanced illness management program) in Service Area 3A upon identification of a provider or payer partner.

*Compliance will be documented by submission to AHCA of palliative care program activity within Service Area 3A.*

9. Establish a "No One Dies Alone" program within Service Area 3A.

*Compliance will be documented by submission to AHCA of a yearly report identifying "No One Dies Alone" program activity within Service Area 3A.*

10. Establish a bereavement outreach program in support of Service Area 3A Chapters patients and families as well as in support of Service Area patients not aligned/affiliated with the proposed Chapters program.

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*Compliance will be documented by submission to AHCA of a yearly report identifying bereavement program activity within Service Area 3A.*

11. Establish complementary care services in support of end-of-life and hospice care services and activities including aromatherapy, pet volunteers and visitation, music activities, comfort touch activities, art activities and a Reiki program.

*Compliance will be documented by submission to AHCA of a yearly report identifying complementary care activities provided within Service Area 3A.*

12. Establish a Pediatric Hospice program and a Concurrent Care for Medically Complex Children program in Service Area 3A.

*Compliance will be documented by submission to AHCA of a yearly report identifying pediatric hospice care activity provided within Service Area 3A.*

13. Provide a Children's Camp in Service Area 3A within the first year of operation.

*Compliance will be documented by submission to AHCA of a yearly report identifying Children's Camp care activity provided within Service Area 3A.*

14. Provide inpatient hospice services through collaboration with inpatient providers (hospitals, SNFs, ALFs), as appropriate.

*Compliance will be documented by submission to AHCA of a yearly report identifying inpatient services provided at inpatient providers within Service Area 3A.*

15. Establish a We Honors Veterans Program in Service Area 3A.

*Compliance will be documented by submission to AHCA of a yearly report identifying veterans support activities provided within Service Area 3A.*

16. Begin operations no later than July 2020 if there is no appeal, or no more than 120 days following final CON approval of the project, should the initial Agency decision be appealed.

**CON Action Numbers: 10596 through 10600**

*Compliance will be documented by submission to AHCA of a timeline defining the dates of initiating operations for the Service Area 3A program.*

17. Extend Chapters' existing Care Navigation, pharmacy, durable medical equipment and HospiceHelp24® services provided to Chapters' hospice affiliates into Service Area 3A to establish a 24/7 centralized intake function for all Chapters interactions/requests and enhance and expand the quality and scope of services provided to Service Area 3A residents.

*Compliance will be documented by submission to AHCA of a yearly report identifying Care Navigation, pharmacy, durable medical equipment and HospiceHelp24® service activities provided within Service Area 3A.*

18. Provide CEU offerings at no charge in support of end-of-life care and hospice care to Service Area 3A clinicians.

Compliance will be documented by submission to AHCA of a yearly report identifying CEU offerings provided within Service Area 3A.

19. Provide clinical internship opportunities to nursing, pharmacy, social work, bereavement counselor, therapy or other affiliated students within the Service Area 3A hospice operation.

*Compliance will be documented by submission to AHCA of a yearly report identifying clinical internship activity provided within Service Area 3A.*

Deny CON #10596, CON #10598, CON #10599 and CON #10600.

**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**