

STATE AGENCY ACTION REPORT
ON APPLICATIONS FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Continuum Care of Hillsborough LLC/CON #10601

709 S. Harbor City Blvd., Suite 540
Melbourne, Florida 32901

Authorized Representative: Samuel Stern
Chief Executive Officer
(510) 499-9977

Cornerstone Hospice & Palliative Care, Inc./CON #10602

2445 Lane Park Road
Tavares, Florida 32778

Authorized Representative: Charles O. Lee
President & CEO
(352) 343-1341

Odyssey Healthcare of Marion County, LLC/CON #10603

655 Brawley School Road, STE 200
Moorseville, North Carolina 28117

Authorized Representative: Gusti McGee
Authorized Representative
(704) 664-2876

PruittHealth Hospice – 6A, LLC/CON #10604

1626 Jeurgens Court
Norcross, Georgia 30093

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

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Suncoast Hospice of Hillsborough, LLC/CON #10605

5771 Roosevelt Boulevard
Clearwater, Florida 33760-3413

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

VITAS Healthcare Corporation of Florida/CON #10606

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

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

2. Service District/Subdistrict

Hospice Service Area 6A – Hillsborough County

B. PUBLIC HEARING

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

Letters of Support

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

Continuum Care of Hillsborough LLC (CON application #10601) provides a large number of letters of support (Tab V of the application). These support letters endorse the proposal and are from health organizations, social service organizations, other entities and testimonials, largely within but in some cases outside HSA 6A. The applicant divides its letters of support into the following categories:

- Hospitals and Skilled Nursing Facilities (SNFs)
- Independent and Assisted Living Facilities (ALFs)
- Accountable Care Organizations (ACOs), Homes Health Agencies (HHAs) and Nurse Registries
- Elected Officials
- Shelters, Equine Therapy Partners, Virtual Reality Partner and Other Community Organizations
- Existing Continuum Relationship Partners (Outside Florida)

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- Patient/Family Testimonials (Outside Florida)

The applicant lists letters of support (by the above referenced categories) on page 51 and 52 of the application.

The Agency particularly notes letters of support from the following members of the Florida Legislature:

- Darryl E. Rouson, Senator, 19th District, The Florida Senate
- James Grant, Representative, District 64, The Florida House of Representative

The applicant provides excerpts of letters of support from area providers on pages 53 - 80 of the application. The applicant provides other letters of support excerpts from existing relationship supports (outside Florida) on pages 81 - 84 of the application. The Agency reproduces below some of the applicant's excerpted letters of support, as presented on pages 53 - 76 of the application.

Darryl E. Rouson, Florida State Senator, District 19 "As the Senator from District 19, I reside in the Tampa Bay Area, representing residents of both Hillsborough and Pinellas Counties. Prior to serving in the Senate (2016}, I served in the State House of Representatives for eight years.

More important to me is that I learned about the disparity in hospice use between black versus other population. Specifically, I was informed that the black hospice penetration rate is 40 percent whereas the penetration rate for the rest is 66 percent. This 26-point disparity is significant and meaningful. I also learned about Continuum Care's unique approach to addressing minority population and their success of such with the black community in their Oakland Project in Alameda County, California.

I believe Continuum's unique approach to addressing the race disparity in hospice utilization will benefit Hillsborough County and my constituents. Given all of the above, I urge the Agency for Health Care Administration to approve Continuum Care Hospice to license and operate a hospice in Hillsborough County."

James Grant, Florida House of Representatives, District 64

"I am the Representative of District 64 which includes portions of Pinellas and Hillsborough Counties. The Agency for Health Care Administration has published a need for one additional hospice in Hillsborough County. Given that AHCA will approve an applicant for to provide this service, I would like to voice my support for Continuum Care Hospice.

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I recently had the pleasure of meeting with Continuum Care leadership. They shared with me the intensity of hospice services they will commit to providing in Hillsborough County. These appear significant and meaningful. They also shared some really unique and forward thinking programs. These include their music therapy with certified therapists, equine therapy employing local horse stables and virtual reality. I am aware that these programs generally do not exist in Hillsborough County.

Given my background in Health IT, I was particularly interested in Continuum's Virtual Reality (VR) program. Their use of these advanced technologies to enable their hospice patients to find inner peace, accomplish a bucket list item, and even resolve pain is phenomenal. This cutting edge approach to enhance their patients' quality of life in their last six months (which is the hospice benefit) is unique.

My constituents will certainly benefit from the higher intensity of service which will enable competition and enhance quality. Furthermore, employing the Virtual Reality technology will provide my constituents with an extremely positive end of life experience under the guidance of Continuum Care's licensed team members.

Kyle Rand, Co-Founder and Chief Executive Officer, Rendever, Inc.
"Rendever is deployed in 120+ senior living communities and organizations across the United States and Canada. We have been working together with Continuum Care Hospice for nearly two years in order to deliver incredible experiences that specifically suit the unique needs and wishes of an individual as they enter into their end of life journey... Through this virtual reality platform, we are able to offer ways to facilitate life review, allowing patients to take a stroll down memory lane by revisiting their childhood home, locations where they were married, or anywhere else from their past that brings them to a place of peace...Virtual reality allows patients to take a vacation that they always wanted to take almost anywhere in the world and to have experiences they never thought possible such as scuba diving, driving a racecar, or, simply, watching a beautiful sunset, all of which can be shared together with a loved one....It's an innovative and exciting way to bring a larger world to people who've found themselves limited to a room, or just a bed.

This technology in hospice is also quite effective in assisting with symptom management with non-pharmacological methods, leading to decreased anxiety and depression, offering distraction from pain and, as a result, empowering patients to have a decreased need for and use of narcotics. It is an honor to partner with a hospice company who truly understands and values all of the needs of their patients and families and strives to continue creating new ways to deliver care to the whole person, mind, body and spirit.

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Debi Martoccio, Chief Executive Officer, AdventHealth Connerton

"AHCA has published a need for one additional hospice in Hillsborough County. Given that AHCA will approve one of the applicants, I want to voice my support for Continuum Care Hospice. Some of the services they provide are unique relative to other hospices in Hillsborough County and their service intensity is impressive.

For example, I understand that Continuum sees every new patient within two hours of referral seven days per week. Its aides visit patients 5 to 7 times per week; nurses visit at least twice weekly and daily when in an active passing stage; and social workers and chaplains (if desired by the patient) visit weekly. As a hospital executive, I was impressed with this level of service intensity.

Additionally, I learned of Continuum Care's culturally competent strategy to address disparities in minority populations, particularly with respect to the Black and Hispanic populations. This strategy will be deployed in Hillsborough County which will be an invaluable resource, particularly given the high concentration of Blacks and Hispanic population in the County. If Continuum is successful, I believe it will enhance hospice penetration rates for minority cohorts.

If approved, I look forward to a positive working relationship with Continuum Hospice."

Sudandra Ratnasamy FACHE, Chief Executive Officer, Kindred Hospital Bay Area "As Chief Executive Officer of Kindred Hospital - Tampa Bay Area, I have a great deal of interest in the addition of Continuum Care Hospice as an additional choice for our patients.

I believe there is a need for an additional hospice provider in the County because there are long wait times for hospice admissions and sometimes our patients have to leave the County for hospice care. Patients in need of hospice services are often very vulnerable and hospice services should be readily available. Our patients also deserve to have choices in their hospice provider, and I believe the addition of another hospice provider will have a beneficial competitive effect on the hospice services offered to our patients.

Please accept this letter as our endorsement for the approval of Continuum Care Hospice's certificate of need application. I support Continuum Care Hospice's approval because I believe the services that they will offer will benefit our patients and I look forward to working with them."

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Brian C. Pollett, Administrator, Ybor City Healthcare & Rehabilitation Center "... an 80-bed nursing facility within the County... As a nursing home provider in Tampa, I can attest to the need for an additional choice in hospice providers for our terminally-ii/ residents. An additional choice will promote greater competition which will only promote improved quality care. Our county does not have the hospice support we need for our dense population. We currently have two hospice providers licensed to serve our entire county, this is not sufficient.

I was most impressed by their (CCH) service intensity. For example, every new patient will be seen by Continuum within two hours, seven days a week. Secondly, patients are visited by an aide 5 to 7 days per week which allows them to recognize changes in the patient ahead of the curve and be proactive rather than reactive. Another service intensity feature is that a registered nurse visits every patient at least two times weekly, and daily if the patient is actively passing in order to provide symptom management and proper planning. They also provide a social worker and chaplain at least weekly, which helps to keep families and loved ones well supported.

Based on my current knowledge of Continuum Care Hospice, I believe it would be an invaluable resource in our community. I support Continuum Care's initiatives and believe it will be a welcome addition to Hillsborough County. If approved, I look forward to partnering with them to enhance end of life hospice care for our patients ...”

Colonel Joanne S. Martindale, BCC, Chaplain, United States Department of Veterans Affairs & United States Army, MacDill Air Force Base and James A Haley VA Hospital " I am a practitioner with the United States Department of Veterans Affairs. In addition to our military installations in Hillsborough County,..(Hillsborough) is also home to the James A Haley VA Hospital...(and the)... has a significant Veteran population which it serves. Patients of the James A. Haley VA Hospital will undoubtedly benefit from the CON approval of Continuum Care Hospice's CON application.

I have firsthand knowledge about Continuum Care Hospice. I wholeheartedly support Continuum Care Hospice as a provider with a steadfast commitment to ensure and increase Veterans' access to compassionate high quality hospice care when facing serious and life-limiting illness.

With nearly 100,000 Veterans in Hillsborough County, it is important to us to have a truly committed partner in end of life care. Based on my knowledge of Continuum Care Hospice, I strongly recommend the Agency

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for Health Care Administration award Continuum Care Hospice with the new hospice program in Hillsborough County. Hillsborough County needs and deserves Continuum to support its Veterans ...”

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) provides a very large number of letters of support (Tab 3 of the application). The Agency notes that these support letters endorse the proposal and are from, in part, health organizations, social service organizations, other entities, individuals and testimonials from those who have received hospice services from the applicant. The applicant divides its letters of support into the following categories:

- Bereavement for Parents
- Veterans and Jewish Needs
- Providers from Service Area 6B and Other Areas (the reviewer notes that HSA 6B encompasses the counties of Hardee, Highlands and Polk)
- Benefits of Nonprofit Hospices
- Smaller ALFs
- 7-Day-A-Week Case Management
- Hospital Readmissions
- 6A Nurses and Other Providers
- Vendors
- Other Letters of Support

The reviewer notes that of the 10 support letter headings shown above, the largest number of support letters by volume is “Other Letters of Support”. The reviewer also notes that many of these support letters either have no address or have an HSA 6B address.

The applicant provides excerpts of letters of support between pages 23 and 106 of the application. The Agency reproduces some of Cornerstone’s excerpted letters of support, as presented by the applicant, in the need portion of Cornerstone’s application (see item E.1.a. of this report).

Odyssey Healthcare of Marion County, LLC (CON application #10603) provides letters of support (Appendix EEE of the application). These support letters endorse the proposal and are from organizations, social service organizations and other entities. However, the majority of CON application #10603’s Appendix EEE letters of support having at least one of the following characteristics or affiliations:

- Kindred Hospice or Kindred at Home senior executives
- Kindred Hospice or Kindred at Home other employees or former employees
- Kindred Hospice or Kindred at Home other affiliates

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- Lack an address of origin
- Indicate an address of origin outside HSA 6A and not contiguous to HSA 6A

The reviewer notes that unlike other co-batched applicants, this applicant does not categorize or itemize its letters of support into groupings of common affiliation/association and further, the applicant does not provide letter of support excerpts in any portion of CON application #10603. Therefore, the Agency reproduces below two of the applicant's Appendix EEE letters of support that do not indicate being Kindred executives or other Kindred staff:

PruittHealth Hospice – 6A, LLC (CON application #10604) provides 10 letters of support (Exhibit 20 of the application). The Agency notes that these support letters endorse the proposal, with nine being from area elected officials, health organizations and social service organizations and one from a non-HSA 6A health organization that represents health care organizations in Florida statewide. The reviewer notes that all 10 support letters are duplicated from Exhibit 20 of the application onto pages 71 - 76 of the application. The reviewer also notes that eight of the 10 support letters are excerpted on pages four through six of the application and the Agency reproduces these excerpted portions below:

Alexander Chamberlain, Administrator, Easy Living, Inc. - "They have recognized that palliative care services are lacking in the county and are looking to address that through their well-developed palliative care program where they will team up with local hospitals and insurance providers to ensure proper care. Further, they will utilize the two skilled nursing facilities that are to be developed in the county to assure that the homeless and those who may experience the loss of property due to a significant weather event, have a place to receive hospice care."

Amanda Kelosky, Health and Wellness Director, Belvedere Commons of Sun City Center - "Through their two recently approved skilled nursing facilities in our county, PruittHealth they will be at the precipice of establishing this same model in our area. Furthermore, in addition to traditional hospice care, they will be able to offer a unique and much needed type of hospice care as they will be able to care for those who are homeless or have no place to receive care in their new skilled nursing facilities."

Brandon Jones, Vice President of Home Care, ProMed Healthcare Services "PruittHealth Hospice will condition its application on a coordinated approach to hospice care that will see them providing hospice care in their two skilled nursing facilities that will both be constructed within

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the next three years. This condition will allow many who may not have had proper access to hospice care - including Hillsborough County residents displaced by extreme weather and the homeless - to receive hospice care in their facilities.”

Sandra L Murman, Commissioner, Hillsborough County Commission-District 1 states ...”their close affiliation with their soon-to-be-built skilled nursing facilities will allow them, unlike the existing providers and other applicants in this review, to provide hospice care in those two facilities to underserved populations who are in dire need of these services.”

John Johnson, President, Small Assisted Living Coalition

"Having a hospice provider that has an affiliation with skilled nursing facilities in Hillsborough County will be a true game changer. PruittHealth Hospice is proposing to provide much needed care to Hillsborough County residents who are homeless or may have been displaced by a severe weather event in their skilled nursing facilities. I think that this resource is one that is needed in Hillsborough County as it is estimated that there are more than 1,650 homeless people in Tampa-Hillsborough County. I can personally attest as to the need for these services in this area."

Randi Gonzalez, RN, Regional Administrator, MSA Home Health

"PruittHealth Hospice is committing to providing hospice care for those who are either homeless or are in need of a place to receive care in their soon to be built skilled nursing facilities. This initiative will be well received in this market as we have a poverty rate in excess of the national average and often have residents displaced and without homes because of storms.”

Richard Case, Owner, First Light Home Care of Southern Hillsborough

County "It is my understanding that if PruittHealth Hospice is approved, that they will establish an ongoing agreement with their two nursing homes that will soon be built in Hillsborough County to provide hospice care to those who are homeless or have been displaced by severe weather events in those facilities. This undertaking is truly commendable and much needed in an area that has a poverty rate that exceeds the national average and routinely experiences severe weather events."

The reviewer notes that on page 113 of the application, PH6-A indicates PruittHealth hospice and its affiliate partners are a regional integrated provider of post-acute care services and, "...contacted a number of providers to discuss potential support, contractual arrangements and educational opportunities.” The reviewer also notes that PH6-A lists, as having been contacted, five area hospitals, 12 area SNFs, 15 area ALFs, and 51 home health agencies. The reviewer notes that of the

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applicant's Exhibit 20 letters of support, none of the letters of support are from an area hospital, one is from an area SNF, two are from area ALFs and three are from home health agencies.

Suncoast Hospice of Hillsborough, LLC (CON application #10605)

provides a large number of letters of support (Exhibit G of the application). These support letters endorse the proposal and are from, in part, a wide range of health organizations, social service organizations, leaders of various religious, racial and ethnic groups, other entities, individuals and volunteers that offer their time to Suncoast Hospice. The majority of these letters of support indicate an HSA 6A address. The applicant states and the review confirms that these letters of support are from:

- Hospitals
- Other health care providers
- Physicians
- Outreach organizations
- Business leaders
- Elected officials
- Suncoast/Empath volunteers

The applicant provides excerpts of letters of support between/at various portions/sections of CON application #10605 (including in the Program Summary and Agency Rule Preferences) on pages 60-148 of the application.

The Agency reproduces some of Suncoast's excerpted letters of support, as presented by the applicant, primarily where the excerpts appear in CON application #10605 (Conformity of Project with Review Criteria-item E.1.a. of this report and Agency Rule Preferences-item E.2. of this report).

VITAS Healthcare Corporation of Florida (CON application #10606)

provides letters of support and lists them by name and organization (Tab 45 of the application). These support letters endorse the proposal and are from a range of health organizations, social service organizations, leaders of religious, racial and ethnic groups, other entities, individuals and VITAS employees/staff. The reviewer notes that while most of these letters of support indicate an HSA 6A address and are signed/dated, some have no address and are not signed. Others have an address outside HSA 6A (with these being primarily from the counties of Broward, Duval, Miami-Dade, Orange and Palm Beach and Pinellas) and other letters of support have out-of-state addresses.

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The Agency particularly notes a letter of support from Dianne Hart, Representative, District 61, Florida House of Representatives. Representative Hart states “I firmly believe VITAS Healthcare Corporation of Florida understands the needs to ensure that everyone has the opportunity to be given quality, compassionate and end-of-life in our community. Having lived through this crisis I fully understand how important Healthcare is needed to support families.” She expresses her support for VITAS and states that should VITAS be approved she looks “forward to working with their team to support and serve the neediest residents of our community”.

The applicant provides excerpts of letters of support (beginning with page 27 and intermittently through page 80) in the Program Summary portion of CON application #10606. The Agency reproduces some of VITAS’ excerpted letters of support.

Laura Quinn, VP of Business Development, Southern Healthcare Management “VITAS has demonstrated many times over their ability to establish new programming to meet the needs of the community. VITAS has positively impacted the lives of many individuals during some of the most difficult times. They have committed to providing choices for families to have quality and compassionate care at the end of their lives.”

Cynthia Chavez LPN, Executive Director Hudson Manor Assisted Living Facility “We are overdue for a new provider to meet the needs of our residents and families, not just in our community but the entire Hillsborough County area. Many times, our hospice patients and families have gone without services or treatments simply because of the lack of qualified hospice staff and specialized programs. Certainly, when faced with the most difficult time in your life you should have more than two providers to choose from ... VITAS has proven to be a leader in providing high quality hospice care in our sister communities located in Florida.”

Larry J. Mouton Jr., Pastor, No Greater Love Baptist Church “...VITAS Healthcare Corporation of Florida.... efforts to address the need determined by AHCA for an additional quality hospice provider to serve Hillsborough County, Florida. As a church family we labor to experience the abundant life by overcoming the challenges of being spiritually destitute, economic crisis, educational disparity, social issues and health concerns in order that families may experience the joy of life... VITAS recognizes the significance of delivering end-of-life care to our community's disadvantaged populations I endorse their strategy for

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addressing these crucial needs and I would be honored to work with VITAS in serving the residents and their families making their final transitions.”

Tony Braswell, Chief Executive Officer-Gale Healthcare Solutions

“I personally work in the healthcare space in Hillsborough County and have had my father in a hospice at the end of his life. Currently, the need is greater than the supply of hospice care. I support VITAS Healthcare Corp. of Florida to be selected as a hospice provider to serve the needs of patients in Hillsborough County, Florida.”

Mark W. Stoker, President & CEO-Care Team Home Healthcare

“My management team here at Care Team has been active in home healthcare for almost 50 years ... Today, the purpose of this letter is to offer support for VITAS in their application for a Hospice license to serve our marketplace. A lot has changed in the 50 years since we first entered the industry. We have gone from 2 agencies in Hillsborough County to over 180 today. While I think that might be a little too much diversity, the Hospice provider list has not matured like our market. It is my firm belief that we need more providers to keep the level of services from being too sterile and bias toward the wealthy. While that is a hard statement, the face is that the population has increased 400% and we need additional options when referring our patients for Hospice care.”

Angelett Johnson, VP -Small Assisted Living Association

“In our research of the areas currently served by VITAS, we found that VITAS has a long history of extending access and awareness of hospice and palliative care services to traditionally underserved communities. It is this type of heart and commitment that the member of the Small Assisted Living Coalition partner with.”

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

C. PROJECT SUMMARY

Continuum Care of Hillsborough LLC (CON application #10601), a proprietary, newly formed entity referenced as Continuum Hillsborough, CCH or the applicant, proposes to establish a new hospice program in HSA 6A. Continuum Hillsborough is parented by Continuum Care Hospice, Inc. (CCH or Continuum), founded in 2013 and a provider of

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hospice services in California, New Hampshire, Massachusetts, Rhode Island and Washington. Continuum does not currently provide hospice services in Florida.

In its Executive Summary (page 2 of the application), CCH maintains that unique and not normal circumstances justify approval of this project outside of the Fixed Need Pool (FNP). In this batching cycle, Continuum also proposes to establish new hospice programs in HSAs 8D and 10.

The applicant expects issuance of license on September 1, 2020 and initiation of service on October 1, 2020. Total project cost is \$304,350.

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

Reflective of its commitment to serve any and all terminally-ill residents of Subdistrict 6A, Continuum Care of Hillsborough is willing to accept any such conditions on its Certificate of Need based on any representations made throughout this document. The applicant 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 Continuum Care of Hillsborough, if awarded a CON to provide hospice services to Subdistrict 6A residents, are as follows:

1. The applicant will implement its Virtual Reality Program at the onset of its program. It will be made available to all eligible Continuum Hillsborough patients. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
2. The applicant will implement its Music Therapy Program at the onset of its program. It will staff a minimum of one board-certified Music Therapist. It will be made available to all eligible Continuum Hillsborough patients. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
3. The applicant will implement its Equine Therapy Program at the onset of its program. It will be made available to all eligible Continuum Hillsborough patients who are physically able to make the trip to the stable partner. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.

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4. The applicant will implement a minority outreach program for the black and Hispanic population assembling an appropriate care team for assessment and treatment of this population. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
5. The applicant will become accredited by CHAP once certified. This will be measured by the Applicant's submission of its accreditation certificate to AHCA upon receipt.
6. The applicant will assure each patient has five to seven Home Health Aide visits per week, provided this is acceptable to the IDT, patient and family. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
7. The applicant will assure each patient has a minimum of two RN visits per week, provided this is acceptable to the IDT, patient and family. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
8. The applicant will seek to respond to all its referrals within one hour, initiate the assessment process within two hours, and expedite admission to the hospice subject to having a physician order in hand and the patient/family selecting the hospice option. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
9. The applicant will implement its Continuum Palliative Resources program within six months of receiving its Medicare certification. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
10. The applicant will not build or operate freestanding hospice houses in Hillsborough County, Subdistrict 6A. This will be measured by a signed declaratory statement submitted to AHCA.
11. The applicant will implement its Veterans outreach program, We Honor Veterans, once certified. This will be measured by a signed declaratory statement submitted to AHCA.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602), an existing not-for-profit hospice provider referenced as Cornerstone or CHPC, founded in 1981, proposes to establish a new hospice program in HSA 6A. CHPC states having provided licensed hospice services in Florida for the past 35 years and does not identify a parent company. Cornerstone provides hospice services in the following HSAs: 3E, 6B and 7B.

The applicant expects issuance of license on December 2020 and initiation of service in January 2021. The applicant proposes \$286,080 in total project costs.

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

Licensure of the Hospice Program

Cornerstone commits to apply for licensure within five days of receipt of the CON to ensure that its service delivery begins as soon as practicable to enhance and expand hospice and community education and bereavement services in Service Area 6A, Hillsborough County.

Compliance with this condition shall be demonstrated by the submission of the initial licensure application and any omissions required to the CON Office contemporaneously with the submissions to the Agency's Licensure office.

Hispanic Outreach

Cornerstone commits to provide two full-time salaried positions for bilingual staff as part of its Community Education Team. These Community Education Team members will be responsible for the development, implementation, coordination and evaluation of programs to increase community knowledge and access to the hospice services, particularly designed to reach the Hispanic community in Spanish.

Compliance will be documented by annual submission of a listing of the seminars, educational sessions and outreach programs that were offered, copies of the Spanish language educational and outreach materials used that year and a declaratory statement to the Agency documenting the bilingual staff on its Community Education Team.

Bilingual Volunteers

Cornerstone commits to recruit bilingual volunteers. Patients' demographic information, including other languages spoken, is already routinely collected so that the most compatible volunteer can be assigned to fill each patient's visiting request.

Compliance will be documented by annual submission of a records summary to the Agency which reports the number of bilingual volunteers and the languages in which they are fluent.

Offices

Cornerstone commits to establish its first program office in the Brandon area (zip code 33511 or 33584) during the first year of operation. Cornerstone commits to establish a satellite office in the Town & Country area (zip code 33615 or 33634) during the second year of operations.

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This condition will be documented by submitting the updated hospice license which includes these office locations at the time the amended license is issued adding each office.

Complimentary Therapies

Cornerstone conditions this application on offering alternative therapies to patients that may include massage therapy, music therapy, play therapy, and holistic (non-drug) pain therapy. These complimentary therapies are not generally considered to be part of the hospice's core services, but are enhancements to the patient's care which often have a marked impact on the quality of life during their last days.

This condition will be measured by an annual report to AHCA of the alternative therapies provided and the number of patients benefitting from these complimentary therapies.

Veterans

Cornerstone commits to providing services tailored to the military Veterans in the community. Cornerstone will immediately upon licensure expand its existing We Honor Veterans Level 4 program to serve Hillsborough County and will provide the same broad range of programs and services to Veterans in Hillsborough County as it currently provides in its existing Service Areas.

Compliance will be documented by submission of a declaratory statement and program materials which include a calendar of program events and the numbers of persons served through these programs in Hillsborough County. Cornerstone commits to offering the veterans program indefinitely.

Bereavement Counseling for Parents

Cornerstone will implement a program in its second year of operation which will provide outreach for bereavement and anticipatory grief counseling for parents of infants who have died. The Tampa area has several hospitals which provide high-level newborn and infant services such as Level III NICU and other programs, consequently there is a higher than average infant mortality rate due to this concentration of high-level services. Cornerstone will work with the local hospitals which provide high-level neonatal intensive care to develop and carry out this program.

Compliance will be documented by submission of a declaratory statement with copies of program materials and the numbers of persons served through this bereavement program.

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Cooperation with Local Community Organizations

Cornerstone commits to donate at least \$25,000 for four years to non-profit community organizations focused upon providing greater healthcare access, disease advocacy groups and professional associations located in Service Area 6A. These donations will be to assist with their core missions, which foster access to care, and in collaboration with Cornerstone to provide educational content on end-of-life care.

This condition will be measured by documentation of the expenditure by Cornerstone and a report of how the funds were used by the local community organizations.

Separate Foundation Account

Cornerstone Hospice will donate \$25,000 to a segregated account for Service Area 6A maintained and controlled by the Cornerstone Hospice Foundation. Additionally, all donations made to Cornerstone Hospice or the Foundation from Service Area 6A, or identified as a gift in honor of a patient served in the GA program, shall be maintained in this segregated account and only used for the benefit of patients and services in Service Area 6A, Hillsborough County. This account will be used to meet the special needs of patients in Hillsborough County which are not covered under the Medicare hospice benefit and cannot be met through insurance, private resources, or community organization services or programs.

This condition will be measured by including a year-end statement for the account and a summary of the benefits provided to individuals.

Continuing Education Programming (CEUs)

Cornerstone will commit to extending free CEU in-services to the healthcare community in Hillsborough County. Topics will cover a wide range of both required and pertinent subjects and will include information on appropriate conditions and diagnoses for hospice admission particularly for non-cancer patients. A minimum of 10 in-services will be offered in a variety of healthcare settings during each of the first five years. Additional CEU will be provided on an ongoing basis.

Cornerstone Hospice will measure this condition by providing a report to AHCA of the topics, dates and locations of the in-service events.

Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice (CON application #10603), an existing for-profit hospice provider, also referenced as Odyssey or the applicant, proposes to establish a new

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hospice program in HSA 6A. Odyssey Healthcare of Marion County, LLC d/b/a Kindred Hospice' parent corporation is Kindred at Home which it states operates 372 hospice sites, located in 34 states.

Kindred provides hospice services in the following HSAs: 1, 2A, 3B, 4B, 7B and 11. In this batching cycle, Kindred also proposes to establish a new hospice program in HSA 10.

The applicant expects issuance of license on December 31, 2020 and initiation of service on January 1, 2021.

The applicant proposes \$401,790 in total project costs.

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

1. Odyssey Healthcare of Marion County, LLC commits to minimum of 20 percent of its employees being bi-lingual and to provide translated forms and literature as needed.
Compliance with this condition will be documented by annual submission of a declaratory statement to AHCA that the condition has been met. Odyssey Healthcare of Marion County, LLC will maintain statistics which demonstrates the total number of employees and the number of individuals who speak languages other than English. This will be made available to the Agency upon request with names redacted to protect the privacy of the employee. This condition will also be measured by an annual report to AHCA providing a summary of the translated documents.
2. To meet the cultural needs of the underserved African American & Hispanic communities, Odyssey Healthcare of Marion County, LLC will commit to at least 25 percent being a minority workforce.
Compliance with this condition will be documented by annual submission of a declaratory statement to AHCA that the condition has been met. Odyssey Healthcare of Marion County, LLC will maintain statistics which demonstrates the total number of employees and the number of minority individuals. This will be made available to the Agency upon request with names redacted to protect the privacy of the employee.
3. Odyssey Healthcare of Marion County, LLC commits to seek accreditation by the Community Health Accreditation Program (CHAP) or the Accreditation Commission for Health Care (ACHC) within the 2nd year of commencement of operations.

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Compliance with this condition will be documented by annual submission of a declaratory statement to AHCA that the condition has been met. This will include copies of accreditation application and letter of accreditation.

4. Implementation of an educational outreach program to better serve the Hispanic, African American, and other underserved population groups identified by the program personnel in conjunction with community leaders. This will include a mobile hospice education team which will travel as appropriate to many of the following: community centers, health care facilities, churches, ALF meetings to provide hospice outreach and education. The outreach program will provide pamphlets, brochures and firsthand information about hospice services. The applicant is committing \$100,000 to this program.

Compliance with this condition will be measured by an annual report to AHCA providing a summary of the Hispanic education and outreach program.

5. Odyssey Healthcare of Marion County, LLC conditions this application to develop a program for "End-Stage Cardiac" patients which includes telehealth.

Compliance with this condition will be documented by Odyssey Healthcare of Marion County, LLC providing the Agency supporting documentation that a program has been developed. Additional information will include financial records and any written agreements in relation to the telehealth equipment such as leases.

6. Establishment and maintenance of two offices to serve the needs of Hillsborough County. The first office will become operational January 2021 (pending necessary approvals) and will be followed by opening the 2nd office in 2022. Initially, it is expected that the first office will be located in the vicinity of the intersection of Interstate 4 and Interstate 75, and the second office will be located in Town and Country or in northern Tampa depending where the most pressing

This condition will be measured by an annual report to AHCA of the location of Odyssey Healthcare of Marion County, LLC 's street address in Hillsborough County and copies of any leases.

7. Implementation of Homecare Homebase electronic medical records (or equivalent) system at start-up, including the use of mobile point-of-care devices.

Compliance with this condition will be measured by a report to AHCA documenting the implementation at start-up.

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8. Expansion of Odyssey Healthcare of Marion County, LLC's Veteran's Program upon initiation of the hospice program in Subdistrict 6A.
Compliance with this condition will be measured by a report to AHCA documenting the Veteran's Program has been implemented in Subdistrict 6A.
9. Expansion of Odyssey Healthcare of Marion County, LLC's Vigil Volunteer Program into Subdistrict 6A, equipped with a team of specifically trained volunteers available to respond on short notice to provide presence during the last few hours of life to patients without family support or patients and families who need additional support. Vigil volunteers also provide support to family members who need a break from the bedside of their loved ones during the dying process.
Compliance with this condition will be documented by an annual report to AHCA summarizing the accomplishments of the Vigil Volunteer Program.
10. Offering of internship experiences for positions such as social workers, bereavement counselors, chaplains, nursing students and medical students. We will seek contracts with local universities, colleges and technical schools as Odyssey Healthcare of Marion County, LLC has done in other markets.
Compliance with this condition will be measured by an annual report to AHCA summarizing the number of interns taking advantage of the program in D-6A
10. The applicant will agree to forgo fundraising solicitations for a minimum of two years in Service Area District 6A to be sensitive to the needs and relationships of the existing providers. However, it is likely that patients and families who have benefitted from the care provided by the applicant may wish to make donations. They will be directed to other charitable organizations located in the district so that the funds would remain in the district.
Compliance with this condition will be measured by an annual report to AHCA demonstrating that donations have not been received.
12. Offering of specific programs and targeted outreach efforts to serve patients with non-cancer diagnoses.
Compliance with this condition will be measured by a signed declaratory statement by Odyssey Healthcare of Marion County, LLC which may be supported by review of admission reports by patient diagnosis produced by Odyssey Healthcare of Marion County, LLC.

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13. Recruitment of bilingual volunteers. Patients' demographic information including other languages spoken, is collected so that the most compatible volunteer can be assigned to fill each patient's visiting request.
Compliance with this condition will be measured by an annual report to AHCA summarizing the number of bilingual volunteers who have been recruited and retained.
14. Provision of alternative therapies beyond the core hospice benefit, such as massage therapy, pet therapy, music therapy, art, or other such alternative therapies when eligible and needed.
Compliance with this condition will be measured by an annual report to AHCA summarizing the alternative therapies provided.
15. Odyssey Healthcare of Marion County, LLC. commits to provide up to \$2,500 per employee and up to \$20,000 annually for tuition reimbursement for employees to continue education in hospice or end-of-life care. This includes tuition reimbursement for Odyssey Healthcare of Marion County, LLC staff to obtain Hospice Certification, further enhancing the quality of care for hospice patients/residents, as well as supporting staff ability to advance professionally.
Compliance with this condition will be documented by an annual affirmative statement to AHCA that a tuition reimbursement process is in place. In addition, the applicant will provide a listing of hospice certified staff.
16. 4.0 percent of the admissions will be Medicaid/Uncompensated

PruittHealth Hospice – 6A, LLC (CON application #10604), a for-profit newly formed entity referenced as PruittHealth 6-A, PH6-A or the applicant, proposes to establish a new hospice program in HSA 6A. 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.

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In this batching cycle, UHS's PruittHealth also proposes to establish new hospice programs in HSAs 2A and 3A.

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

The applicant proposes \$450,110 in total project costs.

Pursuant to project approval:

- CON application #10604 (PH6-A) offers in Book 1, Section 4 of the application, a bona-fide Schedule C-Certificate of Need Predicated on Conditions (AHCA Form 3150-0001 Schedule C Rev March-09), also referenced as Schedule C, dated December 10, 2019, signed by the authorized representative, Neil L. Pruitt, Jr., Chairman & Chief Executive Officer
- On CON application #10604 Schedule C, items C.2., C.3. and C.4. indicate "See attached"
- A review-of the application indicates that there is no attachment to CON application #10604, Schedule C

The Agency notes that PH6-A states eight conditions on pages 55 and 56, page 83 and page 105 of the application. See below:

PHH6A has conditioned approval of this CON application on the following provisions:

Location:

1. Serve Subdistrict 6A Hillsborough County.
2. Establish a home office in Hillsborough County.

Programming/Operational Conditions:

1. Assure that the two soon to be built PruittHealth skilled nursing facilities in Hillsborough County are available to shelter PruittHealth Hospice - 6A patients in need of shelter either during an emergency event or subsequent to such an event in the service area.
2. Develop a hospice unit at both soon to be built PruittHealth skilled nursing facilities in Hillsborough County and ensure that the unit is capable of serving both routine and inpatient hospice patients.
3. Implement a program designed to reduce hospital re-admissions; the current program utilized by PruittHealth is INTERACT 3.0. The program to be implemented will be this program or other similarly designed program based on the most recent quality driven program PruittHealth determines to be available at the time of implementation.

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4. Develop a Camp Cocoon Day Camp Program in Service Area 6A.
5. Incorporate Disease Management Care Pathways into the Subdistrict 6A operations.
6. Incorporate PruittHealth's QAPI Plan into the Subdistrict 6A operations.
7. Assure all staff maintains ongoing training and continuing education credits utilizing Pruitt University and at no cost to the employees.
8. Participate in a company-wide Annual Quality Report to demonstrate transparency in operations and make this Quality Report available to the public.

Suncoast Hospice of Hillsborough, LLC (CON application #10605), a not-for-profit, newly formed entity referenced as Suncoast Hillsborough, SHH or the applicant, proposes to establish a new hospice program in HSA 6A. The parent company is Empath Health, Inc. and Affiliates (Empath or EHA). EHA provides hospice services in HSA 5B through Suncoast Hospice.

The applicant expects issuance of license and initiation of service on the June 1, 2020.

The applicant proposes \$703,005 in total project costs.

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

1. Development of Disease-Specific Programming

- a. Suncoast Hospice of Hillsborough will deploy a heart failure program, known as Empath Cardiac CareConnections, for residents of Hillsborough County who are in late stages of disease and in need of hospice care.
- b. Suncoast Hospice of Hillsborough will develop disease-specific programming for Hillsborough patients suffering from Alzheimer's Disease, known as Empath Alzheimer's CareConnections.
 - Suncoast Hospice of Hillsborough will deploy a Music in Caregiving program for Hillsborough County hospice patients, including those suffering from Alzheimer's Disease.
- c. Suncoast Hospice of Hillsborough will deploy disease-specific programming for Hillsborough patients suffering from end-stage pulmonary disease, known as Empath Pulmonary CareConnections.

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- Suncoast Hospice of Hillsborough will employ a Respiratory Therapist to be part of the Interdisciplinary Care Team for patients suffering from end-stage pulmonary disease.
- Suncoast Hospice of Hillsborough will recruit a contract Pulmonologist to provide oversight of the Empath Pulmonary CareConnections Program.

Proposed Measure: This will be measured by annual reporting of disease specific patient volumes to AHCA.

2. Development of Ethnic Community-Specific Programming

- a. Suncoast Hospice of Hillsborough will allocate \$350,000 to purchase, equip and operate a dedicated vehicle to specifically conduct mobile outreach activities in Hillsborough County. The mobile care unit will be known as "Empath Mobile Access to Care".
- b. Suncoast Hospice of Hillsborough will deploy a mobile outreach unit ("Empath Mobile Access to Care") that will visit designated locations in Hillsborough County on a weekly basis to offer specialized programming and education seminars, Spanish-speaking care teams, Spanish language educational materials, caregiver support and Spanish language bereavement counseling and support groups.

Proposed Measure: This will be measured by reporting the expenditures of the funds for the vehicle as well as annual reporting of calendar/ schedule of activities for the mobile unit.

3. Development of Resources for Homeless and Low-Income Populations

- a. Suncoast Hospice of Hillsborough will provide up to \$25,000 annually for five years to Metropolitan Ministries. The funding will assist Metropolitan Ministries in providing clinical support to enhance identification of homeless persons in Hillsborough County who are medically eligible for hospice care.
- b. Suncoast Hospice of Hillsborough will develop a targeted hospice program with Metropolitan Ministries and others, that will enable its care teams to provide hospice services to patients where they reside, whether in an emergency shelter, safe haven, transitional housing or unsheltered locations.
- c. Suncoast Hospice of Hillsborough will develop a collaborative program with the Florida Department of Health - Hillsborough County that will assist Department of Health patients with advanced illness navigate the health care system, link them to the right level of care at the right time, and identify patients who are medically eligible for hospice earlier in their disease process.

- d. Suncoast Hospice of Hillsborough's mobile outreach unit (referenced in condition 2(a)) will be staffed by an LPN and BSW and will visit not only the DOH main campus in Tampa, but its satellite clinics throughout the county, as well.

Proposed Measure: This will be measured by reporting the expenditures of the funds and reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the program development is completed.

4. Development of a Specialized Veterans Program

- a. Suncoast Hospice of Hillsborough will develop a specialized veterans program in Hillsborough County. The program will focus on improving end-of-life care for veterans. Suncoast Hospice of Hillsborough Hospice will attempt to replicate the veterans program it has in Pinellas to the greatest extent possible. Suncoast Hospice of Hillsborough will utilize a dedicated Veterans Professional Relations Liaison to collaborate with the area's VA Hospitals and outpatient clinics, as well as Veteran Centers and other Veterans Service Organizations.
- b. Suncoast Hospice of Hillsborough will pursue We Honor Veterans Level 4 Partnership Certification within the first two years of operation in Hillsborough County.
- c. Suncoast Hospice of Hillsborough will implement veterans-specific programming through the Legacy Corps program. Suncoast Hospice is in the process of applying for a grant called Legacy Corps, which is a highly innovative program. Legacy Corps is a community-based caregiver support program by and for veterans of all wars and veteran/military families. Legacy Corps utilizes highly trained volunteers to provide a range of caregiver support services including in-home respite care, information, and linkages to other community support systems, hospital-to-home transition services, and other related services.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the programs. The reports will be semi-annual until the program development is completed.

5. Development of a Specialized Pediatric Hospice Program in Hillsborough County

- a. Suncoast Hospice of Hillsborough will develop a Children's Community Program in Hillsborough County including Pediatric Hospice, a perinatal loss doula program, and a Partners in Care (PIC) program.

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- b. The Pediatric Hospice program will offer an expanded hospice benefit for patients up to age 21, including care from a specialized pediatric staff.
- c. Additional programs will focus on longer term services for patients who may not otherwise qualify for hospice such as those with development conditions, cancers, chronic illnesses, or brain injury that shorten lives and place special demands on families.
- d. After year one and as the census of pediatric hospice and PIC patients increase, Suncoast Hospice of Hillsborough will hire dedicated staff to constitute a second children's program interdisciplinary team within Empath Health (one dedicated to Pinellas County and the second dedicated to Hillsborough County).

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the program development is completed.

6. Development of a Continuum of Care Navigation Program

- a. Suncoast Hospice of Hillsborough will deploy telehealth technology within the proposed mobile outreach unit, in order to link the LPN and BSW staffing the unit to Empath Health's care navigators and other resources in the community and enhance the care navigation function they will provide.
- b. Suncoast Hospice of Hillsborough will recruit four Community Partnership Specialists over the first two years of operation to provide outreach to the community and to build a network of community partners in order to enhance continuum of care navigation.
 - The applicant will recruit two staff members in year one and two staff members in year two.
- c. Suncoast Hospice of Hillsborough will recruit six Professional Liaisons over the first two years of operation to provide outreach to clinical partners in order to develop a network of clinical resources to enhance continuum of care navigation.
 - The applicant will recruit three staff members in year one and three staff members in year two.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the program development is completed.

7. Development of a Program to address Transportation Challenges for Rural Areas

- a. Suncoast Hospice of Hillsborough will provide up to \$25,000 annually for the first five years of operation to fund programs to address transportation challenges in rural Hillsborough County.
- b. Provide transportation vouchers (bus passes) via the area's HART (Hillsborough Area Rapid Transit) for families, friends and caregivers of patients who are in hospice care with Suncoast or have passed away.
- c. Provide transportation vouchers (bus passes) via HART for patients who are identified through the mobile unit's collaboration with the Florida Department of Health - Hillsborough County as having chronic or advanced illness.
- d. Provide bilingual Mindful Meditation phone support, to allow caregivers to call and listen to a pre-recorded guided meditation, as well as a live call-in option.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the program development is completed.

8. Interdisciplinary Palliative Care Consult Partnerships

- a. Suncoast Hospice of Hillsborough will offer hospitals, ALFs, SNFs and Physician Groups in Hillsborough County the opportunity to partner with Empath Health in the provision of interdisciplinary palliative care consult services - both inpatient and community-based.

Proposed Measure: This will be measured by an annual report after the first year, presented to AHCA detailing the progress of the development of the palliative consult service teams in Hillsborough.

9. Dedicated Quality-of-Life Funds for Patients and Families

- a. The applicant commits a minimum budget of \$1,200 annually per interdisciplinary team for the provision of quality-of-life funds for hospice patients and families. These funds are designated to assist with financial needs in order to provide a safe environment for patients or to provide meaningful end-of-life experiences.

Proposed Measure: This will be measured through reporting quality-of-life fund results and uses annually to AHCA for the first two years of operation.

10. Development of a Community Advisory Committee

- a. Suncoast Hospice of Hillsborough will develop, in year one, a Community Advisory Committee to be comprised of residents

reflective of the community. The purpose of the committee is to provide input, feedback and recommendations about the needs of the Hillsborough County community which will be used in future program development.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the Community Advisory Committee. The reports will be semi-annual until the committee development is completed.

11. Development of a Physician/Provider Advisory Committee

- a. Suncoast Hospice of Hillsborough will develop, in year one, a Physician/Provider Advisory Committee to be comprised of local physicians, discharge planners and other clinical partners in Hillsborough County. The purpose of the committee is to assist in program oversight and new program development, and to develop strategies to increase awareness and utilization of hospice services for patients nearing the end-of-life.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the Physician/Provider Advisory Committee. The reports will be semiannual until the committee development is completed.

12. Development of a Family Advisory Council

- a. Suncoast Hospice of Hillsborough will develop, in year one, a Family Advisory Council to be comprised of family members of patients of Suncoast Hospice of Hillsborough who have passed away. The purpose of the committee is to provide a mechanism by which family members can provide feedback to Suncoast regarding the caregiving process and assist in assessment/improvement of current programs from the patient and family standpoint, as well as development of new programs that will aid both the patient and family during the hospice care episode and beyond.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the Family Advisory Council. The reports will be semi-annual until the council development is completed.

13. Development of an Interfaith Community Advisory Council

- a. Suncoast Hospice of Hillsborough will develop, in year one, an Interfaith Community Advisory Council, that will include clergy and lay representatives from a wide variety of religious and cultural groups. The goal of the Council will be to communicate community needs and offer cultural and religious perspectives, promote spiritual and community engagement, increase collaboration between faith communities and

Suncoast Hospice and educate the community on Suncoast Hospice of Hillsborough programs and services.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the Interfaith Community Advisory Council. The reports will be semi-annual until the committee development is completed.

14. Implementation of Open Access Model of Care

- a. Suncoast Hospice of Hillsborough will accept patients into hospice who are still receiving complex medical treatments, or who are still working through difficult end-of-life conversations and situations, in order to give earlier access to palliative care and hospice support. Eligible patients include:
- Patients with a terminal illness who are felt to have six months or less to live and who want to receive the kind of palliative and supportive care only Suncoast Hospice can give.
 - Patients who continue to receive medical treatments as part of their Goals of Care.
 - Patients with complex psychosocial needs who are still working through difficult end-of-life conversations and situations.
 - Patients on ventilator support who have made the decision to stop assisted ventilation.
 - Pediatric patients utilizing Medicaid reimbursement who may continue chronic care treatment while simultaneously accessing hospice care.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the program development is completed.

15. SAGECare Platinum Level Certification

- a. Suncoast Hospice of Hillsborough will achieve SAGECare Platinum Level Certification in the first year of operation. SAGE is a deeply skilled and highly trusted national organization dedicated to improving the lives of LGBTQ elders. The SAGE Care Platinum Level Credential will help show in even more ways that Suncoast Hospice is of open minds, pioneering hearts, brave spirits, and healing presence, and shows that not only are all welcome at Suncoast, but that they will be provided with dignified and highly-specialized care.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the certification is achieved.

16. Jewish Hospice Certification

- a. Suncoast Hospice of Hillsborough will achieve Jewish Hospice Certification through the National Institute for Jewish Hospice by the end of year one. This specialized certification program will be extended each year through a variety of training and education programs. Each year, the trainings cover a variety of topics related to Jewish heritage, Jewish bioethics, and death and dying from the Jewish perspective.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until certification is achieved.

17. Joint Commission Accreditation:

- a. Suncoast Hospice of Hillsborough will achieve Joint Commission Accreditation by the end of year two. The applicant's parent company, Empath Health's community-based palliative care services (those available in homes and long-term care facilities) are currently certified by the Joint Commission. Suncoast Hospice's Pinellas County program is one of only a handful of hospices nationwide to hold Joint Commission Accreditation and/or Certification for hospice, home health, community-based palliative care and pharmacy programs.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the certification is achieved.

18. Provision of Value-Added Services Beyond the Medicare Hospice Benefit:

- a. Suncoast Hospice of Hillsborough will provide numerous programs and services that are outside the scope of the Medicare Hospice Benefit, including:
- Integrative Medicine Clinic
 - Palliative Arts
 - Music in Caregiving Program
 - Let There Be Music Program
 - Pet Peace of Mind
 - Pet Therapy
 - Specialized Bereavement Programs
 - Caregiver Coffee Breaks
 - Patient Tuck-In Calls
 - Transitions Volunteer Program
 - Teen Volunteer Program
 - Wound, Ostomy and Continence Nurse Program

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- Specialized Infusion Services
- Clinical Pharmacy Consultations
- Dr. Direct Program

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the implementation of the programs.

19. Limited Fundraising in Hillsborough County:

- a. Suncoast Hospice of Hillsborough proposes to limit its fundraising efforts in Hillsborough County to memorial gifts on behalf of Suncoast patients who have died.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing funds raised in Hillsborough County.

VITAS Healthcare Corporation of Florida (CON application #10606),

a for-profit entity referenced as VITAS, proposes to establish a new hospice program in HSA 6A. VITAS's parent company is CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in the following HSAs: 1, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11. In this batching cycle, VITAS also proposes to establish a new hospice program in HSA 2A.

The applicant expects issuance of license on March 1, 2020 and initiation of service on April 1, 2020. The applicant proposes \$1,134,149 in total project costs.

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

VITAS has not listed as conditions services and procedures required by state and federal law because we understand the conditions in a CON application are intended to be actions the applicant commits to voluntarily. VITAS will comply with all state and federal laws and with all the reporting requirements and time frames in Chapter 59C-1.013 and 59C-1.021, Florida Administrative Code. VITAS further commits to deliver the following services and to meet operational/programmatic conditions described below.

Special Programs:

1. VITAS Pulmonary Care Program

Compared to the state average, Subdistrict 6A's elderly residents have a higher percent of deaths attributable to chronic lower respiratory disease, but Medicare beneficiaries with the diagnosis comprise a lower percentage of patients receiving hospice care. VITAS has also learned from hospitals in 6A that existing hospice providers do not provide hi-flow oxygen, which prevents certain

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patients from being discharged to hospice. Hospice Beneficiaries treated by pulmonologists have shorter hospice lengths of stay than national average. These metrics can be improved by targeted, diagnosis- specific outreach to area practitioners, improved care for pulmonary patients and community education through the VITAS Pulmonary Care Program. VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 6A. VITAS will ensure that Hi-flow Oxygen is also available as part of this program.

The program is described in in detail in Schedule B and has three primary aims: 1) improving end of life care for patients with pulmonary diagnoses; 2) increasing area health care providers' awareness of hospice care for patients with respiratory diagnoses; and 3) increasing area residents' awareness of hospice care for patients with respiratory diagnoses. The program will include the following elements:

- a. Staff Training:** All nurses, physicians, social workers and chaplains will complete training on care for patients with pulmonary diagnoses and their families within the first three months of their start date. Training will include at least three elements: 1) Education on Chronic Obstructive Pulmonary Disease; 2) Education on End Stage Pulmonary Disease; and, 3) Training on removal from mechanical ventilation. Documentation will be shown in a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON conditions compliance report.
- b. Respiratory Therapist:** VITAS will employ a respiratory therapist in Subdistrict 6A who will be hired before the hospice begins operations. This therapist will provide patient care and serve as an educational resource to other hospice staff. The respiratory therapist will also educate healthcare providers and the community. Compliance with this condition will be documented by providing AHCA with the start data of the respiratory therapist.
- c. Provider Input:** VITAS will publicize and hold semi-annual meetings open to area pulmonologists, their support staff and other physician stakeholders. These meetings will be a forum to discuss VITAS' Pulmonary Care program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them. Compliance with this condition will be documented by providing AHCA with dated copies of the meeting invitations and lists of the individuals invited and those who attended.

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The information will be submitted as part of the annual CON condition compliance report.

- d. **Healthcare Provider Education:** VITAS will offer COPD-related continuing education presentations to area health care providers. These presentations will focus on end of life and palliative care. VITAS will offer two programs to area providers each year, for at least the first three years of operations. The two programs will be *Palliative Care for End-Stage COPD Patients*, and *COPD: The Disease*. Compliance with this condition will be documented by providing AHCA with dated copies of the invitations and lists of the individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- e. **Community Education:** VITAS will publicize and hold semi-annual Ask the Doctor events open to the public. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice care, end-stage pulmonary disease, and caregiving and support for individuals with respiratory disease. Compliance with this condition will be documented by providing AHCA with copies of the materials used to publicize the events, the dates of the events and lists of the individuals who attended. The information will be submitted as part of the annual CON condition compliance report.

2. **VITAS Cardiac Care Program**

Hospice utilization among patients with circulatory-related diagnoses for residents of Subdistrict 6A is lower than the statewide average. Patients discharged by cardiologists who do receive hospice care have shorter lengths of stay than the national average. Medicare beneficiaries' hospital readmission rates are also higher than the state average for all but one hospital in Subdistrict 6A. These metrics can be improved by targeted, diagnosis-specific outreach to area practitioners, improved care for cardiac patients and community education through the VITAS Cardiac Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 6A. The program, described in Schedule B, improves end of life care for patients with cardiac diagnoses, by using the following elements:

- a. **Staff Training:** All nurses, social workers and chaplains will complete the training modules in the VITAS Cardiac

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Program Resource Manual (or its successor) within three months of their start date. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.

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

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

Patients with dementia represent the fastest growing group of hospice users. VITAS is committed to bringing the latest innovations in end-of-life care to its patients and their caregivers. VITAS is also committed to providing patients' caregivers with

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support. VITAS conditions this application on two elements related to improving care and support for patients with Alzheimer's and their families:

- a. Staff Training:** All nurses, social workers and chaplains will complete the training modules in the VITAS Alzheimer's and Dementia Care program within three months of their start date. VITAS Alzheimer's and Dementia Care program includes 2.5 hours of CEUs covering evidence-based protocols for behavioral symptoms. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- b. Partnership and Grant:** VITAS conditions this application on providing a grant to the Alzheimer's Association, Florida Gulf Coast Chapter to assist with support groups and education efforts that meet the emotional needs of area caregivers. The grant will total \$30,000 and will be distributed over the first two years of operations. The grant will be provided by VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks made to the Alzheimer's Association as part of the annual CON condition compliance report.

4. VITAS Sepsis Program

Forty percent of sepsis deaths met hospice eligibility at time on hospital admission based on a study published in JAMA 2017 (Rhee, et. al. (2017). Incidence and Trends of Sepsis in US Hospitals Using Clinical vs. Claims Data. JAMA, 318(13), 1241-1249). Furthermore, Death rates from Sepsis are higher in Subdistrict 6A than the statewide average. In addition, hospital discharge rates to hospice for sepsis patients in Subdistrict 6A are lower than the statewide average. Sepsis patients receiving hospice services either in-hospital or post-discharge have shorter lengths shorter lengths of stay and lower readmission rates than the national average. Many members in the health care community miss the opportunity to recognize hospice eligibility for this disease demographic VITAS has created a library of resource for health care professionals to better understand when to refer to hospice and what specific concerns they have with the value that VITAS

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can bring in the care model. These metrics can be improved by targeted, diagnosis-specific outreach to area hospitals and physicians through the VITAS Sepsis Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 6A. The program, described in Schedule B, improves end-of-life care for patients with cardiac diagnoses, by using the following elements:

- a. **Staff Training:** All nurses, social workers and chaplains will complete the training modules in the VITAS Sepsis Program Resource Manual within three months of their start date. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- b. **Provider Input:** VITAS will publicize and hold meetings with hospital staff and physicians to serve as a forum to discuss VITAS' sepsis program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs. Compliance with this condition will be documented by providing AHCA with dated copies of the meeting invitations and lists of individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- c. **Healthcare Provider Education:** VITAS will offer an annual sepsis-related continuing education presentation to area health care providers for at least the first three years of operations. The presentation will focus on end of life care for patients with sepsis diagnoses. Compliance with this condition will be documented by providing AHCA with dated copies of the presentation invitations and lists of the individuals invited and those who attended. The information will be submitted as part of the annual CON condition compliance report.
- d. **Community Education:** VITAS will publicize and hold semi-annual Ask the Doctor events open to the public. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice care, sepsis, and caregiving and support for individuals with sepsis. Compliance with this condition will be documented by providing AHCA with copies of the materials used to publicize the events, the dates of the

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events and lists of the individuals who attended. The information will be submitted as part of the annual CON condition compliance report.

5. Veterans Program

Veterans have unique end-of-life needs and benefit from specialized programming and care. Veterans comprise over 20 percent of the population 65 and older in Subdistrict 6A.

VITAS conditions this application on providing virtual reality "flightless" visits for veterans who cannot participate in the Honor Flight Network trips to Washington D.C. but are interested in the program. This program is described in detail in Schedule 8. Compliance will be documented by submitting a dated list of the names of patients who participate in the annual condition compliance report.

VITAS conditions this application on offering to install a Veterans Wall in at least three area assisted living facilities or nursing homes within the first two years of operations. The wall showcases a VITAS-provided photo plaque for each veteran resident engraved with name and branch of service. The wall serves as a resource for the community and a location for veteran-specific events. Compliance will be documented by submitting dated correspondence to area assisted living facilities offering to sponsor and create the wall in the annual condition compliance report.

VITAS conditions this application on the Subdistrict 6A program entering the We Honor Veteran program and achieving Level 4 commitment to the program within the first two years of operations. VITAS regularly participates in the We Honor Veterans Program, which is described in detail in Schedule 8. Compliance will be documented by submitting the date the program becomes a recruit and the date it achieves Level 4 status in the annual condition compliance report.

VITAS also conditions this application on providing \$30,000 to the Office of Veteran Success through the University of South Florida Foundation. Compliance with this condition will be documented by providing AHCA with copies of the checks made to the University of South Florida Foundation as part of the annual CON condition compliance report.

6. Bridging the Gap Program and Medical/Spiritual Toolkit

Hospice use rates among black Medicare beneficiaries in Subdistrict 6A are lower than the statewide average. Provider and community education can help increase hospice use rates.

VITAS has created a Bridging the Gap training and panel discussion for healthcare professionals and spiritual leaders on the needs of African Americans at the end-of-life, and how to engage families in end of life discussions. This program is described in detail in Schedule B. VITAS conditions this application on offering the Bridging the Gap program in Subdistrict 6A during the first year of operations. Compliance will be documented by submitting a dated list of correspondence and offers to provide the program, a description of the training, and a list of attendees.

VITAS is working with the National Medical Association to create a Bridging the Gap Medical/Spiritual toolkit which will provide physicians with resources to improve communications on end of life discussions. The toolkit will also be offered to spiritual leaders to review evidence about preferences on end-of-life care and provide resources for end-of-life conversations including how to address a patient's faith and how to engage a terminally ill patient's family to provide support. VITAS conditions this application on providing the toolkit to health care providers and pastors in Subdistrict 6A the first year it is available. Compliance will be documented by providing a copy of the materials and a list of people who received the toolkit in the annual condition compliance report.

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

VITAS analysis has determined that there are 166 ALFs in Subdistrict 6A that have less than 10 beds. These facilities typically focus on the needs of lower income individuals and those with behavioral issues. VITAS has learned from communication with the Small ALF Coalition that their patients do not have the same level of access to hospice services as larger ALFs and that their staff do not always have access to training and education on identifying hospice appropriate patients. Hospice staff who receive ALF CORE Training will be better equipped to meet ALF residents' needs and partner with ALF staff. This training is described in detail in Schedule B.

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

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

VITAS will partner with the Small ALF Coalition to ensure CORE training and mental health outreach. VITAS conditions this application on making a grant of up to \$20,000 to be distributed across two years to the Small ALF Coalition serving Subdistrict 6A. Compliance with this condition will be documented by providing AHCA with copies of the checks made to the Small ALF Coalition as part of the annual CON condition compliance report.

8. Palliative Care Program and Resources

Palliative care is an important component of hospice care which VITAS offers to all of its patients. Hospital and Physicians in Subdistrict 6A indicated there is a greater need for access to these services. These services are described in detail in Schedule B. Some Subdistrict 6A residents who would benefit from palliative care services are not yet eligible or ready for hospice services. Determining what services are appropriate for each patient requires a detailed, focused conversation on end of life goals and advance care planning. To ensure area patients who would benefit from palliative care receive the services they need, VITAS conditions this application on:

- a. Engaging area residents with serious illness in advance care planning and goals of care conversations:** VITAS conditions this application on using easy to understand documents and aides to facilitate decisions on care for serious illness. VITAS will use the Five Wishes document and a wishes and values guide during advance care planning and goals of care conversations. Compliance with this condition will be documented by providing copies of these documents in the annual CON condition compliance report.

- b. Bringing VITAS Palliative Care into 6A:** To provide palliative care to patients who are not ready or eligible to receive hospice care, VITAS Palliative Medical Associates, a VITAS-affiliated physician led consultative practice will provide services to palliative care patients in Subdistrict 6A within the first two years of operations. Compliance with this condition will be documented by a letter from Palliative Medical Associates stating the physicians initially providing services, the office location and the opening date. This will be submitted in the annual CON condition compliance report.
- c. Providing Services to Subdistrict 6A:** VITAS will bring palliative chemotherapy, inotrope drips and radiation to optimize pain and symptom management, as appropriate: Compliance with this condition will be documented by a count of Subdistrict 6A patients that have received palliative chemotherapy, inotrope drips, and radiation. This will be submitted in the annual CON condition compliance report.

9. Provider Education and Training Programs

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

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

10. Quality and Patient Satisfaction Program

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

- a. Performance Improvement Specialist:** VITAS conditions this application on hiring a full-time Performance Improvement Specialist in Subdistrict 6A within the first six months of operations. This position is dedicated to supporting quality and performance improvement programs for the hospice program in 6A. The person will perform ongoing quality assessment and monitoring and will collaborate with senior management to identify priorities for improvement. The person will ensure hospice staff have the required training and in-service education. Compliance with this condition will be demonstrated by submitting the name and hire date of the Performance Improvement Specialist in the condition compliance report.
- b. CAHPS Ambassador Program:** VITAS conditions this application on implementing the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Ambassador Program in Subdistrict 6A upon opening. This program will generate interest, awareness, and encourage ownership by team members of their team's performance on the CAHPS survey results. The toolkit will include guidance and resources which programs can use to tailor the CAHPS Ambassador Program to Subdistrict 6A. Compliance with this condition will be demonstrated by including documentation on the CAHPS Ambassador Program, including the names and contact information of staff involved in Subdistrict 6A in the condition compliance report in the first year of operations.

11. VITAS Staff Training and Qualification

Hospice staff are the key to providing patients and families high-quality care. VITAS is committed to ensuring its staff in Subdistrict 6A are well-trained to provide the best possible care. VITAS conditions this application on:

- a.** The medical director covering Subdistrict 6A will be board-certified in Hospice and Palliative Care medicine.
- b.** VITAS will award a salary increase and will reimburse any testing fees for RNs, LPNs, home health aides, and social workers who become certified in Hospice and Palliative Care.
- c.** All employed Chaplains covering Subdistrict 6A will have a Master of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.

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- d.** All social workers will be master's level or licensed clinical social workers.

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

Other Conditions:

12. Hospice Office Locations

VITAS is committed to increasing hospice awareness and utilization in Subdistrict 6A. Hospice offices increase hospice visibility and focused interaction with the community. VITAS recognizes that eastern and southeastern portions of Subdistrict 6A utilize hospice at a lower rate than residents of northern Hillsborough County/Tampa. These areas include a number of large retirement communities as well as a concentration of migrant workers. As such, a physical presence in these communities is critical to ensuring outreach, education and awareness.

VITAS conditions this application on having three hospice offices. The main office will be in the Tampa area and the two other satellite offices will be located in the Brandon (east) and Riverview/Sun City (south) areas of Hillsborough County. By the end of the first year, the second office will be open. By the end of the second year, the third office will be open. Compliance will be demonstrated by submission of the VITAS license with the office locations.

13. Mobile Hospice Education and Outreach Van

VITAS will have a mobile hospice education van, focused on outreach to residents of Subdistrict 6A, particularly those living in rural areas. The van will be available on a permanent basis. The van will provide end-of-life education to Subdistrict 6A health care providers and residents, focusing on rural and outlying areas. A log of trips made will be maintained to document the van's usage, and appropriate data will be provided to AHCA in the annual CON condition compliance report.

14. VITAS Will Not Solicit Donations

VITAS will not solicit charitable contributions from patients, family or friends relating to its services in Subdistrict 6A, nor engage in fundraising events for its program. Any unsolicited donations received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community. Compliance will be provided in the annual CON conditions via an attestation and submission of a compliance report with a ledger showing any non-solicited amounts received and corresponding amounts provided to VITAS Community Connections.

15. Outreach and End of Life Education for 6A Residents Experiencing Homelessness, Food Insecurity and Limited Access to Healthcare

The Subdistrict 6A has a large homeless population that may be undercounted by the mechanisms to track such measures. Area residents also have higher rates of food insecurity than the Florida average. VITAS is committed to caring for all patients, regardless of where they call home. VITAS is also committed to providing resources that will improve quality of life and tools that will prove useful at the end-of-life whether or not an individual becomes a VITAS patient.

To that end, VITAS conditions this application on a program to serve individuals experiencing homelessness, limited access to healthcare and food insecurity in Subdistrict 6A. The program will include the following elements:

- a. Advanced Care Planning for Area Homeless Shelter Residents:** VITAS will offer at least three advanced care planning education programs to area homeless shelters for residents and staff within the first two years. The programs will guide individuals through filling out advanced directives, give them wallet cards noting where the advance directive is filed and give copies of the advance directive to their health care and social service providers, when the person requests VITAS to do so. Compliance will be documented by providing AHCA with dated copies of offers from VITAS to area shelters to provide these programs, and a signed form from each shelter when a

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

- b. Partnership and Grant to Provide Housing Food Assistance:** VITAS will partner with a community organization to provide housing vouchers, improve access to shelter and food assistance for area residents experiencing food insecurity and homelessness. VITAS conditions this application on making a grant of up to \$40,000 to the Salvation Army, \$50,000 to Metropolitan Ministries, and \$100,000 to the East Tampa Business and Civic Association or any other qualified organization for assisting individuals in Subdistrict 6A, to be distributed across two years. The grant will be provided by VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the first two annual condition compliance reports.
- c. Partnership to Assist Migrant and Underserved Communities:** VITAS conditions this application on providing a grant of \$5,000 to be distributed during the first two years of operations to the Hispanic Services Coalition or similar qualified organization for promoting academics, healthy communities, and engagement of Latinos. Note the East Tampa Business & Civic Association also supports underserved and migrant communities. The grants will be provided by VITAS or an affiliated entity. Compliance with this condition will be documented by providing AHCA with copies of the checks as part of the first two annual condition compliance reports

16. Outreach Program for Underserved Residents of Subdistrict 6A.

Hospice use rates among Medicare beneficiaries in Subdistrict 6A are much lower than the statewide average. VITAS is committed to increasing hospice utilization and meeting the needs of residents in all parts of Hillsborough County. These programs are described in detail in Schedule B.

VITAS conditions this application on having a full-time hospice representative, dedicated to outreach underserved communities of Subdistrict 6A during at least the first two years of operations. The representative and the core services team will be hired when the offices open. The representative will coordinate community education programs and outreach and education to area clinicians.

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Compliance will be demonstrated by providing the hospice representative's hire date in the annual condition compliance report.

Many underserved communities including minorities and migrant workers have a much lower health literacy rate, lower educational attainment, and a higher percentage of elderly residents with low incomes than the state average. VITAS will implement its Hospice Education and Low Literacy Outreach (HELLO) program in Hillsborough County focusing on outreach to underserved minority communities including migrant workers. VITAS will also partner with Metropolitan Ministries as noted above to include faith outreach to underserved communities. VITAS conditions this application on offering one outreach event per year during the first two years of operations in conjunction with area social agencies, religious communities, or employers. VITAS staff will provide information on end of life care and easy to digest documents on advance care planning to improve the health care literacy of the community. Compliance will be demonstrated by providing dated correspondence with area organizations offering the programs and a dated list of the events held in the annual condition compliance report.

17. Educational Grant

VITAS conditions this application on providing a grants to the University of South Florida Foundation including \$250,000 for Fellowships, scholarships, education, and workforce development; \$20,000 for diversity initiatives; and as noted above \$30,000 for the Office of Veterans Success over the first two years of operation. The grants will be provided by VITAS or an affiliated entity. Compliance with this condition will be demonstrated by providing AHCA with a copy of the checks and information on what program(s) the checks fund as part of the condition compliance report.

18. Inpatient Hospice House and Shelter

Inpatient Hospice House that Provides Shelter During Hurricanes. Through its experience in Florida before, during and after Hurricanes, VITAS knows there are often individuals and families with nowhere safe to weather out a storm and the immediate aftermath. To meet the need for emergency shelter in Subdistrict 6A, VITAS will develop an inpatient hospice house with a community room designed to serve as a storm shelter for VITAS special needs residents who need to evacuate, staffed by VITAS, to

reduce the burden in community shelters. This is discussed in more detail Schedule B. VITAS conditions this application on applying for a CON to construct an inpatient hospice house within the first two years of beginning its operations in Subdistrict 6A. Compliance will be shown by the filing of the CON application.

19. Medicaid Managed Care Education

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

20. Services Beyond the Hospice Benefit

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

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

- Providing admissions in the evening and on weekends to address the need identified by hospitals and physicians in Subdistrict 6A, that existing hospice providers are not offering this service. Compliance will be measure by providing the number of admissions occurring after normal business hours and weekends.
- Offering a 24-hour call system called Telecare to provide caregivers with assurance and guidance, and dispatch hospice staff when necessary. Compliance will be provided in the annual CON conditions via an attestation of the service's availability and the service's contact information.
- Providing services to address medically complex, high acuity services such as hi-flow oxygen, IV therapy, open Rx formulary, paracentesis, thoracentesis, palliative blood transfusions, palliative TPN inotropes. Compliance will be provided in the annual CON conditions via an attestation of the service's availability.

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- Providing internships to area social workers, chaplains and MBA and MHA (Master of Healthcare Administration) students. Compliance with this condition will be provided as a list of the number and type of interns in 6A, their associated school and the length of their internship.
- Education for area healthcare providers including long-term care facility staff. VITAS conditions this application on offering monthly webinars that provide continuing education units to area healthcare providers. These are offered free of charge and advertised by hospice representatives, email blasts, and flyers. Compliance with this condition will be evidenced by a list of programs offered by date and how many individuals attended the program online.
- Providing a free prognostication tool through the VITAS app for all area physicians. Compliance with this condition will be evidenced by providing information on the application and copies of educational and marketing materials about the application distributed in Subdistrict 6A as part of the annual condition compliance report.
- Providing hospice staff with dashboard reports that summarize quality indicators from the Hospice Item Set (HIS) and CAHPS data to provide insight into performance at the hospice. Providing hospice staff with Discharge Scorecards that allow for benchmarking against the HIS measures. Compliance will be demonstrated by providing AHCA with an example of the dashboard and scorecard in the annual condition compliance report.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, upon Identified need or request. Compliance with this condition will be evidenced by documenting the number of individuals receiving bereavement services more than a year after the death of a family member in each annual CON condition compliance report.
- Patients benefit from programs and activities that are not part of the traditional set of hospice services. VITAS conditions this application on providing the following non-core services:
 - e. Life Bio
 - f. We Honor Veterans Program
 - g. Lavender Touch Experience
 - h. Musical Memories
 - i. Paw Pals
 - j. Music therapy
 - k. Massage therapy
 - l. Specialty children's bereavement services

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Compliance will be documented by including a description of each program and an attestation each was been offered throughout the previous calendar year in the annual compliance report.

- VITAS' comprehensive, open-formulary pharmacy program will be available to all VITAS hospice patients. Compliance with this condition will be evidenced by a signed, declaration in the annual condition compliance report.

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

Should a project be approved, all of the applicants' proposed conditions would be reported in the annual condition compliance report as required by Rule 59C-1.013 (3) Florida Administrative Code. The co-batched applicants' proposed conditions are as they stated. However, Section 408.043 (4) Florida Statutes states that "Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under ss. 408.031-408.045. Florida Statutes." Also, any conditions proposed that are required hospice services would not require condition compliance reports. Section 408.606 (5) Florida Statutes states that "The agency may deny a license to an applicant that fails to meet any condition for the provision of hospice care or services imposed by the agency on a certificate of need by final agency action, unless the applicant can demonstrate that good cause exists for the applicant's failure to meet such condition."

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

D. REVIEW PROCEDURE

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

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

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

As part of the fact-finding, consultant Steve Love analyzed the application in its entirety with consultation from financial analyst Derron Hillman of the Bureau of Central Services who evaluated the financial data.

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

The following indicate the level of conformity of the proposed project with the review criteria and application content requirements found in Sections 408.035 and 408.037, and applicable rules of the State of Florida, Chapters 59C-1 and 59C-2, Florida Administrative Code.

1. Fixed Need Pool

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

In Volume 45, Number 194, of the Florida Administrative Register, dated October 4, 2019, need for one hospice program was published in HSA 6A

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

Population estimates for Hillsborough County (HSA 6A total) and Florida overall, from January 2020 to January 2025, are shown below:

**Hillsborough County (HSA 6A) and Florida
Population Estimates
January 2020 & January 2025**

Hillsborough County				
Age Group	Year		Change	
	JAN 2020	JAN 2025	Number	Percent
Under 65	1,236,716	1,320,027	83,311	6.74%
65+	202,325	237,803	35,478	17.54%
Hillsborough County Total	1,439,041	1,557,830	118,789	8.25%
Hospice Service Area 6A Total				
Age Group	Year		Change	
	JAN 2020	JAN 2025	Number	Percent
Under 65	1,236,716	1,320,027	83,311	6.74%
65+	202,325	237,803	35,478	17.54%
Hospice Service Area 6A Total	1,439,041	1,557,830	118,789	8.25%
State of Florida Total				
Age Group	Year		Change	
	JAN 2020	JAN 2025	Number	Percent
Under 65	16,804,097	17,493,971	689,874	4.11%
65+	4,277,046	4,887,558	610,512	14.27%
State Total	21,081,143	22,381,529	1,300,386	6.17%

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

HSA 6A is currently served by the following providers:

- LifePath Hospice
- Seasons Hospice and Palliative Care of Tampa, LLC

Hospice admissions in HSA 6A from July 2018 through June 2019 are shown below:

Hospice Admissions in Hospice Service Area 6A

Hospice	Admissions 7/1/2018 – 6/30/2019
LifePath Hospice	6,195
Seasons Hospice and Palliative Care of Tampa, LLC	601
Total	6,796

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:

Continuum Care of Hillsborough LLC (CON application #10601)

states that (page 4 of the Executive Summary, reiterated on pages 46 and 47 of the application):

- Hospice affirms life
- Hospice recognizes dying as a process and so our care provides comfort rather than cure
- Hospice neither hastens nor postpones death
- Hospice provides physical, emotional, and spiritual care to terminally ill persons and their families
- Hospice helps the terminally ill person maintain quality of life and helps family members through an extremely stressful time in their lives

CCH points out that there is a great deal of in-migration into Hillsborough County for health care services (pages 7 and 122 of the application).

CCH states the use of the Agency's Florida Need Projections for Hospice Programs, Florida Office of Vital Statistics and NHA Analysis in the presentation of tables/line graphs/bar graphs (pages 8 through 16 of the application and reiterates these same tables/line graphs/bar graphs, pages 122 through 130 of the application) to discuss Subdistrict 6A:

- Current Utilization and Projected Need/January 2021 Planning Horizon
- Admissions by Hospice Program/2nd Batching Cycle 2015-2019
- Admissions by Hospice Program/12 Months Ending June 30, 2015-2019
- Resident Deaths 2014 through 2018
- Resident Deaths and Hospice Admissions/FY 2015 through 2019
- Hospice Penetration Rate/12 Months Ending June 30, 2015-2019
- Hospice Penetration Rate Versus Florida/FY 2017 through 2019
- Population per Hospice Program by Subdistrict Licensed and Approved Hospice Program/CY 2018
- Deaths per Hospice Program by Subdistrict Licensed and Approved Hospice Programs/CY 2018

CCH emphasizes that primary underserved populations in HSA 6A include Black and Hispanic groups and residents with non-cancer diseases. Specifically, CCH comments that Not Normal and Special Circumstances that warrant approval of CCH include (pages 16 and 17, restated on pages 116 and 117, and again stated on page 130 and 131 of the application):

1. Black demographic of Hillsborough County, Subdistrict 6A is hugely underserved compared to all other races

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2. Hispanic population of Hillsborough County, Subdistrict 6A is hugely underserved compared to non-Hispanic counterparts
3. Need of non-cancer disease specific programming to respond to 79 percent of the Subdistrict 6A projected gap in service
4. Improve hospice access for patients in their place of residence, rather than in a hospice house setting.

To confirm significant hospice underutilization of Black and Hispanic demographics in the area, CCH states the use of the Department of Elder Affairs (2016, 2017 and 2018) and NHA Analysis (with admissions being those reported by Lifepath and Seasons Tampa) and then with resident deaths being from Florida Vital Statistics, to reflect penetration rates from 2016 through 2018 (for Black residents) and to also reflect penetration rates for the same period (2016 - 2018) for Hispanic and Non-Hispanic residents. The applicant reflects that for Black residents, the penetration rate ranged from 41.6 percent (2016) to 40.2 percent (2018), with all other race penetration rates being at least 60.1 percent (for the same referenced years). In addition, the applicant reflects that for Hispanic residents, the penetration rate ranged from 42.8 percent (2016) to 48.5 percent (2018), with all other ethnicity penetration rates being at least 60.4 percent (for the same referenced years). See the tables below.

**Subdistrict 6A Hospice Utilization by Race
CY 2016 Through 2018**

	Black				All Other			
	2016	2017	2018	Percent Change	2016	2017	2018	Percent Change
Admissions	613	654	616	0.5%	5,510	5,589	6,023	9.3%
Resident Deaths	1,474	1,517	1,532	3.9%	8,910	9,165	9,093	2.1%
Penetration Rate	41.6%	43.1%	40.2%	--	61.8%	60.1%	66.2%	--

Source: CON application #10601, page 18

**Subdistrict 6A Hospice Utilization by Ethnicity
CY 2016 Through 2018**

	Hispanic				Non-Hispanic			
	2016	2017	2018	Percent Change	2016	2017	2018	Percent Change
Admissions	732	742	904	23.5%	5,391	5,501	5,735	6.4%
Resident Deaths	1,709	1,705	1,862	9.0%	8,930	8,905	9,113	2.0%
Penetration Rate	42.8%	43.5%	48.5%	--	60.4%	61.8%	62.9%	--

Source: CON application #10601, page 19

CCH contends that constituents from the community that are in support of CCH CON application #10601 have relayed the need for a hospice provider to serve minority populations, within their facilities and within the broader County. The Agency reproduces below some of the excerpts of letters of support, as presented on pages 19 and 20 of the application:

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Mark Friedman, Owner, The Bristol at Tampa Rehabilitation and Nursing Center

"I am the Owner of Bristol at Tampa Rehabilitation and Nursing Center, a 266 bed nursing home located on Fletcher Avenue in northeast Hillsborough County.... As the largest facility in Hillsborough County, with one in 15 nursing home beds, we are quite familiar with the post acute and long term care market in Hillsborough County. Our facility also has one of the highest Medicaid percentage of patients in the County, with an average of 75 percent medically indigent patients - compared to the District which only averages 60 percent. As a result, we are also quite familiar with underserved population.

The area in which my nursing home is located is generally known as Suitcase City because of the large transient population. It is also located in the unincorporated University census designated place of Hillsborough County. This census designated place has about one-third percent black population, compared with the overall Hillsborough County rate of about one in six persons being black. Another one third are other minorities, with only one third being non-hispanic white persons. As a result, the composition of our patient population is largely minority.

I am aware of the data that shows Hillsborough County black persons have nearly 50 percent less penetration than the rest of the Hillsborough County population when it comes to hospice services. And I see firsthand that the black population has a disproportionate low use rate of hospice services based on my day to day experience at my nursing home with my patient utilization of such services. Enhancing access to hospice services in underserved areas, including mine, is needed here ..."

Delia Valdes, Owner and Operator of Angels Garden ACLF and Adult Day Care Center

"... We are a 20-bed assisted living facility with a largely Hispanic patient population. My perception is that our community's Hispanic population is largely underserved when it comes to hospice. I was recently provided with information on Continuum Care Hospice, and the unique services and programs they focus on in other markets, as well as their ability to effectively serve minority populations. I believe Continuum Care's experience in penetrating minority populations will carry over to Hillsborough County, which will only enhance the availability and accessibility of end of life care for Hispanics in this county, and in my facility ..."

Edward Santos, Owner & Administrator, Arbor Village, Inc

"... When I learned about all of the minority outreach Continuum Care Hospice does in other markets I was impressed, especially because we have a high Hispanic population at our facility. There is an overall lack

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of access to hospice services for the Spanish speaking population in our county and I believe, based on Continuum Care's experience in other markets, they will be able to enhance access for this minority population...”

CCH comments that it will have the wherewithal and experience to draw from to successfully enhance hospice utilization amongst minority groups in Subdistrict 6A, just as it has in its various markets. The applicant then discusses some of its successful non-Florida hospice operations (pages 21 and 22 of the application). CCH also comments that examples of common barriers to accessibility include an insensitivity to cultural variations in attitudes toward death and dying, the difficulties that clinicians face when communicating about end-of-life issues, and the lack of culturally appropriate sources of information and resources within the community. CCH asserts that (with modifications to the specific area), CCH will introduce these same learned proficiencies in Hillsborough County.

CCH discusses its successful minority outreach efforts in the states of California and Rhode Island, that it will make the same efforts to enhance hospice utilization Black demographic and the Hispanic cohort in Hillsborough County. CCH reiterates its Condition #4 to achieve the same or similar efforts in HSA 6A.

CCH states the use of Florida Office of Vital Statistics and NHA Analysis to indicate Hillsborough County resident deaths by cause (2013-2018), with five-year sum totals for those years and the death percentage by cause for the five-year period (page 26 of the application). The reviewer consolidates the years (2013-2018) to indicate that five-year totals only, by cause and the percent of total. Also, of the 18 itemized causes of death, the reviewer reproduces the top 10 causes and lists all others under the applicant’s “Other Causes” totals. The reviewer notes that each discreet cause under “Other Causes” was 0.7 percent or less. See the table below.

**Hillsborough County Resident Deaths by Cause
Five-Year Trend (2013 – 2018)**

Cause of Death	Resident Deaths	
	Five-Year Total (2013-2018)	Percent of Total
Cardiovascular Diseases	18,234	29.3%
Malignant Neoplasm	13,802	22.2%
Respiratory Diseases	5,853	9.4%
External Causes	5,700	9.2%
Nervous System Diseases	2,936	4.7%
Infectious Diseases	1,938	3.1%
Nutritional Diseases	1,857	3.0%
Digestive Diseases	1,065	1.8%
Symptoms, Signs & Abnormal Findings	941	1.5%
Urinary Tract Diseases	896	1.4%
Other Causes	8,981	14.42%
Total	62,233	100.0%

Source: CON application #10601, page 26 (consolidated)

CCH indicates that, according to DOEA data, the two hospice programs in Hillsborough County admitted 2,214 cancer patients in 2018 and that admissions applied to 2018 resident deaths reflects a 91.3 percent hospice penetration rate, which is similar to that reported to the Agency for the 12 months ending June 30, 2019. CCH also indicates that drilling down to non-cancer hospice penetration rates by disease, DOEA data suggests that the cardiovascular hospice penetration rate is very low (22.4 percent) and that the pulmonary hospice penetration rate was also lower (67 percent) compared to the cancer penetration rate (91.3 percent). CCH points out that though not a huge number of deaths, there were 39 AIDS related deaths in 2018, of which only eight cases were on hospice, resulting in a hospice penetration rate of only 23.1 percent. CCH states the use of Florida Office of Vital Statistics, DOEA 2018 and NHA Analysis to reflect the above referenced penetration rates/percentages, by diseases, and that further, total hospice admission rates include LifePath and Seasons Tampa, as reported to DOEA. See the table below.

**Subdistrict 6A Hospice Admissions by Primary Diseases
CY 2018**

	Total Hospice Admissions	Resident Deaths	Deaths Not Served by Hospice	Hospice Penetration Rate
Cancer	2,217	2,429	212	91.3%
Cardiovascular	751	3,350	2,599	22.4%
Pulmonary	659	983	324	67.0%
AIDS	9	39	30	23.1%

Source: CON application #10601, page 27

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CCH offers additional details and tables (page 27 and 29 of the application) concerning cardiovascular disease and end-stage heart disease hospice admissions among LifePath and Seasons Tampa (existing Subdistrict 6A hospice providers) for 2016-2018. CCH again emphasizes that considering the cardiovascular/end-stage heart disease deaths in HSA 6A, a 22.4 percent penetration rate is low and that CCH will place a concerted effort on this underserved disease group, implementing its successful palliative care program to allow heart failure patients to transition from palliative care to hospice when appropriate. The reviewer notes that hospice care is a transition from curative care to palliative/hospice care, not a transition from palliative care to hospice care, considering that hospice care is already palliative in nature.

CCH maintains that per the Medicare.gov Hospice Compare (data collected from July 1, 2015 through June 30, 2018) and Continuum Care, Continuum’s 30-day readmission rate for heart failure patients is only 2.89 percent, compared to a national 30-day readmission rate of 21.6 percent. Using the same stated source, the applicant maintains that area hospitals have 30-day readmission rates for heart failure ranging from 20.5 percent (Tampa General Hospital) to 24.3 percent (Brandon Regional Hospital) for this same July 1, 2015 through June 30, 2018 time frame. See the table below.

**Area Hospital 30-Day Readmission Rates
Continuum Care’s Palliative Care Readmission Rate
Heart Failure and Total Unplanned Readmissions**

Hospital	Heart Failure Readmission Rate
<i>Continuum’s Palliative Care Program</i>	<i>2.9%</i>
AdventistHealth Carrollwood	21.9%
AdventistHealth Tampa	21.1%
Brandon Regional Hospital	24.3%
Memorial Hospital Tampa	22.8%
Tampa Community Hospital	22.9%
Tampa General Hospital	20.5%
South Bay Hospital	25.6%
St. Joseph’s Hospital	23.2%
National Rate	21.6%

Source: CON application #10601, page 28

CCH asserts that its palliative care initiative reflects a current objective and strategy of the Agency in its quest to reduce potentially preventable healthcare events including readmissions.

CCH provides detail regarding Chapters Health System licensed inpatient hospice beds/facilities in HSA 6A and in surrounding hospice service areas (pages 30 and 21 of the application). CCH asserts that removing a hospice patient from an assisted living facility or nursing home to one of

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Chapter's inpatient hospice facilities (when medically necessary and appropriate), results in disruption of patient care, detracts from quality of life enhancements and participation in nursing home or assisted living facility programming. The applicant states and the reviewer confirms that the following letters of support, from area nursing homes and assisted living facilities, offer appreciation that CCH will not implement hospice houses in Hillsborough County and will rather allow patients to remain in their respective facility(ies), receiving end-of-life care in place, without disruption:

- Pamela Cutsuries, Administrator, The Crossing at Riverview
- Jennifer Rotunda-Nies, Administrator/Executive Director, Allego Inspired Senior Living
- Gail Coleman, Owner/Operator, Gail's Assisted Living Facility
- Aileen Carlson, Administrator, The Estate at Hyde Park
- Rosaline Seabrook, Owner/Operator, New Life Home Care
- Cathalene S. Kinsler, Owner/Operator, Cath E-Z Living
- Delia Valdes, Owner & Administrator, Angles Garden ACLF
- Travis Hannah, RN, Director of Nursing, Bayshore Pointe Nursing and Rehab

CCH stresses partnering with hospitals, nursing homes and assisted living facilities to provide the inpatient level of care as needed and aims to serve patients in their home when possible. The reviewer notes that CCH conditions that it will not build or operate freestanding hospice houses in Hillsborough County (CON application #10601, Schedule C, Condition #10).

The applicant offers an overall narrative description of what CCH identifies as unique programs and services (pages 32 - 50 of the application). CCH provides individual narratives regarding each of the following:

- Service Intensity (noting Schedule C, Condition #s 6, 7 and 8)
- Music Therapy (noting Schedule C, Condition #2)
- Virtual Reality Program (non-pharmacological interventions to help with the experience of its patients and families, noted in Schedule C, Condition #1)
- Equine Therapy (noting Schedule C, Condition #3)
- Veterans Programming (supporting the We Honor Veterans Program, noted in Schedule C, Condition #11)
- Continuum Palliative Resources (an advanced disease management program for patients who are at a maximum therapy level and approximately 24 months from the end-of-life, noted in Schedule C, Condition #9). This unique program and service is stated to have the following benefit:

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- Improves communication between hospitals, SNFs, primary care physicians and specialists that result in positive outcomes for patients
- Improvement medication management which would have otherwise led to unplanned emergency room visits and/or re-hospitalizations
- Ongoing patient and caregiver education on disease progression, alternative medical services available, expectations as disease progresses, how to manage symptoms, knowing when to call the physician
- Identifying goals of care and decreasing patient and caregiver anxiety by encouraging difficult conversation with patients nearing end-of-life about what they really want
- Serves as a connection to the community for resources to assist in providing additional services that can aid in transportation, food services, facility placement, spiritual care, amongst others
- Reduces the patient's propensity to use hospital and/or emergency department as their medical manager, and reinforce better options
- Decreases cost of care as patients near end-of-life
- Minority Outreach (particularly stressing the need for improved hospice access in Hillsborough County among Black and Hispanic residents and noting Schedule C, Condition #4)
- Low Income and Homeless Initiatives
- Community Collaboration
- Commitment to Quality Services
- The Interdisciplinary Team (IDT) Approach

CCH provides a diagram (page 50 of the application) to indicate that CCH goes above and beyond a traditional hospice staffing model. CCH emphasizes the provision of a service intensity that sets it above and beyond traditional hospice programs.

CCH maintains that its projected admission estimates are reasonable and realistic, estimating a total of 200 admissions in year one and a total of 640 admissions in year two. See the tables below.

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**Projected Admissions
Years One and Two**

Year One		Year Two	
Quarter	Admissions	Quarter	Admissions
1	15	5	111
2	35	6	139
3	52	7	177
4	98	8	213
Year 1	200	Year 2	640

Source: CON application #10601, page 85

**Admissions by Terminal Illness
Years One and Two**

Disease	Year One Admissions	Year Two Admission
Cancer	56	179
Cardiac	32	102
Respiratory	28	90
Other	84	269
Total	200	640
Under 65	20	64
Over 65	180	576

Source: CON application #10601, pages 85 and 86

Cornerstone Hospice & Palliative Care, Inc. (CON application

#10602): The reviewer notes regarding Cornerstone’s response to this section of the application, CHPC provides bulleted “Key Takeaways” under each of CHPC’s major need arguments. The reviewer closely aligns with the applicant’s major bulleted “Key Takeaways” in summarizing the applicant’s need argument.

CHPC contends that consistent with the Agency’s published need for an additional hospice program in Service Area 6A, Cornerstone’s own assessment of population size and composition, mortality rates, and unmet community needs affirms that a new competitor with a commitment to serving the entire area - including but not limited to persons with end-stage respiratory disease, terminally ill persons under age 65 with a diagnosis other than cancer, and the Hispanic community is needed to enhance access to hospice care among area residents.

CHPC indicates that:

- Service Area 6B is adjacent to Hillsborough County, primarily to the east. This proximity (and, if approved, operating under the same existing license) will enable Cornerstone to move rapidly and seamlessly to establish its services in 6A – as Cornerstone’s existing presence and infrastructure in nearby counties will aid Cornerstone in a smooth, efficient expansion

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- The expansion into Service Area 6A will bring the total number of counties served by Cornerstone to eight, and will ensure that Cornerstone's hospice services are available and accessible across a broader stretch of Central Florida including the City of Tampa and its environs

CHPC (a not-for-profit hospice provider) points out that according to the NHPCO, the number of for-profit hospice providers nationally has grown by more than 17 percent, since 2014, while the number of non-profit hospice providers has declined by 3.9 percent. CHPC further points out that: Non-profit health care providers are legally and ethically bound to benefit their communities. Rather than inuring to the benefit of private owners, the earnings and reserves of nonprofit health care organizations are reinvested to benefit the community. Cornerstone, as a community-based not-for-profit health care provider, is mission driven and invests its resources to meet its mission. This allows Cornerstone to provide a broader range and more in-depth services than for-profit providers who operate under a business model that seeks to maximize owner or shareholder value and financial returns.

Cornerstone references the following letters of support for another nonprofit hospice provider in Hillsborough County:

Mr. Steven M. Bernstein, Hillsborough County

" ...For over three decades now, Cornerstone has been serving several counties across central Florida as a non-profit entity, they enjoy an outstanding reputation for service excellence to our surrounding communities. Our county would be well-served by a non-profit hospice with their established track record for sustained quality of care, and I have no doubt that we would welcome them with open arms.

End of life care calls for compassion and a unique skill set devoted entirely to both patient and family, and this rare combination is often delivered best organizations like Cornerstone that are unencumbered by profit and shareholder requirements.

For all of these reasons, I would urge the State- to grant Cornerstone the authority to assume operations as a hospice provider delivering quality services to my fellow citizens here in Hillsborough county. Should you have any questions concerning the basis for my recommendation, please do not hesitate to contact me. "

Ms. Michelle Capogrosso, Administrator of Hacienda Villas in Tampa

"As a non-profit assisted living facility, Hacienda Villas often sees residents who are at the end of life and in need of specialized care from

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hospice. We have learned that the Certificate of Need has opened another slot for a hospice provider in Hillsborough County and we support the consideration of Cornerstone Hospice.

Cornerstone Hospice is a non-profit provider of hospice services and has an appreciation for the mission of other non-profit service providers in the senior living business. We have come to understand that Cornerstone has the breadth of services that adds value to programs such as ours and will work in a collaborative manner with ALFs to provide the coordinated level of care necessary.

Adding another hospice provider in Hillsborough will give more choices to residents and with Cornerstone as a non-profit provider, we support their application. "

CHPC contends that Cornerstone is the best candidate to fill the void in hospice services in HSA 6A, at least in part due the fact that a number of Cornerstone staff reside in and have spent considerable time in the District and have thoroughly analyzed the needs of the communities comprising Service Area 6A. CHPC states that the following senior leaders of Cornerstone have at one time worked in hospice for LifePath and therefore possess a detailed knowledge of hospice-related needs in Hillsborough County (page 41 of the application):

- Rhonda White, Chief Operating Officer
- Jason D' Auria, VP
- Ursula Cutler, VP
- Lisa Conradi, VP
- Tracy Roberts, VP
- Dr. Michael Shapiro, Chief Medical Officer

Cornerstone reiterates its condition to establish a physical presence in Hillsborough County (Schedule C-Offices Condition).

Regarding an overview of need for a third hospice in HSA 6A, Cornerstone asserts that:

- Hospice penetration rates in Hillsborough County lag behind the statewide rates relative to non-cancer patients, especially in the case of the rates for non-cancer patients ages 0- 64, where the four-year average Hillsborough County rate is only 71 percent of the statewide rate over the same time period
- The net need in Service Area 6A has ranged from 787 to 1,193 admissions over the last eight batching cycles. Given that a calculated net need of 350 admissions is sufficient to trigger the need for a new hospice in a given service area, these are extraordinary values

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CHPC compares current and historic statewide penetration rates (2015-2018) to those for HSA 6A (pages 27 and 28 of the application).

CHPC maintains that:

- Cornerstone has undertaken its own needs assessment related to specific conditions in Service Area 6A, including extensive research into patterns of hospice admissions by patient zip code; hospice utilization by patient race/ethnicity, age and diagnosis; income status; and county and age-specific mortality rates and trends
- Based on this research, Cornerstone has concluded that there are ongoing needs that will increase over time as the population of the service area increases and ages, and as the composition of that population changes
 - In particular, there is a growing need for a hospice program committed to addressing special needs of the population relative to end-stage respiratory disease, terminally ill persons under age 65 with a diagnosis other than cancer, and the cultural, language, and religious needs of the area's large Hispanic community

CHPC further maintains that:

- Cornerstone's efforts have included meetings with health care providers, social service organizations, and other interested parties in Service Area 6A whose clients/patients utilize or would utilize Cornerstone's services
- Cornerstone has reviewed various Community Health Needs Assessment (CHNA) reports issued by Hillsborough County nonprofit hospitals; as well as the ongoing series of reports regarding the health needs of the Hillsborough County population published by the Florida Department of Health in Hillsborough County (DOHHC)
- Cornerstone has collected and analyzed population and health data from secondary sources in an attempt to validate issues raised in the aforementioned reports and support letters, and to determine any other unmet needs and has determined that Cornerstone would be an ideal candidate to fulfill this need

Regarding population characteristics impacting hospice program needs in HSA 6A, CHPC contends that:

- Demand for hospice services should increase along with population growth. Hillsborough County's total population is projected to increase from 1,464,067 to 1,557,830 persons between January 2021 and January 2025, a difference of 93,763. The corresponding overall percent increase in population in Service Area 6A will be slightly above the district average and well above the state average

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- The 65 and older segment of the Hillsborough County population is projected to grow at a much higher rate than the under 65 population. However, Hillsborough County will continue to reflect a younger age profile than either District 6 or Florida
- Both minority population groups (Hispanic and black/African American) within the service area are expected to grow at rates exceeding the corresponding 6A averages regardless of age. However, the differences are most striking for the Hispanic population in all categories. The total Hispanic population is projected to grow at a rate more than double that for the service area as a whole
- The Hispanic population is expected to comprise nearly one-third of the Hillsborough County population by 2025, compared to approximately 17 percent for the black population. By 2025 the Hispanic population of Service Area 6A is forecast to exceed the black population by over 250,000
- The Hispanic community possesses distinct cultural, language and religious preferences. As a result, the Hispanic population traditionally encounters language and cultural barriers which inhibit access to hospice care. Cornerstone will actively recruit bilingual staff members in 6A

To support some of these contentions, CHPC provides resident population growth estimates (resident totals as well as percentages) by age cohorts, from January 1, 2021 to January 1, 2025 (page 31 of the application).

Next, CHPC states the use of Environics Analytics and Legacy Consulting Group analysis to provide racial and ethnic characteristics of the population of HSA 6A, further segmented by age, for the years 2020 and 2025, with resultant population growth rates. See the table below.

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Population of Hillsborough County by Age, Gender, Race, and Ethnicity 2020, 2025			
Group	2020	2025	AARG (1)
Male			
0-64	624,046	658,059	1.1%
65+	97,113	117,451	3.9%
Total	721,159	775,510	1.5%
Female			
0-64	633,462	664,325	1.0%
65+	123,494	149,806	3.9%
Total	756,956	814,131	1.5%
<i>Total</i>			
0-64	1,257,508	1,322,384	1.0%
65+	220,607	267,257	3.9%
Total	1,478,115	1,589,641	1.5%
White			
0-64	825,058	841,172	0.4%
65+	182,802	217,546	3.5%
Total	1,007,860	1,058,718	1.0%
Black/Af.Amer.			
0-64	230,103	247,094	1.4%
65+	22,669	28,152	4.4%
Total	252,772	275,246	1.7%
All Other Races			
0-64	202,347	234,118	3.0%
65+	15,136	21,559	7.3%
Total	217,483	255,677	3.3%
Hispanic (2)			
0-64	402,626	463,977	2.9%
65+	46,892	64,016	6.4%
Total	449,518	527,993	3.3%

(1) Average annual growth rate.

(2) Hispanic population included in White, Black, and other races.

Source: CON application #10602, page 33, Table 6

In the above table, CHPC stresses the estimated growth rates of Blacks/African Americans and Hispanics but especially stresses that the most striking is for the Hispanic population in all categories. The reviewer notes that per this table, by 2025, the age 65+ Hispanic population in the area is expected to increase by 6.4 percent, with age 65+ Black/African American population in area growth at 4.4 percent and the white population growing the least of the three – at 3.5 percent.

CHPC again states the use of Environics Analytics and Legacy Consulting Group analysis to provide current and forecast age composition of the total Hillsborough County population by age cohort, and by race and ethnicity, in percentage estimates, for the 2020 to 2025 timeframe. See the table below.

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Population of Hillsborough County by Age, Gender, Race, and Ethnicity 2020, 2025		
Group	2020	2025
Male		
0-64	42.2%	41.4%
65+	6.6%	7.4%
Total	48.8%	48.8%
Female		
0-64	42.9%	41.8%
65+	8.4%	9.4%
Total	51.2%	51.2%
<i>Total</i>		
0-64	85.1%	83.2%
65+	14.9%	16.8%
Total	100.0%	100.0%
White		
0-64	55.8%	52.9%
65+	12.4%	13.7%
Total	68.2%	66.6%
Black/Af.Amer.		
0-64	15.6%	15.5%
65+	1.5%	1.8%
Total	17.1%	17.3%
All Other Races		
0-64	13.7%	14.7%
65+	1.0%	1.4%
Total	14.7%	16.1%
Hispanic (1)		
0-64	27.2%	29.2%
65+	3.2%	4.0%
Total	30.4%	33.2%

(1) Hispanic population included in White, Black, and other races.

Source: CON application #10602, page 35, Table 7

CHPC states that based on the table above, by 2025, the under age 65 portion of the population is projected to decline (to 83.2 percent), accompanied by an increase in the age 65+ population (to 16.8 percent). CHPC also states notable growth regarding the Black/African American population and particularly, the Hispanic population.

CHPC points out that according to the US Bureau of the Census, American Community Surveys, as of July 1, 2018, Hillsborough County has the fourth largest Hispanic population in Florida. In addition, Hillsborough County's Hispanic population has grown by 37 percent since the 2010 census.

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CHPC maintains that the Hispanic community possesses distinct cultural, language and religious preferences and as a result, the Hispanic population traditionally encounters language and cultural barriers which inhibit access to hospice care. CHPC reiterates its conditions regarding the development of Spanish language education and outreach, including having two full time employees dedicated to this effort (Schedule C-Hispanic Outreach Condition). Additionally, Cornerstone conditions the application on the development of bilingual volunteers to help serve this population (Schedule C-Bilingual Volunteers Condition).

Regarding Cornerstone's readiness to serve Hillsborough, CHPC comments that Cornerstone's Lakeland/Polk County satellite office is located just eight miles from the boarder with Hillsborough County and that additionally, Cornerstone has been serving Polk County (in HSA 6B) since 2002. CHPC discusses the successful experience of Cornerstone's COO, Chuck Lee, in expanding other hospice programs in the state, as well as Cornerstone's overall experience in growing its agency/operations (pages 41 and 42 of the application).

CHPC states that the federal Patient Protection and Affordable Care Act requires nonprofit hospitals to perform a community health needs assessment (CHNA) once every three years, and to publish the results in writing. Cornerstone states having reviewed the various reports issued by Hillsborough County nonprofit hospitals and that two of the most current and comprehensive are those issued by Tampa General Hospital (TGH) and the Moffitt Cancer Center (Moffitt). CHPC states that both these hospitals issued their respective CHNAs in 2019. Additionally, CHPC points out that DOHHC also issued an update to its CHNA in March 2019. CHPC states having undertaken its own data-driven analysis of Hillsborough County health-related needs.

Regarding mortality and morbidity impacting resident hospice needs in the area, CHPC states that:

- Major health status concerns in Hillsborough County include cancer, diabetes, heart disease/stroke, respiratory diseases, Alzheimer's disease, infant mortality, and renal (liver) diseases
 - TGH and Moffitt CHNAs, collectively, indicated that current health status conditions of concern in Hillsborough County include:
 - ❖ Cancer
 - ❖ Diabetes
 - ❖ Heart Disease and Stroke
 - ❖ Respiratory Disease
 - ❖ Infant Mortality (identified by TGH but not Moffitt)

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- DOHHC has identified the following as an area of concern in Hillsborough County:
 - ❖ HIV/AIDS among the African American community
 - In addition, the Parkinson's disease rate among the under 65 population is higher than the corresponding state average

Cornerstone conducted its own analysis of mortality/morbidity issues of concern in HSA 6A, drawn from Florida DOH/CHARTS and Legacy Consulting Group analysis to determine the top 15 leading cause of death in Hillsborough County in 2018 (page 46, Table 8 of the application). CHPC comments that seven of these top 15 leading causes of death in the area stand out:

- Heart diseases
- Cancer
- Chronic lower respiratory disease
- Alzheimer's disease
- Influenza & Pneumonia
- Essential hypertension & hypertensive renal disease
- Septicemia (blood poisoning, primarily infectious)

CHPC maintains that the Hillsborough County age-adjusted death rates for these seven conditions are all higher than the state average and that further, the findings regarding heart disease, cancer, and respiratory disease echo concerns raised in the TGH and Moffitt CHNAs.

Cornerstone states the use of Florida DOH/CHARTS and Legacy Consulting Group analysis to determine the 15 leading causes of non-cancer mortality in Hillsborough County, compared to Florida, in 2018. See the table below.

Hillsborough County Crude Non-Cancer Mortality Rate Compared to Florida, 2018			
<i>(Top 15 Causes of Non-Cancer Deaths as Measured by Hillsborough County Crude Death Rate)</i>			
Cause of Death	Under 65	65+	All Ages
Cause of Death	104.8%	109.1%	82.6%
Other Non-rankable Cause of Death	77.0%	110.3%	78.3%
Unintentional Injury	82.9%	118.6%	86.9%
Chronic Lower Respiratory Disease	87.3%	96.9%	71.5%
Alzheimers Disease	140.0%	168.3%	118.4%
Cerebrovascular Diseases	77.1%	67.7%	51.1%
Diabetes Mellitus	72.8%	98.8%	71.5%
Suicide	92.9%	91.7%	90.5%
Influenza & Pneumonia	75.8%	124.2%	86.4%
Chronic Liver Disease & Cirrhosis	71.8%	104.0%	75.5%
Septicemia	131.4%	113.4%	94.9%
Renal Dis	70.0%	118.4%	81.8%
Nephrosis	68.6%	78.8%	58.4%
Parkinsons Disease	133.3%	91.4%	65.6%
Homicide	78.1%	95.2%	83.9%

Source: CON application #10602, page 48, Table 10

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Cornerstone provides the following narrative description of the above table:

- The data in Table 10 (above) confirm the finding from CON application #10602, Table 9, namely that heart disease and Alzheimer's disease mortality rates for Service Area 6A exceed those for the state as whole, regardless of age group. This is particularly true for Alzheimer's disease where the Hillsborough County rates are substantially above those for Florida overall
- The rate for renal disease is 118.4 percent of the state rate for persons 65 and older, but only 70.0 percent among persons under age 65
- The rate for liver disease and cirrhosis is 104.0 percent of the state rate for persons 65 and older, but only 71.8 percent among persons under age 65. On the other hand, the under 65 rate for Parkinson's disease is 133.3 percent of the state rate versus 91.4 percent among persons 65 and older.

CHPC restates an unmet hospice need among the under age 65 non-cancer population in HSA 6A and maintains that Cornerstone will meet this need by utilizing its extensive cadre of programs developed for this age and diagnostic group, particularly its Dyspnea Self-Management Program (DSMP), including special programs for congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD), as well as its Cardiac and other Respiratory programs (pages 56 through 58 of the application). CHPC provides more detail regarding its DSMP and other programs in Tab 5 of the application.

CHPC describes its Concurrent Care Program (caring for children under age 21 that are enrolled in the Florida Medicaid or the Florida Children's Health Insurance Program (CHIP).

Regarding racial and ethnic disparities in health care in Hillsborough County, CHPC states the use of Florida DOH/CHARTS and Legacy Consulting Group analysis to provide Tables 12, 13 and 14, pages 61, 62 and 63, respectively, in the application. Largely from the data in these referenced tables, CHPC contends that, at least up to 2018:

- The Hillsborough County black population mortality rates exceeds those for whites for heart disease, cerebrovascular diseases (stroke), diabetes, renal diseases and kidney diseases
- Mortality rates by cause among the Hispanic population of Hillsborough County exceed those among non-Hispanic persons in two categories, Alzheimer's disease and diabetes

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- The Medicare hospice admissions rates for both the black and Hispanic populations are considerably lower than the overall average for Hillsborough County. This is especially true of the Hispanic population
- The Hispanic community possesses distinct cultural, language, and religious preferences. As a result, the Hispanic population traditionally encounters language and cultural barriers which inhibit access to hospice care
- In an effort to meet the needs of the growing Hispanic population in Service Area 6A, Cornerstone plans to have a bilingual presence skilled in the delivery of education and messaging, resulting in increased access to those who historically were unaware of the resources available to them and their loved ones
- Cornerstone has strong ties in the Hispanic and Latino communities surrounding Service Area 6A and will build upon these relationships to make additional inroads within Hillsborough County
- Cornerstone has three critical outreach programs in place that will also be utilized in Service Area 6A. These include Tertulia Con Cafe, ENLACES, and Hispanic Clergy Meetings
- Cornerstone has developed relationships with African American organizations in the communities it currently serves and intends to further develop relationships with access points in the Hillsborough African American community, most notably churches and civic organizations
- Cornerstone will educate its staff on the values and cultural experiences unique to Hispanic persons and African Americans, and will use that knowledge as a springboard to connect with these communities.

CHPC offers narrative descriptions/discussions regarding planned steps to address the above referenced racial and ethnic disparities in hospice services in Hillsborough County (pages 63 - 67 of the application). Additional description is offered in Spanish in Tab 7 of the application.

Regarding lower income groups in HSA 6A, CHPC states the use of Environics Analytics and Legacy Consulting Group analysis to provide Tables 16 and 17, pages 68 and 69, respectively, in the application. Largely from the data in these referenced tables, Federal Poverty Guidelines from the US Department of Health and Human Services and other sources already referenced by the applicant, CHPC contends that, in 2020:

- Both DOH and the TGH CHNA identify lower income status as contributing to health status problems and unmet health care needs in Hillsborough County

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- Approximately 20 percent of the households in Hillsborough County have incomes below \$25,000. The federal poverty definition for a household of four persons is \$25,570
- Both the African American and Hispanic populations of Hillsborough County have median household incomes well below both the overall county median as well as the corresponding state averages
- Cornerstone will set up a designated charitable account, as conditioned in this application, which will be used to help meet the needs of low income patients outside of hospice services. Additionally, Cornerstone has conditioned this application upon making donations to key local service organizations to help to improve access to care and supportive services.
- Cornerstone has a mission of service to all persons in need, including indigent and low-income populations regardless of race, ethnicity, religious affiliation or ability to pay

Regarding access to care, CHP asserts that:

- DOH, and the TGH and Moffitt CHNAs all identify access issues as a priority area of concern in Hillsborough County
- Access to hospice care is usually a function of a given population's awareness and knowledge of available hospice services, and their willingness due to psychological and cultural factors to seek and accept these services in a timely manner
- Cornerstone has distinct programs for intake, for seven-day case management, and for the provision of services outside of its already-expanded regular business hours that are designed to enhance access

CHPC discusses the above referenced limited healthcare/hospice access issues for Hillsborough County residents on pages 74 through 77 of the application. In this discussion, CHPC points out letters of support that Cornerstone indicates are due, in part, to the availability of the applicant's innovative Seven-Day Case Management Model. The Agency reproduces below the applicant's referenced letters of support:

Ms. Susan Stanton, Administrator, Carrollwood Care Center, Tampa:

"I have been informed that Cornerstone Hospice is applying to be the third hospice agency for Hillsborough County. I would like to recommend Cornerstone for this position. At this time there is only one other hospice provider in Hillsborough County that I will contract with for hospice services.

"I researched alternate hospice companies to offer our residents a choice. I discovered that Cornerstone Hospice has a 30-year history of service and quality of care. In fact, Cornerstone offers case management services

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7 days per week for each resident. This level of case management services provides an enhanced communication and coordination of care. Our residents deserve to have choices amongst quality hospice in Hillsborough County..."

Ms. Tabby Diaz, Executive Director, Brighton Gardens of Tampa:

"Cornerstone has several unique service improvements including a 7 Day Case Management model that provides for two full time RN case managers to oversee the care delivery of every patient or resident on service. This hospice has found a way to reduce the use of 'after hours' nurses by assigning two registered nurses to each resident assuring full seven-day coverage rather than the usual five day by other hospices supplemented by nurses who are not as familiar with the resident.

Creating more available hospice services by adding another hospice agency to Hillsborough will be an asset to facilities like ours and to the general community. Consider Cornerstone Hospice as the next hospice for Hillsborough. "

Mr. Brian Bentz, Executive Director , Palm Garden Health and Rehabilitation Center in Sun City Center, and a former nursing home administration in Polk County

"I am familiar with Cornerstone Hospice from my work in Polk County and found this agency to be one of integrity and commitment to service. Cornerstone Hospice employs a 7-day case management model that allows for residents to be managed by two full time RN case managers across a 7 day spectrum, not the typical 5 day for most hospices. I find this to be an advantage and their collaboration with facility staff is also top notch.

It is due to this creativity and attention to detail that I am submitting this letter in support of Cornerstone's candidacy as the next hospice provider in Hillsborough County."

CHPC next discusses/describes its existing Care Connection program and that Cornerstone will extend this program into HSA 6A, as part of its initial rollout (if approved). Regarding a lack of outreach to smaller ALFs, CHPC contends that:

- There are 260 licensed ALFs in Hillsborough County. Nearly 75 percent of all ALFs are licensed for less than 25 beds. In addition, 170 homes, accounting for over 65 percent of all ALFs, have 10 or fewer licensed beds each
- Cornerstone understands from the letters of support it has received that these smaller ALFs are often overlooked by existing hospices. Cornerstone commits to emphasize outreach to these facilities in Service Area 6A

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In this lack of outreach to smaller ALFs contention in HSA 6A, CHPC references letters of support that endorse CON application #10602. The Agency reproduces below the applicant's referenced letters of support:

Ms. Ivonne Torauzo, Administrator, Casa Loreto, ALF: "I recently learned that under the CON the State of Florida will be making available an additional hospice provider for Hillsborough County; this is welcome news for all and especially smaller assisted living facilities such as ours. It will be good to have another hospice agency compete for referrals and I would like to give my support to Cornerstone Hospice.

Cornerstone provides great customer service and has a track record of distinguished service in all counties it is located Hillsborough would be very fortunate to have this agency in our community as they respond fast to service requests and communicate well with facilities.
"Cornerstone Hospice has my full endorsement."

Mr. Nino Bonoan, Administrator, Kristianna's ALF: "As a 22 bed assisted living facility, it is important that we develop strong working relationships with hospice agencies in our community and from what I have learned about Cornerstone Hospice I believe this agency can be an asset to both small and large facilities as well as the community in general. Cornerstone has demonstrated a real commitment to service and as a non-profit it has given back to the communities it currently services and will do so here in Hillsborough.

With services and programs that include a Salutes program for Veterans, case management over seven days, and extended hospice aide services in facilities, Cornerstone Hospice will enhance the services available for residents of assisted living facilities, other facilities and the community."

Ms. Idalmis Montano, Administrator, Nueva Vida ALF:
"Small assisted living facilities can often be overlooked when it comes to arranging a working relationship with a hospice agency. As I have learned that another hospice provider will be servicing Hillsborough residents, I would like for you to consider the application of Cornerstone Hospice.

During my discussion with Cornerstone, I learned that they will work with small facilities like mine to assure that residents have access to hospice services at time of need. They will provide not only the key hospice services but will work with me to determine a level of care for aide service for residents on hospice. I appreciate a collaborative approach and believe Cornerstone will provide this for our facility."

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CHPC provides a map (page 82 of the application) to depict ALF locations in Hillsborough County.

Regarding the “Cornerstone Salutes!/We Honor Veterans (WHV) Program”, CHPC states the use of American FactFinder (2013-2017) American Community Surveys Five-Year Estimates and Legacy Consulting Group analysis to provide Table 18, page 83, in the application. CHPC contends that:

- There are an estimated 91,545 veterans residing in the service area
- Cornerstone has developed the Cornerstone Salutes! Program in association with the We Honor Veterans program, a collaboration between the National Hospice and Palliative Care Organization and the Department of Veteran Affairs
- Cornerstone Hospice has achieved the highest level of accreditation - Four Stars - through the We Honor Veterans program

CHPC discusses the above referenced Cornerstone services to veterans on pages 83 and 84 of the application. Maps provided on pages 86 and 87 of the application depict age 18+ and age 65+ veteran populations in Hillsborough County, 2013-2018. Tab 10 of the application includes additional information about Cornerstone’s We Honor Veteran and “Cornerstone Salutes!” success and special events.

The Agency reproduces below the applicant’s referenced letter of support regarding veterans services: *Colonel Gary E. Clark USAF (Ret), Chairman of the Polk County Veterans’ Council*: "I wish to express my support for the Certificate of Need application filed by Cornerstone Hospice & Palliative Care, Inc. ("Cornerstone") to bring an additional hospice program to Hillsborough County. Cornerstone is already providing hospice, palliative care, and skilled nursing to the residents of other counties in our state. As a result, Cornerstone has an understanding for the needs of this area.

I am impressed with their special focus on veterans; recognizing their service and focusing attention to their dedication to the nation.

I understand that Cornerstone's application proposes to bring a hospice program that addresses specific community needs including Veterans' care and cultural programs specific to the Jewish populations as well as targeted programming and services for pediatric patients. Because Cornerstone is already serving patients in a number of nearby counties, its knowledge of the community and its existing relationships with other providers will be an asset in truly meeting the needs of this community. Cornerstone is known for providing the highest level of quality care and for quickly expanding to meet the needs of the communities it serves.

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Cornerstone has a history of providing indigent care to the communities it serves. In addition, I understand that Cornerstone takes pride in its staff and programs and as a non-profit provider, it is dedicated to reinvestment in this infrastructure to ensure continuous quality and clinical improvements. As a result, Cornerstone has seen continued improvements in staff and patient/caregiver satisfaction over the past three years. This type of dedication and quality is needed in the next provider approved to serve Hillsborough County. As a result, I strongly support Cornerstone Hospice.

Hillsborough has a potential need for an additional hospice provider. The provider which is awarded the CON needs existing community linkages, affiliations, and an understanding of the needs of this community to best serve this area. I fully support this project as it is in the interest of our growing and aging population and believe that Cornerstone has the community commitment, existing presence, and demonstrated professionalism that will best meet this need. "

Regarding specialized outreach, education and care for Jewish patients, Cornerstone contends that:

- Cornerstone is one of only 15 hospices in the State of Florida that are accredited by the National Institute for Jewish Hospice (NIJH)
- Cornerstone staff members are trained annually in the specifics of Judaic customs and beliefs to be able to provide support for Orthodox, Conservative, Reform, and even non-practicing Jewish patients and their families

CHPC provides further detail regarding existing practices and protocols regarding hospice services to the Jewish community (pages 88 and 89 of the application). CHPC provides Cornerstone's January 2020 - December 2020 NIJH accreditation (Tab 11 of the application).

Regarding projected admissions, CHPC emphasizes an expectation of beginning operations April 1, 2020 – a stated nine months prior to the Agency's hospice planning horizon of January 1, 2021. However, the reviewer notes the statement that operations are to begin operations in HSA 6A on April 1, 2020 is inconsistent CHPC's Schedule 10 (indicating initiation of service in January 2021) and is also inconsistent with CHPC's projected admissions table below (indicating that admissions are to begin "Q1'21". The applicant estimates a total of 448 admissions in year one (ending December 31, 2021), with a market share of 5.8 percent and a total of 819 admissions in year two (ending December 31, 2022), with a market share of 10.2 percent. See the table below.

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**Projected Admissions for Cornerstone Hospice
HSA 6A**

Time Period	Hillsborough County	Cornerstone	
		Market Share	Admissions
Q1'21	1,915	3.3%	62
Q2'21	1,915	5.1%	98
Q3'21	1,915	6.7%	129
Q4'21	1,915	8.3%	158
Total	7,659	5.8%	448*
Q1'22	2,008	9.2%	184
Q2'22	2,008	10.5%	210
Q3'22	2,008	10.4%	209
Q4'22	2,008	10.7%	216
Total	8,031	10.2%	819

CON application #10602, page 89, Table 19

NOTE: * The reviewer notes that, arithmetically, the year one admissions total 447 and additionally, arithmetically, in year one, 7,659 X 0.058 rounds to 444.

The reviewer notes that the applicant's tables on pages 90 through 95 address such topics as:

- How CON application #10602, Table 19 (above) was determined
- Cornerstone patient days by payer source and level of care in 2018 and estimates for 2021
- Impact on existing HSA 6A hospice providers, if CON application #10602 is approved

Odyssey Healthcare of Marion County, LLC (CON application #10603) contends that some of the issues which should be considered in determining the best applicant include a provider:

1. Who already provides services to the residents of Hillsborough County - Odyssey is the only one who would receive this preference as an existing provider of home health services
2. With established referral patterns with Hillsborough County's hospitals, physicians, home health agencies, hospices, nursing homes, ALFs etc. - Odyssey is the only one who would receive this preference as an existing provider of home health services
3. Who will as a condition of its approval become accredited by JCAHO, CHAP or ACHC (Schedule C-Condition #3)¹
4. Who has strong financials (reviewer item E.3.c. of this report for the Agency's review of Odyssey's financials)
The applicant has revenues in excess of \$4 billion dollars

¹ As previously noted, accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need.

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5. Who is willing to provide charitable contributions to the community - The applicant will provide \$100,000 to implement the educational outreach program (Schedule C-Condition #4)
6. Who will serve the community as a whole and not selectively choose patients. The provider must commit to serving all individuals in need including but not limited to: Hispanics, African-Americans, and the indigent/homeless (Schedule C-Condition #s 1, 2, 13 and 16)
7. Whose entry as the third hospice serving the county is not likely to adversely impact the number of patients the existing providers, Lifepath and Seasons, receives
8. Who would not adversely impact LifePath's donor base which would adversely impact LifePath as much if not more than reduction in the number of patients

Odyssey contends four additional strengths should be considered for project approval include but are not limited to the following (pages 30 and 31 of the application):

1. The existing knowledge of available resources, community ties and referral base of its affiliated home health providers
2. The corporate culture of service
3. The willingness to increase their existing relationships to include Hillsborough schools, universities, hospitals, home health agencies, nursing homes, physicians, religious entities, Hispanic and African American community leaders, gay and lesbian groups, etc.
4. That it already has over 10 individuals who have worked for licensed hospices in Florida including administrators, nurses, therapists, etc., who would be willing to work in the Hillsborough County Odyssey Healthcare

Regarding #3 above (Odyssey's willingness to increase existing relationships), the reviewer notes that CON application #10603, Appendix EEE includes no letters of support from area residents that identify as associates/affiliates with Hillsborough schools, universities, hospitals, non-Kindred home health agencies, nursing homes, physicians, religious entities, Hispanic and African American community leaders or gay and lesbian groups.

Odyssey offers a summary of the factors considered by the Agency in the issuance of need in the current batching cycle for a new hospice program in HSA 6A (pages 36 - 40 of the application). This summary includes the most currently available data regarding such factors as:

- Comparison of Hospice Rates in D-6A versus Florida (Table 11 of the application)

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- Penetration Rates - including all HSAs statewide (Table 12 of the application)
- Hospice Patients per Hospice by District (Table 13 of the application)
- Resident Deaths per Hospice by District (Table 14 of the application)

Next, Odyssey states that its representatives spoke with many individuals in Hillsborough County and received support letters which are included as appendices to this application. Odyssey states that a common concern is the low percentage of deaths in hospice which were believed to be related to:

1. The lack of access with only two hospice providers
2. The failure to educate the large Hispanic population to the merits of hospice and thus not fully serve this population
3. The failure to educate the African American population to the merits of hospice and thus not fully serve this population
4. The failure to educate the homeless and near homeless population to the merits of hospice and thus not fully serve this population
5. The failure to make the indigent population living in some of the smaller ALFs aware of the merits of hospice and thus not fully serve this population

Odyssey asserts that it will take the necessary steps including:

1. The development of an educational outreach program with dedicated person(s) to go into the communities listed above and meet with individuals who would assist in reaching these individuals
2. Education through the schools, the radio stations, TV and other mediums
3. Meetings at homeless organizations such as Metropolitan Ministries or other similar facilities
4. Marketing to the smaller boarding homes and ALFs in addition to other marketing efforts
5. Meetings with spiritual & community leaders of both the African American & Hispanic Communities

Odyssey also offers other discussion and tables regarding population estimates for HSA 6A, as it related to the Fixed Need Pool (pages 43 - 45):

- Population for Age, Race and Hispanic Origin 2018-2021 for Hillsborough County (Table 16 of the application)
- Population for Age, Race and Hispanic Origin 2018-2021 for State of Florida (Table 17 of the application)

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Odyssey then offers further discussion and tables regarding population estimates for Hillsborough County and Florida overall (pages 46 through 49 of the application), using data from the UF BEBR, FL Population Studies, Bulletin:

- Population Projections for Elderly 2018-2021 Comparing Hillsborough County to Florida (Table 18 of the application)
- Population Projections for Hispanic Elderly 2018-2021 Comparing Hillsborough County to Florida (Table 19 of the application)
- Population Projections for Non-Hispanic White Elderly 2018-2021 Comparing Hillsborough County to Florida (Table 20 of the application)
- Population Projections for Non-Hispanic Black Elderly 2018-2021 Comparing Hillsborough County to Florida (Table 21 of the application)

The applicant then summarizes the changes stated in the prior tables. See below.

**Summary of Population Growth Projections for Elderly
Comparing Hispanic with
Non-Hispanic White and Non-Hispanic Black
2018-2021**

#	Description	Entire Population	Hispanic	Non-Hispanic White	Non-Hispanic Black
1	Population 2018	1,408,864	409,964	700,041	238,263
2	Population Growth 2018-2021	84,261	48,142	11,352	19,779
3	% Population Growth 2018-2021	6.0%	11.7%	1.6%	8.3%
4					
5	Population 2018 65+	193,380	37,252	129,772	20,858
6	Population Growth 2018-2021 65+	22,447	6,424	11,238	3,843
7	% Population Growth 2018-2021 65+	11.6%	17.2%	8.7%	18.4%

Source: CON application #10603, page 50, Table 22

Odyssey asserts that national research demonstrates that roughly two-thirds of the U.S. Hispanic population is affiliated with the Catholic Church and that further, Odyssey has met with members of the Hispanic clergy which discussed Hispanic culture and religion from the Catholic perspective.

Odyssey states a commitment to provide hospice care oriented to the language, cultural and religious beliefs of the Hispanic community.

Odyssey states it reviewed Hillsborough County by Zip Code and has determined that there are specific areas of the county with far greater percentage of Hispanics and African Americans than the county as a

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whole. Odyssey asserts also that special attention has been given to these areas and upon approval, the applicant will meet with additional individuals from these areas to develop the necessary programs to best serve the underserved.

Odyssey contends having sought Zip Code based data from the Agency, BEBR and the University of Florida and that none of these were able to provide this data. Odyssey states having determined that Zip Code based data could reliably be replaced by area data available from the Bureau of the Census via "Quick facts". Odyssey goes on to state that it is important to note that there are specific areas of the county where the African American Population is more prevalent, that not all areas are the same and that there will be areas where there is a far higher percentage of a specific group than the average for the county. Odyssey points out that it is important to review the charts which provide average and medium household income as Odyssey considers that to be the most accurate means for tying the indigent to a particular group. Additionally, Odyssey maintains that these charts form the basis of the applicant's marketing to these subgroups and also allows for targeted contacts.

CON application #10603, page 52, Table 23-Population Data by Zip Code-January 2019, includes total population and land area in square miles, by ZIP Code and city, for all 52 ZIP Codes that Odyssey indicates are in Hillsborough County. The reviewer notes that CON application #10603 also includes:

- Appendix OO/Population Projects BEBR
- Appendix PP/Population Projections-Census Bureau

Odyssey states the use of DOEA Hospice Demographic and Outreach Measures-CY 2018 (Appendix Q of the application), for each of the existing HSA 6A hospice providers and for each of the co-batched applicants, to assess:

- Race Data for Applicants Compared to Florida Totals (Table 24 of the application)
- Race Data as Percentages for Applicants Compared to Florida Totals (Table 25 of the application)
- Patient Discharge Diagnosis Data as Percentages for Hospice Applicants 2018 (Table 26 of the application and duplicated in Table 39 of the application)

Based on the above tables, Odyssey states that historically, African Americans exhibit high death rates from cardiac disease and that Odyssey will encourage the African American community to use hospice for end-stage heart disease. Odyssey further states plans to also provide

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education programs related to hospice in general and end-stage heart disease specifically. Odyssey again asserts that outreach will be geared to those members of the community traditionally underserved:

- African Americans
- Hispanics
- Homeless and near homes
- Indigents
- Small ALFs
- Patients being geographically remote in some of the more rural areas of the district

First and second office locations are again discussed but in greater geographic detail (also note Schedule C-Condition #6).

Regarding estimated admission volumes, Odyssey states forecasted admissions of 220 (in year one) and 426 (in year two). Odyssey states the belief that the projected admissions are reasonable due to:

1. The AHCA Hospice projection of an additional 863 admissions
2. The applicant having an existing home health agency in the service area with the health care infrastructure and individual relationships already in place (Hospitals, Physicians, nursing homes, clinics, insurance companies, schools, churches, medical clinics etc.)
3. The applicant having an experienced hospice executive heading up the program (Appendix D provides a copy of Elizabeth M. Moran's Bio, the Executive Director selected for this position and short bios of many of the corporate and area administrators)
4. The applicant recognizes underserved patients including, Hispanics, African Americans, and homeless and near homeless individuals
5. The applicant will be creating outreach educational programs to complement those already provided within the community
6. The applicant recognizing the significant difference between the end-stage heart disease diagnosis for Hillsborough County when compared to the statewide average and the willingness to meet with cardiologists and to educate the public
7. The applicant having a "Hospice Startup team" come to Hillsborough County to work with Elizabeth Moran in developing the Hospice program and assisting with the staffing
8. The applicant has met with many community leaders, educators and individuals who are expected to support the program

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9. The applicants projected 220 admits in year one represents less than three percent of the county's projected total. This should be easily obtainable and would not be expected to have any adverse impact on Lifepath as it is approximately 25 percent of the projected need of 863 new admits
10. The percentage of deaths in hospice to total deaths is one of the lowest in the state

Odyssey stresses extreme concern that the Agency remain cognizant of adverse impact on existing HSA 6A providers and offers discussion on the likely adverse impact on LifePath and Seasons in HSA 6A (page 58 of the application). The applicant also briefly discusses characteristics of the co-batched applicants (page 59 of the application). Odyssey maintains that approval of CON application #10603 would have the least adverse impact of all the co-batched applicants on the existing HSA 6A hospice providers and therefore believes Odyssey should be approved.

PruittHealth Hospice – 6A, LLC (CON application #10604) states the use of the Agency's Florida Need Projections for Hospice Programs publication, issued October 4, 2019, to document the applicant's assessments regarding:

- Subdistrict 6A Hospice Utilization (page 59, Figure 25)
- Subdistrict 6A Hospice Penetration Rate (page 60, Figure 26 and page 117, Figure 45)
- Subdistrict 6A and Statewide Hospice Penetration Rate Comparison (page 60, Figure 27 and page 118, Figure 46)

PH6-A discusses unique market dynamics using Florida Need Projections for Hospice Programs publications, issued April 2016, March 2017 and March 2018. The reviewer notes that through the three referenced Agency publications, PH6-A documents Subdistrict 6A's Historical Hospice Admissions by Provider (page 62, Figure 28) and Subdistrict 6A's Death Rate Trend (page 63, Figure 29.)

PH6-A next discusses having conducted a 15-question hospice survey/questionnaire of health care providers in the service area, to assess needed hospice services there. The applicant states that "the total hospice referrals made by these respondents totals 396 hospice referrals or more than 100 percent of project year one hospice admissions". PH6-A provides the 15 survey questions, with a summary of the survey results (pages 64 and 65, Figure 30). Below are the 15 questions:

1. Do you currently provide care to residents of Service Area 6A-Hillsborough County?
2. How many hospice referrals per month do you make for residents of Hillsborough County?

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3. Do you believe there is a need for an additional hospice program in Hillsborough County?
4. Do you believe that a new hospice agency in Hillsborough County will have a positive impact upon the quality, access, and availability of hospice services in the county?
5. Based on your experience, are there specific hospice services that are difficult to obtain for your patients?
6. What challenges have you encountered when referring to hospice agencies in Hillsborough County?
7. Is there a particular segment of the population that you feel is underserved in Hillsborough County (e.g. Hispanic population, African American population, etc.)?
8. Is there a particular defined terminally ill population that you feel is underserved in Hillsborough County?
9. To your knowledge, does Hillsborough County currently possess a hospice provider that possesses an active continuous care team who provides specialized hospice services and complementary therapies to the benefit of the residents of Hillsborough County?
10. What specialized hospice operational initiatives would benefit your patients the most?
11. Would a hospice provider with an affiliation to a skilled nursing provider be a benefit to the residents of Hillsborough County through the ability to provide hospice care services under certain circumstances in the skilled nursing facility?
12. Would the homeless and those displaced by hurricanes and other weather events benefit from the type of relationship between affiliated providers described above and would this initiative provide a material impact on the quality of hospice care provided in Hillsborough County?
13. Do you currently refer patients to a Palliative Care Program in your area?
14. Would you be willing to refer patients to PruittHealth Hospice's proposed agency once it becomes licensed and certified?
15. Would you like to see PruittHealth Hospice establish a new hospice agency in Hillsborough County and do you support this project?

Below are PH6-A's stated responses to the survey results

1. All respondents are involved in providing health care services to residents of Subdistrict 6A. These respondents that took the time to respond to the survey are the patient advocates PruittHealth was intending to reach to obtain their opinion of the hospice services currently provided in Hillsborough County

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2. The total hospice referrals made by these respondents totals 396 hospice referrals or more than 100.0 percent of the projected year one hospice admissions
3. One respondent did not believe an additional hospice provider was necessary in Hillsborough County, the remaining respondents support the need for PruittHealth Hospice to submit a CON application to become the third hospice program in Hillsborough County
4. All respondents believe that a new hospice program provider will have a positive impact on quality, access, and availability of hospice services in Hillsborough County. PruittHealth describes in detail its quality, access, and hospice services in this section of the CON application
5. More than half of the respondents believe that there are specific hospice services that are difficult for their patients to obtain, specifically:
 - Consistency in quality - PruittHealth provides several examples of quality of care in this section, as well as exhibits providing additional policies and presentations on quality
 - Services within an ALF - PruittHealth will work with all ALFs to provide hospice services in the patient's "home"
 - Timely services in response to hospice inquiry - PruittHealth intentionally overstaffs its Community Relations positions to provide timely responses to all hospice inquiries
 - Equality of care - PruittHealth Hospice provides for indigent care in both routine visits, as well as in inpatient visits through the establishment of specialized skilled nursing beds in its two approved Hillsborough County SNFs to provide inpatient hospice services
6. Half of the respondents believe that certain demographics are underserved in Hillsborough County. These segments, Hispanic, Medicaid, and non-Medicare patients will be served by PruittHealth Hospice through both indigent care and inpatient hospice care within PruittHealth SNFs
7. A couple respondents believe that there are terminally ill populations who are underserved but did not expand on who these populations were. PruittHealth will provide hospice services to all residents who are admitted to the program
8. Most respondents are familiar the existing hospice program providers in Hillsborough County and the hospice services they provide

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9. All respondents believe that a hospice program affiliated with SNFs will benefit the community. PruittHealth Hospice will partner with two PruittHealth SNFs in Hillsborough County to provide inpatient hospice care
10. Several respondents identified specialized hospice operational initiatives, all of which are provided by PruittHealth Hospice
11. All respondents believe that a hospice program affiliated with SNFs will benefit the homeless and those displaced by hurricanes. PruittHealth Hospice will partner with two PruittHealth SNFs in Hillsborough County to provide inpatient hospice care
12. The majority of respondents refer patients for palliative care. PruittHealth Hospice describes its palliative program in this section
13. All respondents would refer patient for hospice services to PruittHealth Hospice
14. All respondents would like PruittHealth Hospice to be the new provider of hospice services in Hillsborough County and support the PruittHealth Hospice program

PH6-A provides a sample of the 15-question survey, as well as the actual surveys (Exhibit 19 of the application). The reviewer perused the actual surveys and notes the following characteristics of the surveys:

- Total survey count – nine
- All nine surveys indicate an HSA 6A address (most having a Tampa address)
- All nine surveys are signed
- All or nearly all of the surveys are from area healthcare providers who submitted letters of support for this project
- None of the nine surveys are dated

The reviewer notes the following response characteristics regarding survey question #4, #5, #7, #8, #11 and #12, respectively, listed below, with the reviewer's brief listing of the noted characteristics following:

- Do you believe that a new hospice agency in Hillsborough County will have a positive impact upon the quality, access, and availability of hospice services in the county?

The reviewer notes that of the nine responses, all nine checked "yes" to this question.

- Based on your experience, are there specific hospice services that are difficult to obtain for your patients?

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The reviewer notes that of the nine respondents, four checked “no” or left this question blank. The remaining five respondents stated specific hospice services that are difficult to obtain are:

- Quality and consistency of care
 - Hospice services within an ALF
 - Timely hospice services
 - Equality of care/higher income residents getting better care
- Is there a particular segment of the population that you feel is underserved in Hillsborough County (e.g. Hispanic population, African American population, etc.)?

The reviewer notes that of the nine respondents, seven checked “no” or left this question blank. The remaining two respondents stated the particular segment of the population being underserved is:

- Hispanics
 - Residents with low income (without regard to race or ethnicity)
- Is there a particular defined terminally ill population that you feel is underserved in Hillsborough County?

The reviewer notes that of the nine respondents, eight checked “no” or left this question blank. The remaining respondent stated Medicaid recipients are underserved. Therefore, none of the respondents identified a terminally ill population, by terminal illness type, that is underserved in the area.

- Would a hospice provider with an affiliation to a skilled nursing provider be a benefit to the residents of Hillsborough County through the ability to provide hospice care services under certain circumstances in the skilled nursing facility?

The reviewer notes that of the nine respondents, all nine checked “yes” to this question.

- Would the homeless and those displaced by hurricanes and other weather events benefit from the type of relationship between affiliated providers described above and would this initiative provide a material impact on the quality of hospice care provided in Hillsborough County?

The reviewer notes that of the nine respondents, all nine checked “yes” to this question.

PH6-A offers an overall hospice program plan for HSA 6A, stated to be based on the applicant's discussion with national hospice experts and the applicant's, "...extensive market research" (pages 67 - 69 of the application).

PH6-A states that the proposal will have, develop, maintain and/or provide in HSA 6A:

- A positive impact upon the quality, access and availability of hospice services (the reviewer notes that some of the respondents to the applicant's survey indicated that these are current issues in hospice care in the area)
- Expand the PruittHealth volunteer program (including both paid bereavement counselors and staff as well as volunteers) and also offer Camp Cocoon, an annual bereavement camp for children (the reviewer notes that none of the respondents to the applicant's survey indicated that bereavement services of any kind (child, adolescent or adult) was a current issue in hospice care in the area)
- Specific hospice services that are typically difficult to receive including continuous care, pediatric hospice programming, pastoral services and care to non-Medicare patients, as well as services for low income patients and patients with a non-cancer diagnosis over age 65 (the reviewer notes that none of the respondents to the applicant's survey indicated that continuous care, pediatric hospice programming, pastoral services or hospice care for non-cancer patients over age 65 were current issues in hospice care in the area. Some respondents indicated that low income residents, Medicaid recipients and patients without Medicare were populations being underserved in the area)
- Inpatient hospice services through its partnership with two affiliated PruittHealth SNFs to be constructed and operated within Hillsborough County (the reviewer notes that all of the respondents to the applicant's survey indicated that a hospice provider with an affiliation to a skilled nursing provider would be a benefit to the residents of Hillsborough County)
- Hospice care to the homeless and those who may become homeless after a severe weather event by committing to the provision of hospice care in a safe and secure environment within one of its two affiliated SNFs to be constructed and operated within Hillsborough County (the reviewer notes that all of the respondents to the applicant's survey indicated that the homeless and those displaced by hurricanes and other weather events would benefit from the proposal)

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- End-stage disease management programs (PruittHealth Hospice Care Pathways²):
 - Alzheimer's and dementia
 - COPD
 - Heart failure
 - Stroke and neurological disorders
 - ❖ The reviewer notes that none of the respondents to the applicant's survey indicated that the terminally ill population in Hillsborough County, with any of the four illness types listed above, is currently underserved
- INTERACT 3.0 (a program designed to reduce preventable hospital admission and also reduce hospital readmission)
- PruittHealth Hospice Veteran Recognition (a program designed to recognize veterans at the end-of-life, including acknowledgment of the veteran's service during a pinning ceremony)
- Pruitt University – a customized on-line eLearning management system, used as a training program for staff on a plethora of topics ranging from clinical issues to HR matters and, ultimately, to empower staff so that they can advance in their careers. Pruitt University offers more than 3,700 courses and competencies to administrators, nurses, respiratory therapists and certified nursing assistants
- Clinical performance programs through internal audit programs, which will ultimately benefit patients

PH6-A contends that PruittHealth's continuum of care sponsors efficiency in the marketplace by promoting quality and lower costs. PH6-A also contends that once patients have chosen multiple PruittHealth affiliates as their providers of care, these patients can be seamlessly transitioned from one health care setting to another with ease and minimal risk of medical error. PH6-A provides a diagram of the PruittHealth Continuum of Care (page 80, Figure 34 and page 121, Figure 47).

PH6-A points out having been CON approved for the following SNFs in HSA 6A:

- PruittHealth-Hillsborough County - 90 beds (CON #10509P and CON #10553)
- PruittHealth- 6-1 Hillsborough County – 119 beds (CON #10585)

² CON application #10604, Exhibit 10, includes written materials for all the bulleted PruittHealth Hospice Care Pathways programs, except for PruittHealth's Alzheimer's and Dementia Care Pathways. Other PruittHealth Hospice Care Pathways programs included in the exhibit are PruittHealth's Diabetes Care Pathway and the Oncology Care Pathway.

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PH6-A maintains that PruittHealth will incorporate the use of beds at PruittHealth nursing homes in Hillsborough County in order to provide inpatient services in either scattered beds or on a dedicated unit to meet its hospice patients’ needs. PH6-A also maintains that once established, these facilities will become an integral part of the long-term care community area, also serving as a seamless inpatient hospice bed option, when needed and medically necessary.

PH6-A states that based on its detailed assessment described in the application, there is an expectation of a total of 250 admissions in year one and a total of 625 admissions in year two, as well as corresponding admissions by age cohort for each of the two years. PH6-A goes on to state that given service area penetration and capture rate projections, these volumes are reasonable and realistic. See the table below.

**PruittHealth Hospice – 6A, LLC
CON application #10604
Forecasted Admissions**

Year One		Year Two	
Month	Admits	Month	Admits
1	10	13	50
2	8	14	40
3	8	15	40
4	12	16	48
5	15	17	60
6	12	18	48
7	24	19	65
8	30	20	52
9	24	21	52
10	40	22	65
11	32	23	52
12	34	24	53
Year One	250	Year Two	625
Under 65	78	Under 65	194
Over 65	172	Over 65	431

Source: CON application #10604, page 77, Table 32

In addition to admission volume for the first two years of planned operations, PH6-A offers the following estimated average length of stay (ALOS) and patient days.

**PruittHealth Hospice – 6A, LLC
CON application #10604
Forecasted Utilization**

	Year One	Year Two
Admissions	250	625
ALOS	70	77
Patient Days *	14,812	45,738

Source: CON application #10604, page 77, Table 32

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PH6-A offers a brief narrative regarding impact on existing providers (page 82 of the application), indicating an expectation of having no negative impact on existing providers. PH6-A states that the proposed project will increase competition and that PruittHealth Hospice will work collaboratively with other hospice providers. PH6-A asserts that upon project approval, PH6-A will work with the entire PruittHealth continuum of post-acute care services including hospice, home health, rehabilitation, medical supplies, and pharmacy services and that this is a differentiating factor between PH6-A and other applicants and existing providers, as the PruittHealth family of providers is more than just a hospice company or simply a nursing home company with hospice operations.

Suncoast Hospice of Hillsborough, LLC (CON application #10605)

states the use of the Agency’s Florida Population Estimates and Projections by AHCA District 2010-2030, published February 2015, to provide population estimate tables (total population and the age 65+ population) for the years 2020 and 2025, for Hillsborough County, for some other highly populated Florida counties and for Florida overall (pages 45 - 47 and again duplicated on pages 168 - 170).

SHH particular notes Hillsborough County’s relatively large and growing elderly population (age 65+) when compared to the state overall. One of these figures is reproduced below.

**2020-2025 Elderly, 65+ Population Growth
Hillsborough County Compared to Florida**

	Elderly Population, 65+				
	2020	2025	Five Year Raw Change	Five-Year Growth Rate	AARG
Hillsborough County	202,325	237,803	35,478	17.5%	3.5%
State of Florida	4,277,046	4,887,558	610,512	14.3%	2.9%

CON application #10605, page 46, Figure 7 and page 169, Figure 50

SHH points to low referral rates from acute care hospitals to hospice programs in Hillsborough County. SHH states the use of HealthPivots DataLab, Health Planning & Development LLC, to show that in 2017, for patients who died within six months of an area acute care hospital discharge:

- 16.5 percent had been discharged directly to hospice care (with the Florida overall average being 22.4 percent)
- 40.4 percent had died not receiving hospice care with the Florida overall average being 32.0 percent.

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SHH indicates that in addition to the Agency's published need for a new hospice program in HSA 6A, to further understand the needs of those facing chronic and advanced illness in Hillsborough County, Suncoast and its parent (Empath Health, Inc.) launched a community health needs assessment (CHNA), in September 2019. According to the applicant, "The survey was conducted in anticipation of the opportunity to provide hospice services there when AHCA's need projections for hospice showed a need for a third provider in the County" (page 5 of the application). SHH states that the intent of the assessment was two-fold:

- ✓ To identify issues and gaps in services facing residents of Hillsborough County
- ✓ To enable a dialogue with existing community partners and providers in order to create shared solutions

SHH states that the referenced CHNA included the development of a community needs assessment tool (Key Informant Survey) that is stated to have been completed by approximately 30 key individuals and organization representatives throughout Hillsborough County. SHH states that Suncoast reviewed several CHNAs that are specific to Hillsborough County, including:

- Florida Department of Health - Hillsborough County Community Needs Assessment 2015/2016, Updated March 2019
- Community Health Improvement Plan 2016 - 2020: Florida Department of Health in Hillsborough County, Revised January 2018
- Moffitt Cancer Center Community Health Needs Assessment Report 2016
- Florida Hospital Tampa Community Needs Assessment Report 2016
- Florida Hospital Carrollwood Community Needs Assessment Report 2016
- South Florida Baptist Hospital 2016 Community Needs Assessment Report
- Tampa General Hospital Community Health Needs Assessment 2016
- Community Needs Assessment St. Joseph's Hospitals Service Area 2016

The reviewer notes that none of the eight referenced CHNAs are provided in the application and none are listed in the applicant's Appendices tab (Exhibits List). The June 2019 Hillsborough Metropolitan Planning Organization's Hillsborough County Transportation Disadvantaged Plan is provided in Exhibit H of the application. However, it is not listed as one of the eight CHNAs reviewed as part of Suncoast Health's stated community needs assessment.

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SHH comments that Suncoast met with more than 50 key individuals and organizations in Hillsborough County, representing a broad range of general and special populations in the area, including representatives from:

- ✓ Florida Department of Health - Hillsborough County
- ✓ Hospitals
- ✓ Nursing Homes
- ✓ Assisted Living Facilities
- ✓ Physician Practices
- ✓ University Representatives
- ✓ County Commission
- ✓ Mayor's Office
- ✓ Disease-Specific Outreach and Advocacy Organizations
- ✓ Minority Population Outreach Organizations
- ✓ Veterans Outreach Organizations
- ✓ Homeless Outreach Organizations
- ✓ Religious Organizations
- ✓ Local Businesses

Representatives from each of the 14 referenced organizations/affiliates listed above provided letters of support (Exhibit G of this report). The applicant indicates that “Key Informants” participated in Suncoast’s community health assessment meetings, Key Information Surveys and in-depth review of the CHNA. The applicant provides a list 29 Key Informants, including their names, professional designation, title and organization (Exhibit A of the application).

The applicant states that the Key Informant Survey included the following five questions related to the continuum of care for residents with chronic and advanced illness in Hillsborough County:

1. What is your role and responsibilities within your organization?
2. What do you consider to be the strengths and assets of the Hillsborough community that can help improve chronic and advanced illness?
3. What do you believe are the three most pressing issues facing those with chronic or advanced illness in Hillsborough County?
4. From your experience, what are the greatest barriers to care for those with chronic or advanced illness?
5. What are the strategies that could be implemented to address these barriers?

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The reviewer notes that no completed or sample Key Informant Survey form is provided in the application and no such completed or sample form is listed the applicant's Appendices tab (Exhibits List). According to SHH, a variety of gaps exist in end-of-life care for residents of the area, based on:

- Results of the area CHNA
- Suncoast Key Informant Surveys
- Detailed letters of support

Below is a brief description of each of SHH's seven listed gaps in end-of-life care for HSA 6A residents, followed by a brief explanation of SHH's proposed solution(s) to meet the gap(s):

* Need for Disease-Specific Programming

- i. High cardiovascular disease mortality rates (higher than the state average and the highest of the six most populous counties in Florida) and low percentage of patients served by existing hospice providers.

SHH states the use of the website www.FLHealthCharts.com, to indicate that in 2018, the top leading cause of Hillsborough County resident deaths was heart diseases (2,624 deaths), with the second leading cause being malignant neoplasm (cancer) with 2,429 deaths (page 58, Figure 21 and page 171, Figure 55 of the application).

SHH states Florida Vital Statistics indicate that for 2018, the age-adjusted death rate for 100,000 population for coronary heart disease was 101.7, higher than the state overall and higher than each of the other remaining four most populous counties in the state. See the table below.

**2018 Age-Adjusted Death Rate per 100,000 Population
Coronary Heart Disease
Top 5 Most Populous Counties and
Statewide Average**

County/Area	2018
Hillsborough	101.7
<i>State</i>	<i>91.9</i>
Miami-Dade	90.7
Broward	89.8
Orange	89.3
Palm Beach	86.1

Source: CON application #10605, page 59, Figure 23

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SHH contends that in 2018, existing HSA 6A hospice providers admitted a lower percentage of end-stage heart disease than would be expected based on heart disease death rates in the area (page 60, Figure 24 of the application). Below are excerpts of letters of support that SHHs presents to support the need for its cardiac program:

Chetan Khamare, MD, FACC, FSCAI, Premier Heart and Vascular Center states“... In my county, we have a higher death rate from coronary heart disease than most of the state of Florida. I take this seriously, and I am urging for approval of Suncoast Hospice's Certificate of Need application.

In addition, Hillsborough County has outlying geographic areas that have specific community needs/identities. We have five locations to help serve various areas of Hillsborough County and address needs for lack of transportation, access and understanding of their heart issues and plan on working collaboratively with Suncoast Hospice if given the opportunity to help with these needs. As Hillsborough County is projected to grow in the next five years, we have a growing need of Suncoast Hospice's end-of-life services to partner with cardiologists. For this reason, our practice is also meeting with the Suncoast Hospice Director of Cardiac Programs to explore a partnership that would benefit our patients with heart failure.

Our aim is to keep our patients healthy, but we understand the relationship that hospice has with our specialty. Suncoast Hospice can provide the comprehensive care navigation and continuity of care for our patients through multiple phases of life, including the need for hospice at the end of their lives.

I respect Suncoast Hospice's caring commitment to Pinellas County residents for more than 40 years and applaud their initiative and ability to bring that same broad range of comprehensive services and quality care into my community. I wholeheartedly endorse Suncoast Hospice's efforts to expand its longstanding comprehensive end-of-life services to the residents of Hillsborough County because of the many ways they stand out from the competition and their proven programs and services that would meet our county’s unaddressed needs.”

Kristen Lewis, MPH, CPH, Community Impact Director, American Heart Association, Tampa Bay – states “As the local American Heart Association Community Impact Director for both Hillsborough and Pinellas Counties, I am happy to support Empath Health and Suncoast Hospice In their plans to expand their much-needed services into Hillsborough County. At the American Heart Association, we emphasize the importance of access to care, prevention methods, health education and systems change to the Improvement of overall wellness. In my

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experience, I am very familiar with our community's need for the services that Empath and Suncoast provide...

...As a resident of Hillsborough County and public health professional, I encourage you to consider Suncoast Hospice's Certificate of Need Application for approval so that they can begin to provide comprehensive hospice services for my community. Their range of programming is not only extensive but also crucial to Improving the quality of life for our residents.”

Suncoast Solution: Suncoast will deploy a heart failure program for residents of Hillsborough County who are in late stages of disease and in need of hospice care. The program will be known as "Empath Cardiac CareConnections". The care protocols and objectives for patients suffering from terminal heart disease differ from the care needs of other patients. Empath Cardiac CareConnections will aim to reduce emergency department visits and hospital readmissions, provide management of symptoms including administering and monitoring use of medications such as diuretics and inotropes, crisis management, family education, spiritual and emotional support and bereavement services.

- ii. Other areas where there appears to be a gap in specific end-of-life programming and a large need in terms of Hillsborough County resident deaths include: Alzheimer's Disease and Chronic Lower Respiratory Disease, both of which are in the top five leading causes of death in the county.

The reviewer notes that previously, SHH indicated the use of the website www.FLHealthCharts.com to document that in 2018, the fourth leading cause of death for Hillsborough County residents was lower respiratory disease (597 deaths) and the fifth leading cause of death for Hillsborough County residents was Alzheimer's Disease (538 deaths).

SHH contends that in 2018, existing HSA 6A hospice providers admitted a lower percentage of end-stage pulmonary disease than would be expected based on lower respiratory disease rates in the area (page 63, Figure 25 of the application).

Suncoast Solution: Suncoast will develop disease-specific programming for Hillsborough patients suffering from Alzheimer's Disease ("Empath Alzheimer's CareConnections") and end-stage pulmonary disease ("Empath Pulmonary CareConnections"). Suncoast states that in 2018, 13 percent of its admissions (898 patients) were suffering from end-stage pulmonary disease.

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For both (i) and (ii) under Need for Disease-Specific Programming above, the reviewer notes the applicant's Condition #1.

* Need for Ethnic Community-Specific Programming

- i. Nearly 30 percent of the Hillsborough population is Hispanic, with 19 percent of the county's 65+ population falling into the Hispanic ethnic category. The concentration of 65+ Hispanic residents in Hillsborough is higher than the state average.
- ii. Surveys and assessments indicate a lack of knowledge in Hispanic/Latino community in Hillsborough regarding end-of-life care.
- iii. Many of these residents speak Spanish at home and/or have limited English proficiency.
- iv. Hillsborough Hispanic population has low utilization of hospice due to factors including lack of regular physician and medical care, lack of information and cultural barriers.

Addressing (i) through (iv) in this section, SHH states the use of the website www.FLHealthcharts.com to indicate that in 2018, there were 405,589 Hispanic residents in Hillsborough County and that of those, 37,745 were age 65+ and that further, approximately 20 percent of Hillsborough County's age 65+ population was Hispanic, compared to approximately 15.3 percent of Florida's overall age 65+ population who were Hispanic (page 65, Figure 26 of the application).

SHH explains that the Florida Department of Health - Hillsborough County Community Needs Assessment 2015/2016, Updated March 2019 publication found that:

- There is a reasonably-sized Hispanic population in Hillsborough
- Many of these people speak Spanish at home (20.8 percent of the Hispanic population)
- Many have limited English proficiency
- The population has a low utilization of health care services, including hospice, due to factors including lack of regular physician and medical care, lack of information, cultural barriers
- There are limited resources for immigrants and undocumented aliens

Below are some excerpts of letters of support or stated Key Informant Survey responses that SHH presents here to support the existence of the stated gap and to support SHH as the appropriate project for approval:

Beatriz Coronado, Program Policy Analyst with the Redlands Christian Migrant Association states "...RCMA serves 6,000 children of rural poor, migrant & seasonal farmworker families in more than 60 childcare and

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Migrant & Seasonal Head Start centers throughout Florida. In Hillsborough County alone, we serve more than 1,400 children spread throughout 16 locations in Plant City, Dover, Ruskin and Wimauma. The majority of the population we serve in Hillsborough are Hispanic. RCMA has served families in 21 rural Florida counties since 1965.

The families we serve could greatly benefit from having access to Suncoast Hospice services and programs in Hillsborough County. Accessibility is one of the main things our families struggle with in addition to high cost of services. Partnerships to address the needs of families who would have difficulty with accessing services due to transportation would be welcome. Having a program that doesn't discriminate based on ability to pay is another benefit Suncoast Hospice would provide to our clients.”

Maria F. Pinzon, Executive Director, Hispanic Services Council states “I am writing to express Hispanic Services Council's (HSC) support of Suncoast Hospice's proposal to become the third Hospice serving Hillsborough County. After meeting with Suncoast staff, I believe their plans will help to address the gaps in services that currently exist and that their delivery of care will be provided with compassion and be culturally competent.

HSC's mission is to increase access and opportunities for Latinos and influence the systems that serve them. Our work focuses on developing opportunities that result in an educated, healthy, prosperous, and engaged Latino community. To accomplish our goals, it is imperative we partner with organizations, such as Suncoast Hospice, that provide services and information that will help the Latino community achieve an optimal quality of life. If their proposal is approved, HSC will work with Suncoast by:

- Referring individuals to their services and programs.
- Partnering with Suncoast to find locations in which Suncoast Hospice Mobile Unit can provide education and access to the Latino Community in Hillsborough.
- Promoting the Suncoast Hospice's activities through community venues, and other opportunities as they arise.

We are confident that Suncoast Hospice will provide much needed programs to address current gaps in services to families and individuals in need in Hillsborough County.”

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Captain Miguel Ramos, The Salvation Army Riverview Corps writes “...Our congregation is largely Hispanic/Latino and would benefit from access to palliative and end-of-life care and other services provided by Suncoast Hospice.

As a nonprofit serving Pinellas County for more than four decades, Suncoast Hospice has proven their commitment to comprehensive care for patients through multiple phases of life, including the need for hospice at the end-of-life. Yet Suncoast Hospice stands apart from any of their competitors because they offer adult and pediatric hospice, veterans programs, bereavement support, and specialty programs for religious and ethnic groups, including African-Americans and Hispanic/Latinos as well as those of the Jewish faith. I believe that Suncoast Hospice could fill a void in hospice care options for Hispanic/Latino patient populations in Hillsborough County.”

Suncoast Solution: Suncoast will develop specific programming for these populations to encourage end-of-life planning and access to care.

For (i) through (iv) under Need for Ethnic Community-Specific Programming above, the reviewer notes the applicant’s Condition #2.

* Lack of Available Resources for Homeless and Low-Income Populations

- i. With the 5th largest homeless population in the state, Hillsborough has 1,650 homeless residents as of a Point in Time Count conducted in February 2019.
- ii. Nearly 60 percent of the area's homeless population is considered 'sheltered', yet there are no resources for end-of-life care for these patients where they live, whether it be an emergency shelter, safe haven or transitional housing.
- iii. Additionally, 17.2 percent of the Hillsborough County population lives below the poverty level and has limited access to coordinated care, including end-of-life services.

Addressing (i) through (iii) in this section, SHH states that per Table 2 of the Florida Council on Homelessness 2018 Annual Report (excerpt provided), Hillsborough County had the 5th highest homeless population in Florida, with 1,795 homeless persons (pages 69 and 70, Figure 27 of the application).

SHH states that per the Tampa Hillsborough Initiative February 2019 Snapshot (not provided in the application), the 2019 homeless point-in-time count was 1,650 (page 71, Figure 28 of the application). SHH states

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that of the 1,650 homeless in the area, 978 (59.3 percent) were sheltered (staying in an emergency shelter, safe haven or transitional housing on the night of the count) and 672 (40.7 percent) were unsheltered.

The reviewer notes that of 1,650 homeless persons, 38 percent were female, 20 percent were Hispanic and 18 percent reported mental illness.

SHH explains that the Florida Department of Health - Hillsborough County Community Needs Assessment 2015/2016, Updated March 2019 publication reported the following percentages of persons were living below the poverty line (by county and statewide):

- 17.2 percent of Hillsborough County residents
- 12.9 percent of Hillsborough County female residents
- 16.7 percent of Florida residents
- 12.2 percent of Florida female residents

SHH states the following Hillsborough County socioeconomic characteristics compared to the state overall, by percentage. See the figure below:

**Hillsborough County Socioeconomic Indicators
March 2019 Update**

Percent of Households Receiving	Hillsborough	Florida
Retirement Income Other than Social Security	15.4%	19.3%
Cash Assistance	3.3%	2.2%
Food Stamp Benefits in the Past 12 Months	15.7%	14.3%

Source: CON application #10605, page 72, Figure 30

SHH comments that several Key Informant Surveys indicated:

- Lack of a coordinated, accessible continuum of care including hospice care for socioeconomically disadvantaged populations with some common themes including
 - ✓ Inaccessibility of resources
 - ✓ Lack of community awareness of available resources
 - ✓ Lack of transportation
 - ✓ Need for collaborations between community members, medical providers, mental health, housing and other resources
 - ✓ Difficulty in finding quality service providers at a reasonable cost
 - ✓ Prohibitive costs of care, medicine, supplies and equipment

Below are some excerpts of letters of support or stated Key Informant Survey responses that SHH presents here to support the existence of the stated gap and to support SHH as the appropriate project for approval:

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Christine Long, Chief Programs Officer Metropolitan Ministries writes "...As a community provider, Metropolitan Ministries mission to "care for the homeless and those at risk of becoming homeless in our community through services that alleviate suffering promote dignity and instill self-sufficiency" provides food, shelter, counseling, daycare, elementary school education, employment assistance, utility and rental assistance, and holiday assistance to qualified families. In 2018 we increased our work to serve our homeless neighbors through the Bridge Model, our mobile outreach team. This team is reaching out wherever homeless people are staying - parks, encampments, abandoned building - and helping to connect them with housing, public benefits and critical support services. Metropolitan Ministries and its mobile outreach team look forward to partnering with Suncoast Hospice of Hillsborough to identify homeless individuals who are medically eligible for hospice services and to enroll them in hospice care as early as possible..."

Douglas Holt, MD – Director, Florida Department of Health - Hillsborough County states "...The proposed partnership with Metropolitan Ministries will ensure that Suncoast can identify homeless persons who are appropriate for hospice care and either treat them where they are or get them into an inpatient bed, if needed. The proposal provides Suncoast a direct link to the homeless population in Hillsborough County."³

Suncoast Solution: The most compelling strategies Suncoast Hospice of Hillsborough has developed to address the fragmented continuum of care for patients with advanced illness who are homeless or socioeconomically disadvantaged are a partnership with Metropolitan Ministries, which is a homeless outreach organization in Hillsborough County and a collaboration with the Florida Department of Health in Hillsborough County.

For (i) through (iii) under Lack of Available Resources for Homeless and Low-Income Populations above, the reviewer notes the applicant's Condition #3.

* Largest Veteran Population in Florida Requires Special Programming and Large Number of Resources

- i. More than 93,000 veterans currently reside in Hillsborough, with more than one-third over the age of 65.

³ Dr. Holt's letter is provided on page 74 and again in Exhibit 20 of the application.

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- ii. While most hospice programs provide special services for veterans, Suncoast has obtained Partner Level 4 certification by We Honor Veterans, a program of the National Hospice and Palliative Care Organization ("NHPCO") in collaboration with the Department of Veterans Affairs ("VA").

SHH states the use of the United States Department of Veteran Affairs, Population Projection Model 2016 to provide population estimates among all veterans and veterans age 65+ in Hillsborough County and statewide, 2019-2024. The reviewer condenses the applicant's Hillsborough County age 65+ veteran estimates from discreet years of 2019-2024 to 2020, 2022 and 2024. See the condensed figure below.

**2020, 2022 and 2024 Hillsborough County Veteran Population
Elderly (65+) as a Percent of Total**

County/Area	2020	2022	2024
Hillsborough Total	91,385	87,986	84,763
Hillsborough 65+	37,120	36,631	36,170
65+ as Percent of Total	40.6%	41.6%	42.7%

Source: CON application #10605, page 80, Figure 33 (condensed)

The reviewer notes that according to the applicant's figure, though this elderly population is expected to increase over the referenced years, as a percentage.

Below are some excerpts of letters of support or stated Key Informant Survey responses that SHH presents here to support the existence of the stated gap and to support SHH as the appropriate project for approval:

Larry Jasper, Commander – Jewish War Veterans of the USA, Dept of Florida and Jewish War Veterans of the USA, Tampa states "...During my service time and my affiliation with Veterans' Organizations I am a member of, I have become acutely aware of what people go through at end-of-life situations. I have known many people who have, unfortunately, due to traumatic injuries, disease, or age, had to make use of Hospice when the time came.

Hillsborough County is the 4th largest county in Florida with approximately 1.5 million residents of which over 200,000 are over 65 years of age, and nearly 100,000 being veterans. The Jewish War Veterans' have over 38% of its total membership residing in Florida, with a significant number being veterans of WWII, Korea, and Vietnam. Much of this population will unfortunately in the near future require Hospice care.

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As a Veterans' Service Organization, one of the areas we are involved with is the care of all veterans, not just our members. While we are a Jewish organization, our outreach is to all veterans, regardless of religion or ethnicity. We work extensively with VA hospitals throughout Florida and get involved in recommending care options. Locally, I have experienced that there are many fine Hospice Organizations in the Tampa/Hillsborough County area and I have also had experience with Hospice in neighboring Pinellas County. What I have found is Suncoast Hospice facilities and programs to be of the highest quality in terms of patient care, concern, and treatment. I have learned that Suncoast's parent organization, Empath Health, does something different from most other such organizations: they offer a comprehensive continuum of supportive services for specialized populations that includes not only end-of-life care, they additionally offer programs for pediatrics, veterans, people of various cultures and religions. They offer one of the only Certified Jewish Hospice programs, something important to many members of my veterans' organization.

Suncoast is positioned to provide comprehensive care navigation and continuity of care for patients through multiple phases of life, including counseling, bereavement programs, in home care, palliative care, as well as the need for hospice at the end-of-life.

James H. Haney, USMC Retired - Florida Department Commander, The Military Order of the World Wars states he is also "...the President-elect of the Sun City Center Chapter of the Military Officers Association of America, an Executive Board member of American Legion Post 246, and a Trustee with the Military Family Support Trust. These organizations provide outreach services to Military and Veterans in Hillsborough County, Florida; the total membership of these local organizations is about 600 Military and Veterans. In this role, I am very aware of our community's growing need for the depth and breadth of services as well as the expert care Empath Health and Suncoast Hospice can provide to our residents...

The Veteran population in the County is both growing and aging, resulting in a greater need for Suncoast's end-of-life care for these residents of our area. Hospice services are typically utilized by all age groups, and are heavily sought by this senior Veteran population. Suncoast's parent organization, Empath Health, offers a comprehensive continuum of supportive services for this population.

I urge you to approve Suncoast Hospice's Certificate of Need application to provide high quality, comprehensive hospice services to the residents of Hillsborough County ...”

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Suncoast Solution: Suncoast is seeking Level Five of the We Honor Veterans Program and provides various services:

- Veterans-Serving-Veterans (specially trained veteran volunteers)
- Pinning ceremonies
- Veterans history project
- Honor Flight® Network

For (i) and (ii) under Development of a Special Veterans Program above, the reviewer notes the applicant’s Condition #4.

* Lack of Specialized Pediatric Hospice Program in the Area

- Pediatric hospice programming in Hillsborough County is limited, as there are no specialized pediatric hospice providers in the county.
- Hillsborough County is home to approximately 338,000 residents ages 0-17 in 2020, and is projected to increase to more than 368,000 by 2025.
- The pediatric utilization rate of hospice services in Hillsborough County is low compared to the general population. For the year ended March 31, 2019, there were only five pediatric patients discharged from the hospital setting to home hospice or an inpatient hospice facility, while 106 pediatric patients died in the hospital.

SHH states the use of the Agency’s Florida Population Estimates and Projections by AHCA District 2010-2030 publication, issued February 2015, to determine an increase of 29,945 age 0-17 Hillsborough County residents from 2020 to 2025, resulting in an 8.9 percent growth rate and an average annual growth rate (AAGR) of 1.8 percent over the same period. SHH points out that this is a higher growth rate and a higher AAGR for the same population over the same period, when compared to Florida overall. See the figure below.

**2020-2025 Pediatric (0-17) Population Growth
Hillsborough County and Florida**

	2020	2025	Five-Year Raw Change	Five-Year Growth Rate	AAGR
Hillsborough County	338,133	368,078	29,945	8.9%	1.8%
State of Florida	4,290,308	4,493,155	202,847	4.7%	0.9%

Source: CON application #10605, page 84, Figure 34

Below are some excerpts of letters of support or stated Key Informant Survey responses that SHH presents here to support the existence of the stated gap and to support SHH as the appropriate project for approval:

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Johns Hopkins All Children's Hospital President, Thomas D. Kmetz states "...Johns Hopkins All Children's Hospital (JHACH) is a 259-bed specialty licensed children's hospital located in Pinellas County, Florida. Established in 1926 as the American Legion Hospital for Crippled Children, Johns Hopkins All Children's Hospital has served Florida and the nation for over 90 years. We provide pediatric services to the greater west coast of Florida, including Pinellas, Pasco, Hillsborough, Manatee, and Sarasota counties.

...Dr. Laura Drach, division chief for Hospice and Palliative Care Medicine, ensures that all patients receive appropriate service during their hospitalization and after discharge. She and her team have found that Suncoast's Pediatric Hospice and Partners-in-Care services for children provide the most comprehensive and specialized care in our service area. Their care is tailored towards the individual patient's condition and family's needs, including specific cultural or religious considerations. The Suncoast Hospice pediatric program provides we/I-coordinated, compassionate care for children and their families who are facing chronic complex illnesses that sometimes, sadly, end in death.

Johns Hopkins All Children's recognizes the need for palliative care services. We are investing in a new JHACH palliative care fellowship to help train future pediatric physicians in this vital service line. Because we have great confidence and trust in Suncoast and its programs, one of the rotations for the JHACH fellow(s) will include working with the Suncoast program to ensure varied training experiences...

...JHACH fully supports the proposed expansion of Suncoast's depth and breadth of services into Hillsborough County. This expansion would help prevent any gaps in care for a growing population and ensure that children in need will have access to high-quality palliative care services.

Pat Kemp, Vice-Chairman, Board of Commissioners, District 6 Countywide writes "...What truly sets them (Suncoast) apart is being the first, and among the largest, partners in Care State Pediatric Hospice Programs in Florida. Hillsborough County has always been dedicated to ensuring that Tampa Bay has quality access to palliative care and hospice services. It would be of great benefit to our community if Suncoast is approved to offer hospice services to Hillsborough County residents..."

Suncoast Solution: SSH will implement a dedicated pediatric hospice program that will include a dedicated integrated care team comprised of:

- ✓ A full-time pediatric nurse with more than 25 years' hospice experience

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- ✓ A pediatric medical director
- ✓ A full-time licensed social worker
- ✓ A team assistant
- ✓ A volunteer coordinator
- ✓ A pediatric team leader

For (i) through (iii) under Lack of Specialized Pediatric Hospice Programs in the Area above, the reviewer notes the applicant's Condition #5.

* Absence of Continuum of Care Navigation

- i. Navigation of the healthcare system was highlighted as a key driver that will bring positive improvements to overall continuum of care in Hillsborough.
- ii. Hillsborough County Residents are not accessing hospice services at rates consistent with the rest of the state and either access hospice programs very late in the disease process or not at all.

SHH bullets 11 issues raised in the Suncoast Key Informant Surveys (page 89 of the application).

SHH indicates that letters of support from the following individuals addressed a lack of effective hospice coordination in HSA 6A and the appropriateness of SHH to accommodate this gap in hospice service:

- Doug Holt, MD, Director
Florida Department of Health-Hillsborough County
- Eileen S. Coogan, President & CEO
Alleangy Franciscan Ministries
- Peter Gamache, PhD, MBA, MLA, MPH
Executive Director
Turnaround Achievement Network

Suncoast Solution: SHH will built an effective continuum of health care services in the area, given the overall lack of care navigation available across the populations in HSA 6A and given Empath Health's/Suncoast's robust care navigation function within its own programs.

For (i) and (ii) under Absence of Continuum of Care Navigator above, the reviewer notes the applicant's Condition #s 2 and 6.

* Transportation Challenges for Rural Areas of the County

- i. Transportation challenges as a deterrent to seeking medical care, particularly in rural areas of Hillsborough County.

- ii. Approximately one-third of the Hillsborough County population is considered "Transportation Disadvantaged" meaning they are unable to transport themselves due to disability, older age, low income or being a high-risk minor/child.

SHH states the use of the Hillsborough Metropolitan Planning Organization, Hillsborough County Transportation Disadvantaged (TD) Service Plan, page 1-8, June 2019, to indicate the expected growth of this population from 2015 - 2040, in five year increments. The reviewer notes that this estimate is 462,076 TD persons in 2020 increasing to 498,871 TD persons in 2025. SHH points out that transportation challenges for the transportation disadvantaged is especially great for those in more rural parts of Hillsborough County.

Suncoast Solution: Suncoast proposes primarily transportation/bus vouchers to help accommodate this barrier to care.

For (i) and (ii) under Transportation Challenges for Rural Areas of the County above, the reviewer notes the applicant's Condition #7.

The reviewer notes that other specialized programs that SHH states to implement, along with other underserved groups not previously stated, are discussed (pages 94 - 102 of the application). The applicant's conditions #15 and #18 capture many of these groups/services.

SHH provides narrative regarding its projected utilization (pages 103 through 105 of the application). SHH states that to determine projected market hospice admissions for Hillsborough County residents, the State's hospice need methodology presented in the Florida Need Projections for Hospice Programs, Batch Cycle for the January 2021 Hospice Planning Horizon (Agency for Health Care Administration, October 2019) was used, for the following:

- To project deaths for 2021-2023, the death rate for the January 2021 planning horizon was applied to population estimates
- To calculate the projected deaths by cause and age, the distribution of resident deaths for 2018 was applied to the total projected resident deaths each year
- To project volume, the statewide use rates (penetration rates) by cause and age used in the January 2021 planning horizon were applied

The applicant provides Figure 37 on page 104 of the application to fully capture the totality of the application of the referenced strategy to determine expected total admissions for Hillsborough County, by

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terminal illness type (cancer or non-cancer), and by age cohort (under 65 or 65+), for 2021, 2022 and 2023). Based on this methodology, the applicant expects HSA 6A, in total, to realize:

- 7,661 admissions in 2021
- 7,786 admissions in 2022
- 7,908 admissions in 2023

Considering the above expected hospice admission for Hillsborough County as a whole for the referenced years, SHH expects the following admission totals and market share, by May 31 of the following years:

- 460 admissions and a 6.0 percent market share (May 31, 2021)
- 701 admissions and a 9.0 percent market share (May 31, 2022)
- 791 admissions and a 10.0 percent market share (May 31, 2023)

The applicant maintains that given that Suncoast's projected market share is based on the early identification of ways to meet the need, the higher market share in year three is completely reasonable. SHH also maintains that as a result of growing deaths and population, as well as increased competition due to the entrance of an additional provider in the market, it is expected that both existing HSA 6A hospice providers will experience increases in hospice admissions in SHH's first three years of operation and hence, no negative impact the existing providers.

Suncoast asserts having spent a considerable amount of time and resources in conducting in depth "Key Informant Surveys" and in having had meetings with key organizations and stakeholders in Hillsborough County to determine what gaps existed in access to end-of-life care and how Suncoast could create action plans to fill those gaps.

In addition to its own expected admissions and market share for the first three years of operation, SHH provides estimates of expected admissions and market share for all licensed hospice providers (including SHH) for the referenced years (CON application #10605, Figure 39).

VITAS Healthcare Corporation of Florida (CON application #10606) provides a table of healthcare providers and organizations in HSA 6A that VITAS states are the health care providers and organizations in HSA 6A that VITAS executives and representatives, "have met, spoken, or corresponded with during the numerous days spent in the Subdistrict 6A market" (page six of the application).

VITAS addresses the Agency's published Fixed Need Pool for a need for a new hospice program in HSA 6A, hospice penetration rates, with exhibits to address these factors (pages 99 - 104 of the application). VITAS next

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discusses services provided by existing hospice care providers in HSA compared to VITAS regarding:

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

The reviewer notes that one area of stated unmet hospice need in the area is the need for continuous care (pages 133 and 137 of the application). VITAS states that Trellehealth, CMS Medicare data, Q2-2018 – Q1-2019 data indicates that each of VITAS’ three licensed Florida operations have higher percentages of patient days and total visits in continuous care for both the last seven days and the last three days than the existing HSA 6A providers and all the competing co-batched applicants. VITAS also has higher total visits for the last seven days and the last three days than the state average. The reviewer reproduces a portion of the applicant’s exhibit to reflect the reported results for VITAS. See the exhibit below:

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

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

Source: CON application #10606, page 108, Exhibit 22 (partial)

Regarding demographic and socioeconomic analysis of HSA 6A, VITAS explains that socioeconomic and demographic trends directly impact access to hospice care. VITAS indicates having identified several underserved populations within HSA 6A and has developed a plan to address the specific needs of each group. VITAS provides the following summary of its demographic and socioeconomic findings for HSA 6A:

- The 65+ population in HSA 6A is large and growing
- The African American population is large in HSA 6A. This is particularly true for the senior citizen population
- The hospice use rates among African American patients are low in comparison to the number of African American residents
- The hospice use rates among Latino patients are low in comparison to the number of Latino residents
- VITAS serves a significantly higher percentage of African American patients in its Florida markets than both existing providers in HSA 6A as well as the co-batched applicants that are current operating in Florida

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- VITAS serves a significantly higher percentage of Hispanic patients in its Florida markets than both existing SA 6 providers and all but one of the other three Florida co-batched applicants
- There is a large population that falls below the Federal Poverty Line
- Residents lack consistent access to enough food for an active, healthy lifestyle
- Few residents age 65 and older have completed a level of education above a bachelor's degree
- There is a large senior citizen Veteran population
- There is a large amount of retirement communities in HSA 6A
- HSA 6A has experienced an influx in the migrant worker population

The reviewer notes that, pertinent to Hillsborough County, the applicant provides narratives and exhibits, as listed below:

- Specific to population by age group:
 - Pages 110 and 111, Exhibit 23
- Specific to deed-restricted communities in the area
 - Pages 111 and 112, Exhibit 24
- Specific to the African American population:
 - Pages 112 and 113, Exhibit 25
- Specific to population by race:
 - Pages 113 through 115, Exhibits 26 and 27
- Specific to population by ethnicity:
 - Page 115, Exhibit 28

Concerning the migrant/seasonal farm work (MSFW) population in Hillsborough County, VITAS maintains that:

- The area in southern Hillsborough County, near Riverview, is home to a large number of low-income residents, many of them migrant workers and their families
- More than half of the children in the two local elementary schools, Wimauma and Reddick, are not proficient in English
 - Between 85 and 90 percent of them are eligible for free or reduced lunch
- Public transportation in the area is limited, and development is encroaching on the formerly rural community
- Data from the US Census Bureau American Community Survey estimates a seasonal flow of 5,000 to 6,000 residents annually in Hillsborough County.

VITAS contends that in several community meetings that VITAS has held in HSA 6A, the MSFW population has been identified as a group for which healthcare in general is a challenge and hospice services are likely not made available. The reviewer notes that VITAS does not provide

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documentation to confirm the above stated challenges regarding the MSFW population in the area. VITAS references its conditions (see item C of this report, CON application #10606-Conditions).

Regarding homelessness in Hillsborough County, VITAS states data from the Florida Council on Homelessness 2019 Annual Report and 2018 *Spotlight* population data to indicate various homeless population estimates in Hillsborough County. VITAS points out that based on survey conducted on February 28, 2019 by the Tampa Hillsborough Homeless Initiative, 1,650 homeless persons were estimated to be in Hillsborough County. Additionally, from the same sources, the applicant offers estimates for total number of homeless persons, total population and the rate-per-1,000 residents for Hillsborough County and for Florida overall. The reviewer reproduces only a portion of the applicant’s exhibit - the rate-per-1,000 estimates. See the partial exhibit below.

2018-2019 Homelessness in Hillsborough County and Florida

	2018	2019
	Rate per 1,000 Homeless Persons	Rate per 1,000 Homeless Persons
Hillsborough County	1.26	1.14
Florida	1.40	1.33

Source: CON application #10606, page 117, Exhibit 29 (partially reproduced)

VITAS indicates that local community service organizations in the area that work with the homeless stated actual homeless populations in the area are, “...much higher than the data shows” (page 117 of the application). A reason offered as to why the estimate of 1,650 homeless persons in Hillsborough County may be incurred is that it is almost impossible to count all persons experiencing homelessness in a single day. VITAS reiterates its conditions regarding the homeless population in the area.

Concerning poverty and food insecurity in Hillsborough County, VITAS provides discussion of federal and non-profit sources to account for poverty rates and relative public assistance in Hillsborough County (page 118 of the application). VITAS reiterates the CON application #10606, Condition #15.b.

Regarding education attainment for the age 65+ population in Hillsborough County, VITAS states the use of the 2017 American Community Survey from the US Bureau of Census/American Factfinder, to show that this population, regarding high school diploma attainment, is only 1.0 percent below the Florida average and regarding bachelor degree attainment, is 1.6 percent below the Florida average (page 119, Exhibit 30). VITAS highlights its Hospice Education and Low Literacy Outreach Program – the HELLO Program – to patients and families with

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low educational attainment (see Tab 17 of the application for a review of the VITAS HELLO Program). VITAS also reiterates its Condition #13/Mobile Hospice Education and Outreach Van.

Concerning hospice services to the age 65+ veteran population in Hillsborough County, VITAS states the use of National Center for Veterans Analysis and Statistics, *Spotlight*, 2016 data, to indicate that while 19.9 percent of Florida’s veteran population is age 65+, 20.6 percent of Hillsborough County’s veteran population is age 65+ (as of 2016). See the exhibit below.

**Veterans 65 and Older
2016**

	Male	Female	Total	As Percent of 65+ Pop.
Hillsborough Co.	37,239	1,386	38,625	20.6%
Florida	780,474	27,123	807,597	19.9%

Source: CON application #10606, page 120, Exhibit 31

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

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

- Hospitals
- Nursing homes
- ALFs

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

Concerning hospital discharges by race and by ethnicity to hospice, VITAS states the use of the Agency’s Inpatient Discharge Database 2018 to show the totals as well as the relative percentages of Black/African American population and totals as well as the relative percentages of Hispanic/Latino population of Hillsborough County. VITAS explains that relatively large portions of both these populations are either not referred to hospice or are refusing hospice services and that this offers an opportunity to improve hospice access for these populations. See the exhibits below.

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HSA 6A Hospital Hospice Discharges by Race for 2018

	Discharges to Hospice	Total Hospital Discharges	Percent of Total Discharges to Hospice	Percent of Total Hospice Discharges	Percent of Population
White	2,738	105,028	2.61%	78.3%	68.7%
Black/African American	432	31,284	1.38%	12.4%	17.1%
Other None-White	286	20,535	1.39%	8.2%	14.2%
Unknown	39	1,432	2.72%	1.1%	0.0%
Total	3,495	158,279	2.21%	100.0%	100.0%

Source: CON application #10606, page 121, Exhibit 32

HSA 6A Hospital Hospice Discharges by Ethnicity for 2018

	Discharges to Hospice	Total Hospital Discharges	Percent of Total Discharges to Hospice	Percent of Total Hospice Discharges	Percent of Population
Hispanic or Latino	611	35,533	1.7%	17.5%	28.7%
Non-Hispanic or Latino	2,850	120,858	2.4%	81.5%	71.3%
Unknown	34	1,888	1.8%	1.0%	0.05
Total	3,495	158,279	2.2%	100.0%	100.0%

Source: CON application #10606, page 122, Exhibit 33

Regarding utilization, VITAS comments that in 2018, some general hospitals in Hillsborough County had a 1.8 or less percent of discharges to hospices. VITAS names these hospitals, along with HSA 6A general hospitals that had a 2.1 percent or better percent of discharges to hospice for the same period (page 123, Exhibit 35 of the application).

Regarding geographic access to hospice services by ZIP Code in Hillsborough County, VITAS states the use of Agency Inpatient Discharge Data 2018 to conclude that patients who reside in the norther part of the county, particularly those who live near Tampa, receive hospice care at a greater rate than those who reside in the east and southeast parts of the county (page 126, Exhibit 37 of the application). In addition, the applicant points out that patients who reside further from a hospital receive hospice care at a lower rate than patients located in close proximity to hospitals in the area.

Concerning analysis of mortality rates and disease specific hospice needs in HSA 6A, VITAS indicates the use of Florida CHARTS to identify the 14 leading causes of death in Hillsborough County, in 2018 (page 129, Exhibit 39 of the application). Based on Florida CHARTS, VITAS points out that the top causes of death in the area include heart disease and malignant neoplasm (cancer), which each comprise over 20 percent of total deaths in Hillsborough County. VITAS also points out that non-

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cancer deaths including heart disease, respiratory disease and Alzheimer's disease exceed the number of cancer-related deaths in 2018. VITAS agrees that this aligns with the Agency's Need Methodology which indicates that non-cancer diagnoses are the largest area of unmet need for hospice services. VITAS also states that age-adjusted death rates are higher in Hillsborough County, compared to the state, regarding cardiovascular disease, cancer, chronic lower respiratory disease and Alzheimer's. See the exhibit below.

**HSA 6A – Age Adjusted Death Rate by Area
2018**

	Major Cardiovascular Disease	Malignant Neoplasm (Cancer)	Chronic Lower Respiratory Disease	Alzheimer's Disease
Hillsborough County	219.3	156.5	39.7	37.2
Florida Total Death Rate	203.1	146.2	38.4	20.0
% Higher Than FL AVG	8.0%	7.0%	3.4%	86.0%

Source: CON application #10606, page 130

Continuing along the line of mortality rates and disease specific hospice needs in HSA 6A, VITAS uses Agency Hospital Inpatient Database CY 2018 to perform an analysis of discharges to hospice by Medical Diagnostic Category (MDC). VITAS provides an exhibit of the results (page 131, Exhibit 41 of the application). VITAS makes the following comments about these results:

- Circulatory system discharges to hospice – 2.2 percent
- Poorly differentiated neoplasms (cancer) discharged to hospice – 5.6 percent
- Infectious/parasite disease (and sepsis) discharges to hospice - 6.6 percent

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

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

HAS 6A – Percent of Medicare Deaths to Hospice by Area

Disease Category	Hospital Hospice Patients	Hospital Mortalities	Percent Patients Served	State Percent Hospice
Cardiac	346	7,428	4.7%	6.2%
Sepsis	284	2,481	11.4%	15.2%
Respiratory	188	2,837	6.6%	9.3%

Source: CON application #10606, page 131, Exhibit 42

VITAS concludes that Medicare claims and hospital discharge data reveal that many of the hospitals, physicians, ALFs, and SNFs in HSA 6A are struggling to keep up with the Florida state averages when it comes to readmissions, average length of stay, and hospice utilization and that moreover, these healthcare providers are discharging patients to hospice at very low rates. VITAS explains that this is particularly true for patients who suffer from chronic, terminal non-cancer diagnoses such as cardiac disease, COPD, and sepsis.

VITAS maintains having identified the following underserved and/or special populations in HSA 6A that would benefit from improved access to hospice, as proposed by CON application #10606, in particular:

- African American residents, especially those 65 and older
- Homeless, food-insecure and impoverished communities
- Undereducated individuals including migrant workers
- Residents of east and south Hillsborough County not receiving the same access to hospice care
- Veterans, especially those 65 and older
- Patients diagnosed with non-cancer chronic and terminal illness such as congestive heart failure, COPD, and other cardiac- and respiratory-related diseases, sepsis, and Alzheimer's Disease, especially those 65 and older
- Patients residing in nursing home and assisted living facilities, particularly small ALFs
- Patients in need of continuous care and high acuity/complex service offerings such as Hi-flow oxygen
- Patients needing to be admitted quickly and those needing admission during evenings and weekends

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

- Cardiac Care Program
- Pulmonary Care Program
- Alzheimer's and dementia research and support for caregivers
- Sepsis Care Program

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

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

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

VITAS expects to realize a total of 492 admissions in year one (capturing a total of 57 percent of the unmet need) and realizing a total of 593 admissions in year two (capturing a total of 69 percent of the unmet need). See the exhibit below.

VITAS Projected HSA 6A Admissions					
	Cancer Diagnosis		Non-Cancer Diagnosis		Total
	Age Under 65	Age 65+	Age Under 65	Age 65+	
Projected Admissions					
Year One	30	72	121	270	492
Year Two	36	86	145	325	593
Percent of Unmet Need					
Year One	57%	56%	57%	57%	57%
Year Two	68%	67%	69%	69%	69%

Source: CON application #10606, page 134, Exhibit 43

The applicant states on page 33 of the application that VITAS should be considered the right choice for HSA 6A, because VITAS has a proven record in Florida of:

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

2. Agency Rule Criteria and Preferences

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

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

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

Continuum Care of Hillsborough LLC (CON application #10601) states plans to meet the hospice needs all patients and their families in need of end-of-life care in Hillsborough County – admitting all age groups and all diagnoses. The applicant states having already responded to the underserved populations that it plans to serve (see items E.1.a. of this report, CON application #10601).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) responded in detail to this Agency rule criteria/preference in item E.1.a. of this report but reiterates below the stated current unmet hospice need in HSA 6A:

- Non-cancer patients younger than age 65
- Hillsborough County hospice admissions rates for both the black and Hispanic populations are considerably lower than the overall county average. This is especially true of the Hispanic population for which the admissions rate of 15 .4 percent is less than one-third the rate for the county overall
- Both DOH and the TGH CHNAs identify lower income status as contributing to health status problems and unmet health care needs in Hillsborough County
- DOH, and the TGH and Moffitt CHNAs all identify access issues as a priority area of concern in Hillsborough County
- Lack of outreach to smaller ALFs

Odyssey Healthcare of Marion County, LLC (CON application #10603) states having previously documented populations in HSA 6A that experience unmet hospice need. Odyssey indicates that no segment is totally underserved but that the following groups require additional services:

1. Homeless and near homeless individuals
2. End-stage Cardiac patients
3. Hispanics
4. Hispanics who are concerned that hospice care is not consistent with the views of Catholicism
5. Individuals living in the more remote sections of the County
6. Individuals residing in one of the smaller ALFs

The applicant provides narrative descriptions of these groups (pages 62 - 65 of the application).

PruittHealth Hospice – 6A, LLC (CON application #10604) indicates that typically, underserved populations include (pages 9 and 98 of the application): veterans, the homeless, low income, pediatric and non-cancer patients. PruittHealth also indicates plans to incorporate a number of initiatives to treat the underserved in the service area. PruittHealth provides a brief narrative regarding reaching each of the following stated underserved populations:

- Homeless
- Veterans
- Inpatient hospice services
- Non-cancer patients age 65+

The reviewer notes that PH6-A's 15-page hospice survey/questionnaire seeking input from the community regarding unmet hospice need in HSA 6A did not identify the homeless, veterans, inpatient hospice services or non-cancer patients age 65+ as currently experiencing unmet hospice need in the area.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) identifies the following seven key areas where services are lacking or there is a gap in care for a specific population, including:

1. Need for disease-specific programming
2. Need for ethnic community-specific programming

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3. Lack of available resources for homeless and low-income populations
4. Largest veteran population in Florida requires special programming and large number of resources
5. Lack of specialized pediatric hospice program in the area
6. Absence of continuum of care navigation
7. Transportation challenges for rural areas of the county

SSH states and the reviewer confirms that “Suncoast Solutions” to these stated gaps are identified on pages 57 - 94 of CON application #10605.

VITAS Healthcare Corporation of Florida (CON application #10606) states that several populations would benefit from hospice services in HSA 6A, the patient groups with the largest unmet need identified quantitatively or through local meetings include:

- African Americans and Hispanic Populations, as well as migrant workers
- Patients residing in east and south Hillsborough County who are not accessing hospice at the same rate as other parts of the subdistrict
- Patients with respiratory, sepsis, cardiac, and Alzheimer's diagnoses near the end of life in HSA 6A have unmet hospice needs
- Patients requiring continuous care and high acuity services such as Hi-flow oxygen
- Patient requiring admission in the evening or on weekends
- Patients residing in small, less than 10 bed, ALFs

- (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.**

Continuum Care of Hillsborough LLC (CON application #10601) reiterates and lists letters of support from (see item B of this report):

- Hospitals and SNFs
- Independent and ALFs

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CCH contends that these facilities have already voiced their willingness to work with Continuum Hillsborough (once the proposal is approved and licensed). The reviewer notes that the applicant does not affirmatively state that any hospitals, SNFs or other facilities in the area have committed to entering into a contractual arrangement for the provision of inpatient hospice services. CCH contends that because some existing hospices and SNFs in the service area currently have contracts with the existing hospice providers, some were reluctant to provide letters of support to a new provider until a CON is issued.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) points out currently having general inpatient contractual agreements with more than 20 acute care hospitals and more than 30 SNFs in Cornerstone's existing seven-county service area. Cornerstone lists these facilities (Tab 12 of the application), along with sample inpatient agreements. Cornerstone states plans to enter into a contractual agreement with:

- Palm Garden Health and Rehabilitation Center, Sun City (SNF)

The reviewer confirms an October 7, 2019 letter from senior management at Palm Garden Health and Rehabilitation Center, Sun Center (a Hillsborough County SNF) that this facility is willing to contract for inpatient services with Cornerstone (Tab 12 of the application).

Odyssey Healthcare of Marion County, LLC (CON application #10603) states an expectation that 1.0 percent of its total patient days will require inpatient care during the first two years in HSA 6A. Odyssey also states that if awarded the CON, Odyssey expects to obtain contracts for inpatient hospice services from one or more of the following:

1. Lifepath (their existing hospice house)
2. Clear Choice (Sun City location)
3. Southern Healthcare Management (Bayshore Point)
4. Summit Care (Ybor City Healthcare & Rehab Center)
5. HCA West Florida Division for their Hillsborough County hospitals (Town & County, Tampa, Brandon, and Sun City)

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The reviewer notes that CON application #10603 included no letters of support from any of the five providers listed above and hence, no documentation that any of the five referenced providers would be willing to enter into a contractual arrangement with Odyssey for inpatient hospice services.

Odyssey indicates that Odyssey Healthcare may contract with its existing home health provider to assist with continuous care if this is considered an appropriate alternative.

PruittHealth Hospice – 6A, LLC (CON application #10604) references its stated Condition #2 (see item C of this report). The applicant provides a letter, dated December 18, 2019, signed by Nick Williams, PruittHealth's Chief Executive Officer, committing to two dedicated inpatient hospice units in PruittHealth's soon to be construction and licensed SNFs in Hillsborough County.

PH6-A contends that there are many advantages that PH6-A will garner by providing inpatient hospice care in its two affiliated SNFs in Hillsborough County and the applicant provides a narrative description of each of eight stated advantages (pages 101 and 102 of the application). The reviewer summarizes the each of the eight stated advantages (see below).

1. A PruittHealth long-term care facility provides care for the entire spectrum of long-term care patients, even before those patients are admitted to inpatient hospice care, whereas an inpatient hospice unit can only take care of hospice patients
2. Palliative care will be readily provided at the two PruittHealth SNFs in Hillsborough County to ensure care for patients with chronic illnesses. This endeavor will serve as a bridge to hospice care and is not provided in a standard hospice inpatient unit
3. If there is a patient on hospice service in their home (routine care) who needs supportive services or resources, the patient can come into the long-term care facility as a routine patient on a specialized hospice bed
4. PruittHealth's hospice services at the two PruittHealth Hillsborough County SNFs will include inpatient, respite, and routine levels of care

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5. The two dedicated hospice inpatient units will be designed with particular "home-like" touches for the patient and family dealing with the end of life, in contrast to the room for a typical skilled nursing resident
6. As demand increases, additional beds can be seamlessly added to the dedicated hospice inpatient unit at both PruittHealth SNFs
7. Dedicated hospice inpatient units are typically staffed with hospice employees. Since PruittHealth possesses its own affiliated hospice agency, it will provide the overarching training for the long-term care facility staff, to include specific hospice staff certifications
8. Through the development of a hospice inpatient unit among affiliated providers in a SNF, the hospice inpatient units, as proposed, will be safeguarded against closure due to unprofitability as the financial success will be measured in totality along with the operations of the SNF, rather than just the hospice inpatient unit itself

The applicant provides a copy of a hospice nursing home agreement (Exhibit 25 of the application).

Suncoast Hospice of Hillsborough, LLC (CON application #10605) states and the reviewer confirms (through Exhibit G of the application) that senior executives of area entities/hospitals/nursing facilities are willing to enter into a contractual agreement with Suncoast for the provision of providing inpatient hospice beds, should the proposed project be approved:

- HCA West Florida Division
- St. Joseph's Hospital/BayCare Health System
- Brandon Regional Hospital (an HCA West Florida Division affiliate)
- The Inn at University Village

SHH indicates that the applicant will seek contracts for the provision of inpatient hospice services within local nursing homes and ALFs, as well as other hospitals. The reviewer confirms the provision of Suncoast's sample inpatient hospice bed contract agreements (Exhibit E of the application).

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Suncoast Hospice states having a longstanding contract with H. Lee Moffitt Cancer Center for hospice general inpatient care and is in the progress of updating the agreement. The reviewer notes that the letter of support from H. Lee Moffitt Cancer Center (Viviam Sifontes, ITDS, M.Ed., MPA, CDP, CCHW, LUNAS Executive Director, Moffitt Cancer Center) does not address an inpatient hospice agreement with Suncoast. Suncoast's sample inpatient hospice bed contract agreements were in Exhibit E of the application.

VITAS Healthcare Corporation of Florida (CON application #10606) states plans to partner with hospitals and SNFs to provide inpatient or respite care. VITAS references its Tab 44-Letters of Support for Inpatient Care. VITAS states and the reviewer confirms that administrators from the following SNFs agree to enter into negotiations for an appropriate contractual arrangement with VITAS Healthcare Corporation of Florida for an inpatient level of care, should CON application #10606 be approved:

- Bayshore Pointe Nursing & Rehabilitation Center
- Ybor City Healthcare & Rehabilitation Center

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

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

Continuum Care of Hillsborough LLC (CON application #10601) states plans to serve homeless patients in Hillsborough County and will admit patients to its hospice service even if the patient does not have a caregiver at home. In these situations, CCH points out that it may recommend placement in an ALF or nursing home, in which the hospice program may be able to provide residential care. In this regard, CCH comments on its prior successful coordination/collaboration with the Alameda Alliance for Health (in California).

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CCH states having performed outreach for potential hospice patients who do not have primary caregivers at home and the homeless by meeting with Lannie James, Administrator, Agency for Community Treatment Services (ACTS) in Tampa (Hillsborough County). ACTS is stated to be a 15-bed emergency shelter for the underprivileged and underserved population in Hillsborough County. The applicant states and the reviewer confirms a letter of support from the ACTS administrator (Tab 5 of the application).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) maintains that Cornerstone currently serves patients without primary caregivers at home, the homeless, and patients with AIDS and that further, Cornerstone will continue to do this in its proposed program. Cornerstone comments that CHPC provides services to patients wherever they may reside – including meeting prospective patients at shelters, hotels, neighbor’s/friends/family’s home.

CHPC describes steps and protocols executed in those instances where patients have no caregivers. CHPC that Cornerstone nearly always finds a successful solution in even the most challenging patient care situations.

Cornerstone stresses being thoroughly skilled and fully prepared to care for patients with HIV, AIDS, and other potentially infectious conditions. The reviewer notes that CHPC provides a Cornerstone Hospice Policies and Procedures Manual Table of Contents, with items 9-001 through 9-018 being under the heading “Infection Prevention and Control” (Tab 24 of the application).

Odyssey Healthcare of Marion County, LLC (CON application #10603) states a commitment to provide care to all individuals who meet the criteria of terminal illness and reside within Odyssey’s service area, regardless of their living status and diagnosis and that additionally, Odyssey will meet the need of the individuals without a caregiver whatever there need is. Odyssey maintains a belief that it is critical that the patient will never feel alone.

Odyssey indicates having provided in its Appendix G a preliminary admission policy reflecting its commitment to serve individuals without primary caregivers as long as safely possible within their residence which assures patients

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receive quality care and services. The reviewer notes CON application #10603, Appendix G-Charitable Care/Kindred at Home & Hospice Affiliates-Policy No. 3-007 and Kindred at Home Foundation materials. The applicant's Appendix G does not include an admission policy. However, the reviewer notes that Odyssey provides admission and other related policies immediately under CON application #10603-Supporting Documentation.

Odyssey next offers narrative to discuss addressing care for the homeless or near homeless, as well as those with AIDS. Odyssey explains that HIV disease continues to impact certain segments of the population including the homeless, substance abusers, and individuals in or about to be released from correctional facilities. Odyssey also explains the applicant will reach out to the correctional facility(ies) to provide service to inmates. Odyssey directs to CON application #10603-Appendix LLL for a Dept. of Corrections support letter for Odyssey. The reviewer notes that CON application #10603 has no Appendix LLL in the Table or Contents, nor is an Appendix LLL found in Supporting Documentation. Additionally, there is no Dept. of Corrections support letter in Appendix EEE-Support Letters.

PruittHealth Hospice – 6A, LLC (CON application #10604) states a commitment to serving all residents, including the homeless, patients who do not have primary caregivers at home and patients with AIDS.

PH6-A comments that in the event a terminally ill patient has no at-home support, PH6-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 PH6-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.

PH6-A explains that if the patient is not able to care for him/herself, has no caregiver support group, or is homeless, PH6-A will work with its two, soon to be built, SNFs in Hillsborough County for placement of those patients and further explains that PruittHealth's social workers will assist patients without financial resources to obtain such care, as determined by their medical condition. PH6-A references the

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Tampa/Hillsborough County COC 2019 Homeless Point-In-Time Count Fact Sheet by the Tampa Hillsborough Homeless Initiative (Exhibit 26 of the application).

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, PH6-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.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) maintains that EPIC (Empath Partners in Care) is a comprehensive medical home model for persons affected by HIV/AIDS in the Tampa Bay region and that further, EPIC brings together the nearly 60 years of combined HIV services experience of ASAP (AIDS Service Association of Pinellas) and Francis House (Tampa). SHH also maintains that through EPIC, Empath is now able to provide even more services to more people impacted by HIV and AIDS throughout Tampa Bay.

SHH states a wide variety of medical care, pharmacy services, counseling, hot meals, housing assistance, transportation assistance and prevention services that are offered to over 1,600 people at the ASAP and Francis House campuses and other locations in Hillsborough and Pinellas counties. According to SHH, EPIC aims to provide seamless care and support that helps clients maintain healthy and self-sufficient lives and additionally, provides assistance to families, as well as provides HIV testing and education in the community. SHH indicates that EPIC can easily refer clients to Suncoast Hospice for end-of-life care. SHH explains that EPIC services have four current locations:

- EPIC ASAP Campus 3050 1st Ave. S. St. Petersburg, FL 33712
- EPIC Clearwater 5771 Roosevelt Blvd., Clearwater, FL. 33760
- EPIC Tampa 4600 N Habana Ave., Suite 15 Tampa, FL 33614
- EPIC Francis House Campus 4703 N. Florida Ave. Tampa FL 33603

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SHH emphasizes that the comprehensive HIV/AIDS programs/services offered by EPIC have significant implications for Suncoast Hospice and specifically, early integration into a continuum of care for advanced illness management, chronic disease, or end-of-life planning/ education affords patients easier access to hospice care when the need arises.

The applicant asserts that Suncoast Hospice provides hospice care to all patients affected by HIV/AIDS with dignity, compassion, without discrimination and utilizes well-trained caregivers who are familiar with the special needs of patients suffering from HIV and AIDS.

The applicant asserts Suncoast's close working relationship between EPIC and the Florida Department of Health - Hillsborough County lends itself well to an expanded reach of services. SHH points out that the EPIC program also reaches out to the homeless.

VITAS Healthcare Corporation of Florida (CON application #10606) states plans to serve all residents using all community and VITAS resources as necessary to provide a safe and comfortable environment to enable patients to remain in the least restrictive and most emotionally supportive environment possible. The applicant contends that terminally-ill patients with no at-home support will receive increased attention from the hospice staff and that every effort will be made to develop a caregiver network from among neighbors, nearby relatives and friends, faith community members and hospice volunteers to provide guidance, assistance and companionship to the patient within the patient's or the caregiver's home.

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

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ongoing needs are met. The applicant indicates that, when appropriate, VITAS will provide continuous home care to allow the patient to remain in his or her home.

VITAS reiterates homelessness estimates, poverty rates and food insecurity in HSA 6A. VITAS restates that poverty rates and food insecurity in the area is higher than the state average. The reviewer notes that VITAS also states that the homelessness rate in Hillsborough County is higher than the state average, this contradicts the applicant's own Exhibit 29 (see items E.3.a. of this report) which indicated that:

- In 2018
 - Hillsborough County's homeless rate per 1,000 was 1.26
 - Florida's overall homeless rate per 1,000 was 1.40
- In 2019
 - Hillsborough County's homeless rate per 1,000 was 1.14
 - Florida's overall homeless rate per 1,000 was 1.33

However, the reviewer notes that the applicant previously stated that the above estimates, and the estimate of a total of 1,650 homeless persons in Hillsborough County in February 2019, was challenged by local organizations familiar with the area's homeless population. The applicant restates its plan to offer a full range of services to shelter residents and their caregivers and will tailor hospice care to the patient's circumstances. VITAS restates its Schedule C conditions for the following services to the homeless population:

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

Regarding patients with HIV and AIDS, the applicant comments that over time, HIV/AIDS patients have faced other more traditional causes of death. VITAS states that there have not been a large number of deaths attributable to HIV in HSA 6A in recent years – 39 in CY 2018. However, VITAS points out being committed to serving those with HIV, "...and has had conversations with the Director of Nursing at an area SNF about special needs for their patients with HIV" (page 141 of the application). The applicant comments that, if approved, it will bring to HSA 6A the educational programs it has developed for health care professionals about HIV/AIDS, including symptoms of AIDS and the medications

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used to treat the disease. VITAS points to and the reviewer confirms VITAS publications in CON application #10606-Tab 35/Diagnosis-Specific Training Materials:

- Diabetes
- HIV and AIDS

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

HSA 6A is comprised of a single county – Hillsborough County. Therefore, this Agency preference is not applicable in this co-batched review.

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

Continuum Care of Hillsborough LLC (CON application #10601) reiterates portions of pages 32 - 45 of the application (what CCH identifies as unique programs and services), reproducing portions of these characteristics on pages 102 - 111 of the application. CCH again provides individual narratives regarding each of the following:

- Service Intensity (noting Schedule C, Condition #s 6, 7 and 8)
- Music Therapy (Schedule C, Condition ##2)
- Virtual Reality Program (non-pharmacological interventions to help with the experience of its patients and families (Schedule C, Condition #1)
- Equine Therapy (Schedule C, Condition #3)
- Veterans Programming (supporting the We Honor Veterans Program (Schedule C, Condition #11)
- Continuum Palliative Resources (an advanced disease management program for patients who are at a maximum therapy level and approximately 24 months from the end-of-life (Schedule C, Condition #9). This unique program and service is stated to have the following benefit:
 - Improves communication between hospitals, SNFs, primary care physicians and specialists that result in positive outcomes for patients

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- Improvement medication management which would have otherwise led to unplanned emergency room visits and/or re-hospitalizations
 - Ongoing patient and caregiver education on disease progression, alternative medical services available, expectations as disease progresses, how to manage symptoms, knowing when to call the physician
 - Identifying goals of care and decreasing patient and caregiver anxiety by encouraging difficult conversation with patients nearing end-of-life about what they really want
 - Serves as a connection to the community for resources to assist in providing additional services that can aid in transportation, food services, facility placement, spiritual care, amongst others
 - Reduces the patient's propensity to use hospital and/or emergency department as their medical manager, and reinforce better options
 - Decreases cost of care as patients near end-of-life
- Minority Outreach (particularly stressing the need for improved hospice access in Hillsborough County among Black and Hispanic residents (Schedule C, Condition #4).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) states Cornerstone currently provides services that are not covered by private insurance, Medicaid, or Medicare, and will continue to do so in the program proposed herein for HSA 6A. Specific non-covered services provided by Cornerstone are stated to include:

- Bereavement and Grief Support Programs - available to all service area residents, regardless of any relationship to Cornerstone patients
- Volunteers to provide respite for caregivers at home, assistance with errands and light homemaking tasks
- Charity care patients for whom Cornerstone is committing to provide at a level of at least 1.5 percent of gross revenue

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- Services to persons who have exhausted their insurance benefit
- Veteran Recognition Events
- Pet Peace of Mind

CCHP provides narrative descriptions of these services/programs (pages 102 - 106 of the application).

Odyssey Healthcare of Marion County, LLC (CON application #10603) maintains that Odyssey will provide a broad range of services that are not covered by private insurance, Medicaid or Medicare. Odyssey states that it is already providing services to the residents of Hillsborough County in its home health agency.

Odyssey states the following specific non-covered and/or partially covered services that Odyssey will provide include (with a narrative description of each on pages 72 - 74 of the application):

- Alzheimer's Dementia Program
- Bereavement Program
- Pet Service Support Program
- Volunteers
- Services for patients more homebound
- Vigil Support
- Homeless patients

PruittHealth Hospice – 6A, LLC (CON application #10604) points out that the applicant will serve all medically qualified patients who meet the state/Medicare of “terminally ill” who select the hospice care alternative. PH6-A states that the proposal will provide the following “Non-Core Services as a condition of project approvals (the reviewer notes that this is a duplication of the applicant’s conditions):

Location:

1. Serve Subdistrict 6A Hillsborough County.
2. Establish a home office in Hillsborough County.

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Programming/Operational Conditions:

1. Assure that the two soon to be built PruittHealth skilled nursing facilities in Hillsborough County are available to shelter PruittHealth Hospice - 6A patients in need of shelter either during an emergency event or subsequent to such an event in the service area.
2. Develop a hospice unit at both soon to be built PruittHealth skilled nursing facilities in Hillsborough County and ensure that the unit is capable of serving both routine and inpatient hospice patients.
3. Implement a program designed to reduce hospital re-admissions; the current program utilized by PruittHealth is INTERACT 3.0. The program to be implemented will be this program or other similarly designed program based on the most recent quality driven program PruittHealth determines to be available at the time of implementation.
4. Develop a Camp Cocoon Day Camp Program in Service Area 6A.
5. Incorporate Disease Management Care Pathways into the Subdistrict 6A operations.
6. Incorporate PruittHealth's QAPI Plan into the Subdistrict 6A operations.
7. Assure all staff maintains ongoing training and continuing education credits utilizing Pruitt University and at no cost to the employees.
8. Participate in a company-wide Annual Quality Report to demonstrate transparency in operations and make this Quality Report available to the public.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) responds to this preference by addressing (pages 127 and 128 of the application):

- Empath Home Health (palliative and skilled home health)
- HIV/AIDS services
- Empath Health Choices for Care (advanced care planning)

According to SHH, the Suncoast Hospice Foundation fills a gap by providing support between reimbursable and non-reimbursable expenses associated with chronic or advanced illness and provides for uncompensated care. The Foundation assists those who:

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- Are not insured
- That need more services than insurance covers
- Cannot afford to pay
- Have family members affected by a patient's health condition
- Need assistance with needs outside or in addition to their direct medical diagnosis

The applicant states that the Foundation will afford SHH the opportunity to provide a wealth of programs/services to patients who need assistance, thus furthering its mission to meet the needs of all residents of the communities it serves. Also according to SHH, the Suncoast Hospice Foundation already has ties to Hillsborough County, indicating that since 2015, the Suncoast Hospice Foundation has received donations from 2,199 unduplicated donors who reside in Hillsborough County and that clearly, SHH already has community support in the local area, based on the historical donor base who resides there. However, Suncoast points out that SHH proposes to limit its fundraising efforts in Hillsborough County to memorial gifts received on behalf patients served by the applicant.

VITAS Healthcare Corporation of Florida (CON application #10606) reiterates its conditions (see item C of this report for CON application #10606-Conditions). VITAS lists the stated provision of the following non-core services:

- Diagnostic Specific Programs
 - Includes Cardiac, Respiratory, Sepsis, Alzheimer's
 - Specialized staff training on cardiac care
 - Meetings with area cardiologists to discuss patients' needs
- Life Bio
 - A nationally recognized program that helps ease social isolation and loneliness through recording life stories
 - Enables patients to leave a legacy for their family and friends
- Palliative Radiation and Chemotherapy
 - Will be provided to optimize pain and symptom management, as medically necessary
- We Honor Veterans
 - Staff and volunteers will be trained on compassionate listening and grateful acknowledgement
 - Assist with replacing medals and record military experience

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- Lavender Touch Experience
 - Aromatherapy program that gives patients a caring touch and healing benefits of lavender
 - Beneficial for insomnia, anxiety and stress
- Musical Memories
 - Volunteers help patients select music and listen to familiar songs
 - Some volunteers bring a musical instrument or sing songs to patients
- Paw Pals
 - Pet therapy program lead by trained volunteers
 - Pre-screened pets visit patients and provide companionship
- Music Therapy
 - Evidence-based music therapy assesses the strengths and needs of the patient and designs a treatment plan that involves singing, listening to, or playing music
- Massage Therapy
 - Uses touch to relieve pain, reduce stress and stimulate circulatory system
- Children's Bereavement Services
 - Provides developmentally appropriate coping mechanisms for children

The reviewer notes that some of these stated services are clearly represented in CON application #10606, Schedule 6A (ancillary and social services sections).

b. Chapter 59C-1.0355, Florida Administrative Code contains the following general provisions and review criteria to be considered in reviewing hospice programs.

(1) Required Program Description (Rule 59C-1.0355(6), Florida Administrative Code): An applicant for a new hospice program shall provide a detailed program description in its certificate of need application, including:

(a) Proposed staffing, including use of volunteers.

Continuum Care of Hillsborough LLC (CON application #10601) indicates in Schedule 6A of the application a total of 18.91 FTEs for year one (ending September 30, 2021) and a total of 60.70 FTEs for year two (ending September 30, 2022). The applicant's staffing pattern is shown below.

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**Continuum Care of Hillsborough LLC
CON application #10601**

Position	Year One Ending 9/30/2021	Year Two Ending 9/30/2022
Administration		
Administrator	1.00	1.00
Hospice Liaison/Educator	2.00	3.00
Support Staff	3.12	7.00
Physicians		
Physician	0.25	0.50
Nurse Practitioner	--	0.75
Nursing		
Clinical Director (R.N./CC)	1.00	1.00
Clinical Manager (R.N.)	--	1.00
RNs	1.78	8.20
LPNs	1.85	8.50
Nurses' Aides	3.09	14.75
Other: On-Call Representative	1.00	5.00
Ancillary		
Physical Therapist	Contracted	Contracted
Speech Therapist	Contracted	Contracted
Occupational Therapist	Contracted	Contracted
Equestrian Therapist	Contracted	Contracted
Music Therapist	0.88	1.00
Social Services		
Social Worker	1.01	4.00
Volunteer Bereavement Manager	0.93	1.00
Chaplain	1.00	4.00
Grand Total	18.91	60.70

Source: CON application #10601, Schedule 6A

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) indicates in Schedule 6A of the application a total of 21.5 FTEs for year one (ending December 31, 2021) and a total of 51.2 FTEs for year two (ending December 31, 2022). The reviewer notes that the referenced total FTEs account for the incremental addition of FTEs to the applicant's existing hospice FTE complement. The applicant's staffing pattern is shown below.

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**Cornerstone Hospice & Palliative Care, Inc.
CON application #10602**

Position	Year One Ending 12/31/2021	Year Two Ending 12/31/2022
Administration		
Admin/management	7.5	24.0
Physicians		
Medical Director	1.0	1.0
Nursing		
RNs	5.9	11.6
LPNs	1.0	2.0
Nurses' Aides	3.4	7.2
Social Services		
Chaplain	0.8	1.5
Social Worker/Bereavement	2.0	3.9
Grand Total	21.5	51.2

Source: CON application #10602, Schedule 6A

Odyssey Healthcare of Marion County, LLC (CON application #10603) indicates in Schedule 6A of the application a total of 14.75 FTEs for year one (ending December 31, 2021) and a total of 26.58 FTEs for year two (ending December 31, 2022). The applicant's staffing pattern is shown below.

**Odyssey Healthcare of Marion County, LLC
CON application #10603**

Position	Year One Ending 21/31/2021	Year Two Ending 12/31/2022
Director of Operations/Administration	1.00	1.00
Patient Care Coordinator/Manager	1.00	1.00
Director, Clinical Services	0.00	0.00
Clinical Manger Business Manager	0.00	0.00
Sales	2.42	4.50
Medical Records Speicalist	0.00	0.83
Office Manager	0.00	0.58
RNs Team Physician	3.33	6.75
Hospice Aides	3.33	6.75
Social Worker	1.33	2.00
Chaplin	1.00	1.17
Bereavement/Volunteer Coordinator	1.00	1.00
On-Call RNs	0.33	1.00
Medical Director-Contracted	0.00	0.00
Grand Total	14.75	26.58

Source: CON application #10603, Schedule 6A

PruittHealth Hospice – 6A, LLC (CON application #10604) indicates in Schedule 6A of the application a total of 20.0 FTEs for year one (ending date not given) and a total of 46.9

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FTEs for year two (ending date not given). Notes to the applicant’s Schedule 6A indicate that the FTEs shown represent the incremental staff needed to implement the proposed project. The applicant’s staffing pattern is shown below.

**PruittHealth Hospice – 6A, LLC
CON application #10604**

Position	Year One	Year Two
Administration		
Administrator	1.0	1.0
Director of Nursing	1.0	1.0
Community Relations	2.0	2.0
Administrative Support	2.0	2.0
Physicians		
Unit/Program Director	Contract	Contract
Nursing		
RNs	3.2	9.6
Admissions Nurse	1.0	5.0
Nurse Practitioner	1.0	3.0
Nurse’s Aides	4.1	12.5
Dietary		
Registered Dietitian	1.0	1.0
Social Services		
Social Workers	1.2	3.6
Volunteer Coordinator	0.6	1.7
Bereavement Coordinator	1.0	2.0
Spiritual Care		
Chaplain	0.9	2.5
Grand Total	20.0	46.9

Source: CON application #10604, Schedule 6A

Suncoast Hospice of Hillsborough, LLC (CON application #10605) indicates in Schedule 6A of the application a total of 38.44 FTEs for year one (ending date not given) and a total of 48.44 FTEs for year two (ending date not given). Notes to the applicant’s Schedule 6A indicate that the FTEs shown represent the incremental staff needed to implement the proposed project.

The applicant’s staffing pattern is shown below.

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**Suncoast Hospice of Hillsborough, LLC
CON application #10605**

Position	Year One	Year Two
Administration		
Administrator	1.0	1.0
Care Team Manager	1.0	1.0
Regional Hospice Scheduler	1.0	1.0
Care Team Administrative Assist	1.0	1.0
Business Development Liaisons	4.0	6.0
Physicians		
Program Director	1.0	1.49
Nursing		
RN	9.22	10.73
SSN *	0.0	1.0
Hospice Aides	8.01	9.48
Therapists		
Respiratory	1.0	1.0
Technical and Support		
Community Partnership Specialist	1.0	3.0
#REF !**	1.0	1.0
#REF! **	1.0	1.0
Social Services		
Social Workers	4.27	5.05
Patient Social Team Lead	1.0	1.0
Chaplain	1.94	2.3
Volunteers		
Volunteer Coordinator	1.0	1.0
Grand Total	38.44	48.04

Source: CON application #10605, Schedule 6A

NOTE: * “SSN” is not defined.
** “#REF!” is not defined.

The reviewer notes that CON application #10605 indicates that, according to Schedule C of the application, the following staff will be hired/contracted or will otherwise be provided. However, the referenced staff do not appear on the applicant’s Schedule 6A, as identified in the applicant’s Schedule C:

- A contract pulmonologist (Condition #1.c.)
- An LPN for the mobile outreach unit (Condition #3.d.)
- A veterans professional relations liaison (Condition #4.a.)

Notes to Schedule 6A of the application lists 10 shared support/administrative services (with Suncoast Hospice-Pinellas 5B), along with seven listed volunteer services. SHH provides the Suncoast /Empath Volunteer Opportunities brochure (Exhibit J of the application). The reviewer notes that SHH offers year one, year two and year three admissions estimates (see E.1.a. of this report.

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VITAS Healthcare Corporation of Florida (CON application #10606) indicates in Schedule 6A of the application a total of 53.2 FTEs for year one (ending March 31, 2021) and a total of 89.8 FTEs for year two (ending March 31, 2022). The applicant's staffing pattern is shown below.

**VITAS Healthcare Corporation of Florida
CON application #10606**

Position	Year One Ending 3/31/2021	Year Two Ending 3/31/2022
Administration		
General Manger	1.0	1.0
Team Director/PCA	2.2	3.6
Admissions Dir/Hospice Reps/ Community & ALF Liaisons/Admiss	14.8	16.0
Business Manager	1.0	1.0
Receptionist/Sec/Courier	4.5	5.0
PC Secretary	1.5	2.7
CC Manager/Coordinator/Clerk	0.3	1.0
Courier	0.5	1.0
Physicians		
Medical Director	1.0	1.0
Team Physicians	0.5	1.6
Nursing		
RNs (HC/IP/CC)	5.8	14.5
LPNs	2.2	7.3
Nurses' Aides (HC & CC)	7.0	19.2
On-Call/NP	2.7	3.7
Ancillary		
Physical/Occupational Therapist	0.5	0.5
Music Therapist	0.8	1.0
Pet Therapist	0.8	1.0
Respiratory Therapist	0.8	1.0
Dietary		
Dietary Supervisor	0.5	0.5
Social Services		
Social Worker	1.6	2.5
Volunteer/Bereavement Manager	1.0	1.0
Chaplain	1.5	2.6
Performance Improvement Specialist	1.0	1.0
Grand Total	53.2	89.8

Source: CON application #10606, Schedule 6A

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

The reviewer notes that the applicant includes CON application #10606, Tab 23-Volunteer Recruitment Brochure. In addition, the applicant discusses various volunteer duties/services/programs (pages 65 - 68 of the application).

(b) Expected sources of patient referrals.

Continuum Care of Hillsborough LLC (CON application #10601) states having been networking in the Hillsborough County health care referral community for quite some time and that its level of support from area providers is evidence of this. CHH reiterates and lists expected sources of patient referrals from its previously listed letters of support, under the following major referral categories (as previously indicated in item B of this report):

- Hospitals and Skilled Nursing Facilities (SNFs)
- Independent and Assisted Living Facilities (ALFs)
- Accountable Care Organizations (ACOs), Homes Health Agencies (HHAs) and Nurse Registries

Other expected sources are stated to be physicians, family members and patients themselves.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) states receiving patient referrals from a wide range of individuals and organizations associated with the healthcare continuum of care or end-of-life services in its existing service and expects similar referrals in its Hillsborough County program, including:

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

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CHPC explains that based on its current service area experience, Cornerstone expects its principal sources are proportions of patient referrals to be approximately as shown in the table below.

Referral Source	Percent of Admissions
Physicians & APRNs	16%
Patient, Family, Friend or other	11%
Long Term Care Facilities	17%
Hospitals	56%

Source: CON application #10602, page 108

Odyssey Healthcare of Marion County, LLC (CON application #10603) expects referrals from the following sources:

**Odyssey Healthcare of Marion County, LLC
CON application #10603**

#	Referral Source	Admits Yr. One	Admits Yr. Two	Percent of 1 st Yr.	Percent of 2 nd Yr.
1	Hospitals	72	200	32.5%	46.9%
2	Physician Offices	50	80	22.5%	18.8%
3	Stat Home Care	27	40	12.5%	9.4%
4	Nursing Homes	27	45	12.5%	10.6%
5	Patient/Patient's Family	22	25	10.0%	5.9%
6	ALFs	11	20	5.0%	4.7%
7	Religious	7	9	3.0%	2.1%
8	Shelters	4	7	2.0%	1.6%
9	Total	220	426	100.0%	100.0%

Source: CON application #10603, page 78, Table 32

PruittHealth Hospice – 6A, LLC (CON application #10604) states that attracting patients will not be difficult and that referrals will come from area physicians, hospitals, nursing homes, and other healthcare providers, family members and the patients themselves.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) indicates that patient referrals will come from a variety of sources, including:

- ✓ Physicians
- ✓ Nursing homes
- ✓ ALFs
- ✓ Hospitals
- ✓ Home health agencies
- ✓ Families and friends
- ✓ Patient self-referral

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- ✓ Insurers
- ✓ Faith communities
- ✓ Community social services organizations
- ✓ Other Empath services/programs

VITAS Healthcare Corporation of Florida (CON application #10606) states hospice referrals will come from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates, and other health care providers, family members and the patients themselves.

According to VITAS, “As evidenced in the letters of support in TAB 44, community organizations, disease-specific organizations, nursing homes, and assisted living facilities have indicated their support for VITAS to establish a hospice in Subdistrict 6A. These are institutions and groups likely to provide referrals” (page 147 of the application). The reviewer notes that the letters support described above are provided in the applicant’s Tab 45, not Tab 44.

VITAS highlights its CON application #10606, Tab 18- Admissions Criteria & Application for Admission and discusses a free app available to Android and iPhones for physician and VITAS contact. VITAS points out that this app is conditioned (see CON application 10606, Schedule C-Condition #20, seventh bullet).

- (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.**

Continuum Care of Hillsborough LLC (CON application #10601) provides the following projected number of admissions by payer source for the first two years of operations.

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**Continuum Care of Hillsborough LLC-CON application #10601
Year One and Year Two – Admissions by Payer**

Payer Source	Year One Admissions	Year Two Admissions
Medicare	184	589
Medicaid	4	13
Charity	7	22
Self Pay	1	3
Insurance	4	13
Total Admissions	200	640

Source: CON application #10601, page 114

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) provides the following projected number of admissions by payer source for the first two years of operations. The reviewer added the total columns below.

**Cornerstone Hospice & Palliative Care, Inc.-CON application #10602
Year One and Year Two – Admissions by Payer**

Payer Source	Year One Admissions	Year Two Admissions
Medicare	403	737
Medicaid	22	41
Private Ins.	18	33
Indigent/Self-Pay	4	8
Total Admissions	447*	819

Source: CON application #10602, page 109

Note: The applicant's year one admissions are shown as 448 in its need projections and majority of responses.

Odyssey Healthcare of Marion County, LLC (CON application #10603) provides the following projected number of admissions by payer source for the first two years of operations.

**Odyssey Healthcare of Marion County, LLC
CON application #10603**

#	Payer	Percent of Admits	Yr. One 220	Percent of Admits	Yr. Two 426
1	Medicare	90.5%	199	90.6%	386
2	Medicaid	5.9%	13	5.9%	25
3	Third Party	2.3%	5	2.3%	10
4	Self-Pay	0.5%	1	0.2%	1
5	Uncompensated	0.9%	1	0.9%	4
6	Total	100%	220	100%	426

Source: CON application #10603, page 79, Table 33

PruittHealth Hospice – 6A, LLC (CON application #10604) provides the following projected number of admissions by payer source for the first two years of operations.

CON Action Numbers: 10601 through 10606

**PruittHealth Hospice – 6A, LLC-CON application #10604
Year One and Year Two – Admissions by Payer**

Payer	Payer Percent	Year One	Year Two
Medicare	91.1%	228	569
Medicaid	4.4%	11	28
Private	2.1%	5	13
Indigent	2.4%	6	15
Total	100.0%	250	625

Source: CON application #10604, page 107, Figure 42

Suncoast Hospice of Hillsborough, LLC (CON application #10605) provides the following projected number of admissions by payer source for the first two years of operations.

**Suncoast Hospice of Hillsborough, LLC-CON application #10605
Year One and Year Two – Admissions by Payer**

Payer Source	Year One Admissions	Year Two Admissions
Self-Pay	4	6
Medicaid	11	17
Medicare	428	652
Commerical	17	26
Total Admissions	460	701

Source: CON application #10605, page 155, Figure 44

VITAS Healthcare Corporation of Florida (CON application #10606) provides the following projected number of admissions by payer source for the first two years of operations.

**VITAS Healthcare Corporation of Florida
CON application #10606
Year One and Year Two – Admissions by Payer**

Admission Type	Year One Admissions	Year Two Admissions
Medicare	393	474
Medicaid	86	103
Indigent/Charity	5	6
Private Insurance/Self-Pay	8	10
Total Admissions	492	593

Source: CON application #10606, page 148

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

Continuum Care of Hillsborough LLC (CON application #10601) provides the following projected number of admissions by terminal illness for the first two years of operations.

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**Continuum Care of Hillsborough LLC-CON application #10601
Year One and Year Two – Admissions by Terminal Illness**

Payor Source*	Year One Admissions	Year Two Admissions
Cancer	56	179
Cardiac	32	102
Respiratory	28	90
Other	84	269
Total	200	640

Source: CON application #10601, page 114

Note: * The reviewer notes that though this column is titled “Payor Source” by CCH, the applicant lists categories of terminal illnesses in this column. The applicant’s rendition of this table on page 85 is correctly titled.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) provides the following projected number of admissions by terminal illness for the first two years of operations. The reviewer added the totals in the table below.

**Cornerstone Hospice & Palliative Care, Inc.-CON application #10602
Year One and Year Two – Admissions by Terminal Illness**

Admission Type	Year One Admissions	Year Two Admissions
Cancer	138	252
Non-cancer	310	567
Total	448	819

Source: CON application #10602, page 109

Odyssey Healthcare of Marion County, LLC (CON application #10603) provides the following projected number of admissions by terminal illness for the first two years of operations.

**Odyssey Healthcare of Marion County, LLC
CON application #10603
Year One and Year Two
Admissions by Terminal Illness**

#	Diagnosis	Yr. One 220	Yr. Two 426	Yr. One Percent	Yr. Two Percent
1	Cancer	66	141	30.0%	33.1%
2	AIDS	1	2	0.2%	0.2%
3	End-Stage Pulmonary	24	47	11.1%	11.0%
4	End-Stage Renal	7	14	1.5%	3.3%
5	End-Stage Heart	39	80	17.9%	18.8%
6	Diagnosis Other	65	142	39.3%	33.3%
8	Totals All Diagnoses	220*	426	100.0%	100.0%

Source: CON application #10603, page 80, Table 35

Note: *The applicant’s #s1-6 of the chart add up to 202 in Year 1. Year 2’s 426 is correct.

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Odyssey states having derived the above stated admissions by terminal illness for year one and year two from previously discussed DOEA Annual Hospice Demographics and Outcome Measures Report-2018 (see item E.3.a. of this report for CON application #10603's data regarding deaths by terminal illness).

PruittHealth Hospice – 6A, LLC (CON application #10604) provides the following projected number of admissions by terminal illness for the first two years of operations.

**PruittHealth Hospice – 6A, LLC-CON application #10604
Year One and Year Two – Admissions by Terminal Illness**

Terminal Illness	Illness Percent	Year One	Year Twp
Cardiac	34%	85	213
Cancer	21%	53	131
Respirator	12.5%	31	78
Alzheimer/Cerebral Degeneraton	9%	23	56
Cerebrovascular Stroke	9%	23	56
Renal Failure	5%	13	31
Diabetes	3.5%	9	22
HIV/AIDS	1.0%	3	6
Other	5%	13	31
Total*	100.0%	250	625

Source: CON application #10604, page 108, Figure 43

Note: *The applicant's years one and two add up to 253 and 624, respectively.

PH6-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 21:79.

The reviewer notes that PH6-A does not state having attained its non-cancer admissions by terminal illness estimates for Hillsborough County based on local market data, its 15-question hospice survey, Florida CHARTS, or any other source. The reviewer also notes that the applicant admissions by terminal illness for the first two year account for the majority (approximately 79.0 percent) of all expected admissions.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) provides the following projected number of admissions by terminal illness for the first two years of operations.

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**Suncoast Hospice of Hillsborough, LLC-CON application #10605
Year One and Year Two – Admissions by Terminal Illness**

	Year One Admissions	Year Two Admissions
Cancer Under 65	42	63
Cancer 65+	100	152
Non-Cancer Under 65	38	57
Non-Cancer 65+	281	428
Total Admissions*	460	701

Source: CON application #10605, page 155, Figure 45

Note * The applicant's year one and two totals add up to 461 and 700, respectively.

VITAS Healthcare Corporation of Florida (CON application #10606) provides the following projected number of admissions by terminal illness for the first two years of operations.

**VITAS Healthcare Corporation of Florida
CON application #10606
Year One and Year Two - Admissions by Terminal Illness**

Disease	Year One Admissions	Year Two Admissions
Cancer	103	125
HIV/AIDS	2	2
Respiratory	27	33
Cardiac	120	144
Alzheimer's/Dementia	25	30
Cerebrovascular/Stroke	21	25
Other	195	235
Total*	492	593

Source: CON application #10606, page 149

Note * VITAS year one and year two add up to 493 and 594, respectively.

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

Continuum Care of Hillsborough LLC (CON application #10601) provides the following projected number of admissions by age cohort (under 65 or 65 and older) for the first two years of operations.

**Continuum Care of Hillsborough LLC-CON application #10601
Year One and Year Two – Admissions by Age Cohort**

Age Cohort	Year One Admissions	Year Two Admissions
Under 65	20	64
65 and Older	180	576
Total	200	640

Source: CON application #10601, page 114

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Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) provides the following projected number of admissions by age cohort (under 65 and 65 and older) for the first two years of operations. The reviewer added the totals (see the table below).

**Cornerstone Hospice & Palliative Care, Inc.-CON application #10602
Year One and Year Two – Admissions by Age Cohort**

Age Cohort	Year One Admissions	Year Two Admissions
Under 65	86	362
65 and Older	158	661
Total*	244*	1,023*

Source: CON application #10602, page 109

Note: * The reviewer notes that the applicant's year two totals 1,023. It appears Cornerstone transposed the 158 Year 1 65+ admissions with Year 2's 362 under 65+ admissions as the columns with this correction add to 448 in year one and 819 in year two.

Odyssey Healthcare of Marion County, LLC (CON application #10603) provides the following projected number of admissions by age cohort (under 65 or 65 and older) for the first two years of operations.

**Odyssey Healthcare of Marion County, LLC
CON application #10603 – Admissions by Age Cohort**

#	Admit by Age	Projected Percent by Age	Yr. One 220	Yr. Two 426
1	0-64	14%	31	60
2	65 & Older	86%	189	366
3	Total	100.0%	220	426

Source: CON application #10603, page 81, Table 36

PruittHealth Hospice – 6A, LLC (CON application #10604) provides the following projected number of admissions by age cohort (under 65 or over 65) for the first two years of operations.

**PruittHealth Hospice – 6A, LLC-CON application #10604
Year One and Year Two – Admissions by Age Cohort**

Age Group	Year One	Year Two
Under 65	78	194
Over 65	175	431
Total	250*	625

Source: CON application #10604, page 108, Figure 44

Note: * The applicant's year one adds up to 253.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) provides the following projected number of admissions by age cohort (under 65 or 65+) for the first two years of operations.

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**Suncoast Hospice of Hillsborough, LLC-CON application #10605
Year One and Year Two – Admissions by Age Cohort**

Age Group	Year One Admissions	Year Two Admissions
Under 65	79	121
65+	381	580
Total Admissions	460	701

Source: CON application #10605, page 156, Figure 46

VITAS Healthcare Corporation of Florida (CON application #10606) provides the following table to account for the projected number of admissions by age group (under 65 or over 65):

**VITAS Healthcare Corporation of Florida
CON application #10606
Year One and Year Two Admissions by Age Group**

Age Group	Year One Admissions	Year Two Admissions
Under 65	151	182
Over 65	341	411
Total	492	593

Source: CON application #10606, page 150

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

Continuum Care of Hillsborough LLC (CON application #10601) maintains that staff and volunteers will directly provide all core services, including physician services, nursing services, social work services, pastoral/counseling, dietary counseling and music therapy. Continuum of Hillsborough will contract for and purchase certain services as needed by the patients. These services include durable medical equipment, medical supplies, pharmaceuticals, physical therapy, speech therapy and occupational therapy.

CHH indicates that non-core services including music therapy and virtual reality will be provided by Continuum Care staff and will not be a contract service. CCH states that equine therapy will be provided by a therapist at the contracted stable.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) maintains that all of the following core services will be provided by CHPC staff and volunteers:

- Nursing services
- Social work services

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

Cornerstone states that the following services will be provided by contractual agreement:

- Physical, Occupational, and Speech and Language therapy -Anchor Home Health
- Respiratory therapy
- Radiation therapy/Chemotherapy – Lincare
- Laboratory services and Diagnostic tests -Quest Diagnostics
- Mobile Radiology Services –MobilexUSA
- Social Work Advantage, Inc. -Healthcare Proxy Services
- Interpretation Services for the Deaf and Hearing Impaired - ASL Services
- Foreign Language Interpreters-Optimal Phone Interpreters

Odyssey Healthcare of Marion County, LLC (CON application #10603) indicates that Odyssey will meet all State and Medicare guidelines to become a Medicare-certified hospice, including the provision of the following core services:

- a. Physician services,
- b. Nursing services,
- c. Social work services,
- d. Pastoral or counseling services,
- e. Dietary counseling,
- f. Home health aide services, and
- g. Bereavement counseling services

Odyssey lists 20 positions pursuant to CON application #10603 that are listed as either hospice employees, volunteers or services under contract (page 82, Table 37 of the application). Of the 20 positions, 14 are listed as hospice

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employees/volunteers and the remaining six are listed as contract services. The stated contract services are:

- Medical Director
- Alternate Medical Director
- “PT/OT/ST”
- Alternative/Integrative Therapies
- Dietary Counselor
- “FNP”

Odyssey states that it will have an active volunteer group.

PruittHealth Hospice – 6A, LLC (CON application #10604) states that core services, including physician services, nursing services, social work services, pastoral counseling, bereavement services and dietary counseling will be provided for by PH6-A staff, PruittHealth corporate staff and volunteers. Per PH6-A, complementary services to be provided by volunteers include massage therapy, pet therapy, and aroma therapy. PH6-A states that notably, the PruittHealth Caring Hands Program also trains caregivers in some holistic techniques (Exhibit 14-Caring Hands Program).

Per PH6-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.

PH6-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. PH6-A states an expectation that volunteers will exceed the minimum requirements of service.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) lists 24 core services that SHH indicates are required to be delivered by the applicant’s hospice staff and lists another 24 administrative services that SHH indicates are provided in-house, by the parent – Empath Health (pages 156 and 157 of the application).

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According to SHH, the availability of the parent's owned and operated in-house services set SHH apart from other providers of hospice services in the area and from the other co-batched applicants.

VITAS Healthcare Corporation of Florida (CON application #10606) states that core services include: physician services, nursing services, social work services, pastoral counseling and dietary counseling will be provided by VITAS staff. The applicant states that in addition to core services, it will offer physical/occupational and speech therapy, and in addition, both pet visits and music therapy, occupational, speech, pet visits and music therapy – with VITAS having a licensed music therapist.

(g) Proposed arrangements for providing inpatient care.

Continuum Care of Hillsborough LLC (CON application #10601) states it will contract with Hillsborough County nursing homes and hospitals to meet the needs of its patients and will not build freestanding hospice facilities (see Schedule C – Condition #10). This contrasts with Lifepath's existing hospice house model, and what Seasons has done in other markets and could potentially do so in Hillsborough County.

CCH further contends that when Continuum Care representatives were in the market meeting with nursing home and ALF leadership, it was frequently voiced by leadership that the larger hospice provider in the county relocates their patients/residents to one of their many hospice houses throughout the county and affiliate agencies in the contiguous region, outside Hillsborough County, Subdistrict 6A. Often times families prefer their loved remain in the same facility and seamlessly transition to hospice, in place. This is better continuity of care for the patient and for the family.

CCH provides sample nursing home and hospital nursing home inpatient agreements used by Continuum (Tabs 16 and 17, respectively, of the application).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) expects to provide approximately 3.5 percent of its total patient days to inpatients by its second year of operation of the proposed program consistent with its

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experience in its existing service areas. Cornerstone is experienced in providing inpatient care directly, through its own inpatient units, in a leased SNF unit, and through contractual arrangements with existing nursing homes and hospitals throughout its existing service areas. Cornerstone has contractual agreements with more than 50 hospitals and nursing homes for provision of inpatient care. A list of entities with which Cornerstone has inpatient contractual arrangements is provided at Tab 12 of the application, along with sample copies of the agreements governing these relationships.

Cornerstone states it has already begun the process of establishing working relationships in the community, has obtained a letter from Palm Garden Sun City expressing its willingness to contract with CHPC and is extremely confident it will establish appropriate agreements at the appropriate time(s) to serve all the inpatient needs of CHPC's HSA 6 patients.

Odyssey Healthcare of Marion County, LLC (CON application #10603) asserts that rather than approach a potential provider regarding inpatient care services and ask for a conditional contract, Odyssey has chosen to wait until after the CON is approved – planning to enter into contracts for both inpatient and respite care once the CON is received.

The reviewer notes that the applicant does not discuss having provided sample inpatient care agreements.

PruittHealth Hospice – 6A, LLC (CON application #10604) states an intent to have contractual arrangements with PruittHealth SNFs, as well as other healthcare facilities, to meet patient needs in Hillsborough County and that this will be the most cost-efficient alternative as the inpatient and respite needs of these patients can be easily met by existing health care providers.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) does not propose to construct an inpatient hospice facility for the proposal but intends to have contractual arrangements with nursing homes and hospitals to meet patient needs in Hillsborough County. SHH provides sample inpatient agreements in CON application #10605, Exhibit E.

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SHH states that it will pursue a contract for the provision of general inpatient hospice care with:

- HCA hospitals in Hillsborough County
- St. Joseph's Hospital

The reviewer notes that interest in seeking such contracts with SHH for the referenced inpatient service is expressed in letters of support (Tab G of the application) by senior executives of the two general hospital providers listed above.

SHH also states plans to seek the referenced contracts from local nursing homes and ALFs. A letter of support that indicated interest in establishing a general inpatient unit with SHH was provided by the administrator at:

- The Inn at University Village

VITAS Healthcare Corporation of Florida (CON application #10606) states that the applicant seeks only to establish a new hospice program. The applicant indicates that it will establish inpatient agreements with existing hospitals and nursing home facilities. VITAS provides sample inpatient agreements in CON application #10606, Tab 37. The administrators from the following facilities agree to enter into negotiations for contractual agreements with VITAS, for inpatient services, should the VITAS proposal be approved:

- Bayshore Pointe Nursing & Rehabilitation Center
- Ybor City Healthcare & Rehabilitation Center

The reviewer notes that VITAS's condition #18 is to establish an inpatient hospice house within the first two years of beginning operation in SA 6A.

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

Continuum Care of Hillsborough LLC (CON application #10601) will develop relationships with existing ALFs, nursing homes and hospitals to use their existing infrastructure to provide the residential and inpatient component of hospice care. No new beds will be added as a result of this proposal. CCH has already met with representatives of hospitals, nursing home and ALFs (listed on page 116 of the application) whom have relayed their

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willingness to work with Continuum Care of Hillsborough, when awarded a CON to operate in Subdistrict 6A. A description of and some samples of the applicant's letters of support were previously mentioned in item B, as well as other sections of this report. CCH states a high confidence in being able to enter into sufficient contracts with existing facilities for beds to meet its needs.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) reiterates no plans to build a freestanding inpatient facility in Hillsborough County, now or in the foreseeable future, so it has no expectation of locating any beds in such a facility to provide inpatient care. CHPC states that: Cornerstone will utilize inpatient beds on an as-needed basis (through contractual arrangement as described earlier). Cornerstone states an expectation to execute agreements with several hospitals and nursing homes in different locations throughout the service area to ensure that convenient inpatient services will always be available to its hospice patients.

Odyssey Healthcare of Marion County, LLC (CON application #10603) states that, "Odyssey will contract to provide inpatient services within a number of existing hospitals and .", (page 85 of the application).

Odyssey states its estimated total 250 inpatient bed days (year one) and total 555 inpatient bed days (year two), resulting in 0.7 inpatient beds (year one) and 1.5 inpatient beds (year two). Odyssey discusses the use DOEA Annual Hospice Demographics and Outcome Measures Report-2018 to review likely patient locations in year one and year two (page 85, Table 38 of the application).

PruittHealth Hospice – 6A, LLC (CON application #10604) states that PH6-A will not be constructing beds and will contract for existing beds on an as needed basis. states an intent to have contractual arrangements with PruittHealth SNFs, as well as other health care facilities, to meet patient needs in Hillsborough County and that this will be the most cost-efficient alternative as the inpatient and respite needs of these patients can be easily met by existing healthcare providers.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) reiterates Suncoast Hospice's response in item E.2.a.(2) of this report.

VITAS Healthcare Corporation of Florida (CON application #10606) restates the intent to establish inpatient agreements within the subdistrict and notes that the total number of inpatient bed days projected in year two is 688. VITAS maintains that inpatient beds will be contracted as needed and the exact number of beds has not been determined. The applicant indicates that since it will only pay for the bed-days used, the expense budget does not change with the number of beds under contract.

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

Continuum Care of Hillsborough LLC (CON application #10601) points out that: general inpatient care will be provided in a contractual hospital or nursing home within Subdistrict 6A, for patients who need pain control or acute/chronic symptom management which cannot be managed in other settings. The necessity for inpatient care and paid lengths of stay will be determined by the interdisciplinary team (IDT). If a Continuum Care of Hillsborough patient needs hospitalization for any reason unrelated to the terminal diagnosis, traditional Medicare Part A is utilized.

CCH further points out that: in addition to general inpatient care, CCH will employ admission criteria for inpatient respite care. Respite care is offered on an "as needed" basis for a maximum of five days per respite admission under Medicare or Medicaid. For patients covered under other insurance, the duration of respite services may be longer. This benefit may be used to give the family/caretaker a rest and the patient does not need to meet acute care standards.

CCH states an aim to assure there are no gaps in services, treatment or patient needs through the transitions in levels of care. CCH provides sample Policies and Procedures Manual/ Inpatient Services (General Inpatient & Respite) - Tab 10 of the application. CCH comments that a similar policy will be developed, maintained and adhered to by Continuum Care of Hillsborough.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) explains that patients are admitted to an inpatient bed according to the guidelines set forth in the Federal Medicare Guidelines for hospice inpatient care and that further, inpatient care is dictated by a patient's medical need. CHPC comments that if possible, symptoms are addressed in the patient's home environment. CHPC points out that inpatient bed admission is based on one or more of seven circumstances listed by CHPC (page 111 of the application).

Cornerstone contends that when an inpatient placement is made, the Cornerstone team of clinicians will remain actively involved, and care will be delivered and supervised in accordance with Cornerstone's Interdisciplinary Team Plan of Care.

Odyssey Healthcare of Marion County, LLC (CON application #10603) contends that one or more of five symptoms/circumstances must be present for a patient to be considered appropriate for inpatient care and that admission decisions are made on a case-by-case basis after evaluation and consultation with the hospice staff. Odyssey itemizes the five symptoms/circumstances (page 86 of the application).

PruittHealth Hospice – 6A, LLC (CON application #10604) 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. PH6-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. PH6-A comments that provided that the patient's medical reasons for admission are stabilized and close medical supervisor/support is no longer required, the patient can be discharged home with a discharge plan including caregiver structure.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) contends that circumstances under which a hospice patient would be admitted to an inpatient bed vary depending upon the patient's physical condition, which fluctuates with time, and the home care situation. SHH also contends that short-term inpatient hospice care may be

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indicated or required when the patient's condition or disease progression must be closely monitored in order for pain and symptom control to be managed. SHH points out that inpatient hospice services are available around the clock.

SHH provides two patient examples to describe circumstances where a patient might be admitted to an inpatient facility during the course of hospice care at home (page 159 of the application).

Per SHH, the range of treatment setting options differentiates Suncoast Hospice from other hospice providers and that as a result of Suncoast Hospice's efforts, all communities within Pinellas County have easy access to a broad and comprehensive range of inpatient hospice care options. SHH explains that Suncoast Hospice will bring the same experience and commitment to patients in Hillsborough County in order to ensure that a wide variety of inpatient treatment setting options are available.

VITAS Healthcare Corporation of Florida (CON application #10606) indicates that it will base inpatient admissions on a patient's physical condition, family caregiver capacity and patient wishes. The applicant states that inpatient episodes are for respite care or stays of duration (up to five days). VITAS maintains that patients will be admitted if they are experiencing pain or symptoms that cannot be managed adequately at home. The applicant indicates that this is often a temporary situation for which inpatient care is recommended to adjust the patient's medications and reassess/regulate services provided. The applicant points out that once stabilized, the patient can be discharged home.

VITAS comments that due to its "Comfort Care" services, medically appropriate patients can often avoid being admitted to inpatient units, allowing these patients to remain at home in their final days as opposed to dying in a hospital. VITAS reiterates its sample inpatient agreements (Tab 37 of the application).

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

Continuum Care of Hillsborough LLC (CON application #10601) states CCH is committed to serving all patients

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including those who do not have primary caregivers at home. This is evidenced by Continuum Care Hospice's history of serving these patient populations in its existing markets. Continuum of Hillsborough will admit patients to its hospice service even if the patient does not have a caregiver at home. In the case that the patient is not able to care for him/herself and has no caregiver support group, the CCH may recommend placement in an ALF or nursing home, in which the hospice program will be able to provide residential care. Continuum social workers will assist patients without financial resources to obtain residential care in a hospice unit within an ALF or nursing home, as determined by their medical condition. To appropriately serve patients in this situation, CCH proposes to establish relationships with area nursing homes and ALFs, either entering into per diem contracts or developing hospice units, as the need arises. CCH previously commented on sample contracts to accomplish these goals (see item E.2.b.(1)(g) of this report.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) states having responded to this agency rule criteria/preference earlier (see item E.2.a.(3). above). However, CHPC points out that for those patients without a suitable primary caregiver at home, Cornerstone has a caregiver program designed specifically to address circumstances in which a patient has no or inadequate caregiver services available. CHPC continues by commenting that in an effort to ensure hospice patients and families have adequate support, it will utilize its proven caregiver program that facilitates referring patients and families to community resources to provide caregiving services and Cornerstone works with patients to develop a plan to ensure they get the care they need, when they can no longer care for themselves.

Odyssey Healthcare of Marion County, LLC (CON application #10603) states recognition that many individuals who qualify for hospice live alone and/or do not have primary caregivers in their home and that Odyssey has developed policies for this kind of situation. Odyssey discusses a "Patient without a Primary Caregiver at Home (Live Alone) Patient Policy", (page 87 of the application

PruittHealth Hospice – 6A, LLC (CON application #10604) indicates that a primary focus of the proposed hospice program will be to enable patients to remain in the least

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restrictive and most emotionally supportive environment possible and for many patients this means living in their own homes or those of relatives.

PH6-A maintains that the applicant will make every effort to assist patients in developing a caregiver network from among neighbors, nearby relatives, friends, church groups, sitter services and volunteer organizations.

If the patient is not able to care for him/herself and has no caregiver support group, PruittHealth Hospice may recommend placement in an ALF or nursing home where the hospice program will be able to provide routine care. PH6-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. PH6-A states a commitment to serving terminally ill homeless residents of Subdistrict 6A, who rarely have a primary caregiver.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) states that some patients are unable to develop a caregiver network (to maintain in-home hospice care) and/or that some hospice patients may not be physically or mentally able to remain at home and receive hospice services. SHH states that if a patient is unable to care for him/herself and has no caregiver support, SHH may recommend that the patient enter an ALF, nursing home, or inpatient hospice facility and that hospice staff and volunteers will continue to provide hospice care in these settings.

SHH explains that to serve patients that require inpatient hospice services, it will work to establish and expand relationships with various nursing homes, ALFs and hospitals within the area. SHH reiterates plans to pursue a contract with HCA's West Florida Division hospitals that are located within Hillsborough County and the planned collaboration with Metropolitan Ministries to identify homeless patients who may be appropriate for hospice. SHH states it will make arrangements to provide hospice care for patient in an emergency shelter, safe haven or temporary housing, or in an inpatient bed as necessary.

VITAS Healthcare Corporation of Florida (CON application #10606) indicates that if a patient lives alone and can care for him or herself, but does not have family or

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

(k) Arrangements for the provision of bereavement services.

Continuum Care of Hillsborough LLC (CON application #10601) contends that bereavement services are an integral part of the hospice program. The Continuum Care social worker and spiritual counselor are available to assist families during the emotionally difficult time of loss, as well as provide information on common aspects of anticipatory grief. Following a hospice patient's death, Continuum Care of Hillsborough will continue to provide bereavement support to grieving families for one year. While one individual is identified as the primary contact with the family, generally the spouse or primary caregiver, all members of the family are eligible to receive bereavement services.

CCH states that a bereavement plan of care is developed based on an assessment of the patient/family needs at the time of admission and during the provision of hospice care, and again when the patient dies. This initial bereavement assessment includes grief or loss issues, survivor needs, services to be provided, referrals to be made, grief risk factors, potential for pathological grief reactions, individual counseling, support groups and social, spiritual and cultural needs.

CCH also states that after the patient's death occurs, the bereavement coordinator will complete the bereavement follow-up assessment. CCH will develop a plan for intervention based on the findings of this assessment and all family bereavement interventions are documented.

CCH indicates plans to employ a bereavement coordinator to be responsible for the planning, implementation, and maintenance of the bereavement program to meet the needs of families and caregivers for up to one year following the

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death of the individual hospice patient. CCH provides sample Policies and Procedures Manual/ Bereavement Assessment and Bereavement Services in Tab 10 of the application and states that a similar policy will be developed, maintained and adhered to by Continuum Care of Hillsborough.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) offers extensive bereavement services and programs, not only to its patients and family/caregivers in its existing seven-county service area, but also to the community, regardless of whether they are served by Cornerstone for end-of-life hospice care. Cornerstone follows the bereaved for a longer timeframe than those of the other hospices serving the area, typically for at least 13 months and longer when warranted or requested. Bereavement counselors see clients who are the loved ones of Cornerstone patients as well as those in the community who have suffered a difficult loss. Referrals are received from DCF, law enforcement, church pastors, school counselors, physicians, and friends and family members of the bereaved. There is no charge for Cornerstone's bereavement services. This program will continue to be offered by Cornerstone in the future, including in the proposed program expansion into Service Area 6A.

Cornerstone states that bereavement and grief support services are provided by qualified grief counselors and it presently employs eight grief counselors that have a Masters degrees or PhD and all hold trauma certifications. Cornerstone's bereavement services begin with a grief assessment and Plan of Care for the bereaved family member(s)—the bereaved have the option to decline these support services.

Cornerstone provides a description of the steps, protocol and timeframes of its current bereavement guidelines (pages 112 - 114 of the application) but points out that counseling is not necessarily limited to a particular timeframe. CHPC states care is taken to refer complex or complicated bereavement to community professionals when issues are beyond the scope of CHPC's services and that care is also taken to move clients forward so as not to foster dependency on the counselor, without negatively impacting the client/counselor bond. The applicant discusses child bereavement programs and camps (page 114 of the application).

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CHPC states and the reviewer confirms that literature and tools for Cornerstone's bereavement programs is provided in the application (Tab 16-Bereavement Materials). The reviewer notes that some of these materials are provided in Spanish.

Odyssey Healthcare of Marion County, LLC (CON application #10603) states that bereavement will be provided on a case-by-case basis and is willing to provide up to 18 months of bereavement services. Odyssey also states that the proposed program will provide an annual bereavement camp for children six-17 to provide the opportunity for interaction with others going through a similar experience.

Odyssey maintains that bereavement and grief support programs will be made available to all service area residents, regardless of whether they have had any relationship with Odyssey. Bereavement services will include but are not limited to:

1. Individual and Family Grief Support including:
 - Telephone Grief Support
 - Grief Support Groups
 - Individual Grief Support Counseling
2. Specialized Grief Support Groups for Teenagers
3. School Support Groups
4. Memorial Services
5. Coping with Grief Through the Holidays Program
6. Community Outreach/Education Programs Focused on Grief
7. Yoga for the Grieving Heart Sessions (yoga that focuses on breathing techniques and ways to reduce stress for individuals of all skill levels)
8. Family Weekend Bereavement Retreat
 - Bereavement Camps for Children

Other bereavement objectives/goals are further discussed (pages 88 - 91 of the application) and the application's Appendix D has its Bereavement Program (Kindred & Kindred at Home Affiliates-Policy No. 4-006).

PruittHealth Hospice – 6A, LLC (CON application #10604) indicates that bereavement and related staff will provide grief counseling to family members, significant others and other

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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 PH6-A and will be reviewed on a quarterly basis by chaplain(s) and social workers. PH6-A maintains that personal belief systems and grief demonstrations, or lack thereof, will be respected and supported by hospice staff.

PH6-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

PH6-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. PH6-A provides written materials pertaining to PruittCares Foundation (Exhibit 16 of the application) and Camp Cocoon (Exhibit 17 of the application). PH6-C states that once the proposed project is operational in HSA 6A and increases its market presence, there will be an evaluation of the need to host additional Camp Cocoon event in locations to be determined in HSA 6A.

As opposed to a statement of evaluation of a need to host a Camp Cocoon event in Hillsborough County, the reviewer notes that the applicant's conditions are more committal regarding an HSA 6A Camp Cocoon:

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- CON application #10604, Condition #4: Develop a Camp Cocoon Day Camp Program in Service Area 6A.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) indicates that through Empath Hospice, Suncoast Hospice has a wide variety of bereavement service options for specific populations within the communities that it serves. SHH points out that Empath Health's bereavement services include social workers, counselors, bereavement specialists and trained volunteers, as well as Community Counseling Program counselors and that among these are:

- Licensed clinical social workers (LCWS)
- Licensed mental health counselors (LMHC)
- Master-prepared social workers and counselors who are license-eligible.

Suncoast Hospice contends that its bereavement services are comprised of four areas of support:

1. Telephone calls to the bereaved caregiver throughout the year
2. Mailings - a letter with support material is sent to everyone identified in the family system that may benefit and desire to receive these mailings
3. One-on-one counseling throughout the 13-month post-death period with an LCSW or LMHC
4. Grief support groups throughout the year that address the grieving needs of the variety of bereaved individuals and circumstances each has, such as (spouse loss retirement age, spouse loss working age, sudden loss, general grief, specialty loss groups around the holidays, etc.)

SHH points out that grief support groups are provided for Spanish-speaking persons by qualified social workers and counselors. The applicant also provides:

- Community Service Memorials-recent materials (Exhibit K of the application)
- Community Counseling Center-Suncoast/Empath Information Brochures, Program Descriptions & Calendars (Exhibit F of the application).

SHH offers brief narratives and descriptions regarding (pages 161 - 164 of the application):

- Illness support and grief counseling
- Individual and group counseling

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- Traumatic, sudden loss counseling
- Crisis intervention counseling
- Perinatal loss counseling and support
- School-based support groups for bereavement training and education
- Child and family support groups/presentations/retreats, including but not limited to:
 - Kidshop (day retreat for healthy children with a sick loved one)
 - Camp LOL (day retreat for children grieving the loss of a loved one)
 - Camp HOPE (day retreat for families with minor children who are grieving the loss of a loved one)

The applicant emphasizes that bereavement programs are not one size fits all and the exact types of programs to be offered in Hillsborough County are based on the identified needs of the following communities/groups:

- Latinx/Hispanics
- Veterans
- Pediatric patients/families

VITAS Healthcare Corporation of Florida (CON application #10606) maintains that staff and volunteers provide grief support and bereavement services to survivors as needed and requested. VITAS indicates that bereavement services will be available upon admission. VITAS states having conditioned (Schedule C Condition #20) for the provision of bereavement services, including individual and group counseling, beyond one year, upon identified need or request. Bereavement support is available 24 hours a day, seven days a week with trained staff members on-call and accessible through a toll-free number.

VITAS offers narrative descriptions of numerous bereavement services/programs (pages 68 through 73 of the application). Bereavement programs include:

- Grief support
- Home visits and calls
- Support groups
- Volunteer support
- Patient/family education materials
- Quarterly follow-up and correspondence
- Memorial gatherings

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- Resources and referrals
- Staff bereavement support
- Community education
- Greif support for adolescents and violent deaths

Brief narratives are provided that describe the following:

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

(1) Proposed community education activities concerning hospice programs.

Continuum Care of Hillsborough LLC (CON application #10601) states CCH will provide extensive community education activities surrounding the benefits of hospice to increase hospice awareness and utilization. Additionally, its minority team will be involved in educating and assessing minority populations. These professionals will be responsible for leading the outreach for specific disease focused programming, further developing relationships throughout the community and coordinating educational sessions, presentations and other outreach activities throughout the Hillsborough County community. Continuum Care representatives will educate nursing home and ALF constituents on the myths and benefits of hospice.

CCH will host hospice educational events at senior organizations, African American organizations, religious affiliated groups, Hispanic organizations, Veterans organizations, health fairs, educate residents of Hillsborough County, all in effort to educate the community at large on the benefits of holistic end-of-life care through hospice. The applicant specifically addresses outreach to the Black and Hispanic populations of the area (Schedule C-Condition #4) and to veterans (Schedule C-Condition #11).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) contends that Cornerstone's dedication to and level of community outreach is another factor that separates CHPC from other hospice providers. CHPC cites active involvement in the communities it serves through community education, counseling, bereavement programs, Veteran services and first responder tributes. Cornerstone states an understanding of the identified areas within the community that are often underserved and require focused outreach, educational materials and an ongoing presence.

Cornerstone states being dedicated to the specific needs of the underserved populations in its operational plan for eastern and western Hillsborough County. In an effort to meet the needs of this growing population, there are plans to have a bilingual presence skilled at the delivery of education and messaging, resulting in the increased trust and access to those who have historically been unaware of the resources available to them and their loved ones.

Cornerstone discusses the Cornerstone Foundation that will further support the needs of families in the proposed service area that otherwise have no insurance or healthcare coverage available to them. Cornerstone also discusses being dedicated to the needs of the community as a whole and will never deny care to an appropriate patient in need, regardless of the ability to pay. CHPC offers narrative descriptions of targeted educational activities concerning hospice programs (pages 114 -118 of the application):

- Outreach to Hispanic communities
- The Tertulia Con Café
- ENLACES (Encouraging Latino American Communities to Enhance their Salud)
- Outreach to African Americans
- Clinical Pastoral Education Program
- Being Mortal
- Community Involvement and Education (CON application #10602/Tab 17-Community Outreach and Education Materials)

Odyssey Healthcare of Marion County, LLC (CON application #10603) contends that the following nine groups traditionally underutilize hospice services and the reviewer notes that the applicant has previously mentioned

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each of these groups (except for patients residing in areas without adequate physician services):

1. African Americans
2. Hispanics
3. The homeless
4. Patients without caregivers in their residences
5. Rurally remote patients
6. Patients residing in areas without adequate physician services
7. Veterans
8. Some religious groups
9. The prison population and “recently released” prisoners

Odyssey states that it will provide a minimum of two educational programs per year intended to increase the awareness of the value of hospice services to individuals meeting one or more of the groups listed above. Odyssey contends that potential hospice patients need to be educated as to:

1. When hospice services are appropriate
2. How to access general healthcare services
3. Learning how to access hospice care

The applicant comments that in addition to the provision of educational programs intended for the public, Odyssey will develop educational programs both internally and externally (through community colleges, university programs and other educational resources) to increase the employee's education and awareness of how to assist members of the community to access hospice services. Odyssey offers additional narrative discussion regarding (pages 92 and 93 of the application):

- Continuing Education for Health Care Professionals
- Physicians Need to be Talking to Patients about Hospice

PruittHealth Hospice – 6A, LLC (CON application #10604) states a commitment to the provision of extensive community education activities surrounding the benefits of hospice to increase hospice awareness and utilization.

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PH6-A points out having forecasted its staffing to include 2.0 FTE Community Relations Representatives in years one and two. The reviewer provides an excerpt of the applicant’s FTE compliment for year one and year two:

**PruittHealth Hospice – 6A, LLC
CON application #10604
Social Services FTE Staff**

Position	Year One	Year Two
Social Services		
Social Workers	1.2	3.6
Volunteer Coordinator	0.6	1.7
Bereavement Coordinator	1.0	2.0
Social Services FTE Total	2.8	7.3

Source: CON application #10604, Schedule 6A

PH6-A contends that Community Relations Representatives will be responsible for leading all outreach programs and coordinating educational sessions, presentations and listening sessions. The reviewer notes there are no distinct FTEs in year one or in year two for “Community Relations Representatives”. PH6-A also contends that representatives will educate nursing home and assisted living facility constituents on the myths and benefits of hospice.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) contends that as a comprehensive model of hospice, Suncoast Hospice will provide community, consumer and professional education services as an integral part of its mission to serve everyone in the community affected by life-limiting illness, caregiving and bereavement. SHH states that specific to Hillsborough County, Suncoast Hospice has developed a comprehensive strategy to provide outreach and education regarding hospice services, advance directives, care navigation and bereavement services.

SHH points to its Schedule C Condition #2, stating that a major objective of Suncoast is the provision of services in the right place at the right time.

VITAS Healthcare Corporation of Florida (CON application #10606) states that it will provide community education through these programs:

- Three hospice offices in the subdistrict located in Tampa, Brandon, and Riverview/Sun City area
- A Hospice Representative committed to providing hospice outreach and education
- Advanced Care Planning for residents of homeless shelters
- Ask the Doctor events focused on Cardiac and Pulmonary diagnoses
- Hospice Education and Low Literacy Outreach (HELLO) program
- Bridging the Gap Panel Discussion and Toolkit

VITAS states and the reviewer confirms written education materials for patients/families in CON application #10606, Tabs 7, 9, 11, 18, 21, 22, 33, 38, and 39.

VITAS offers narrative descriptions of various outreach projects (pages 73 - 80 of the application), with some of these programs including:

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

(m) Fundraising activities.

Continuum Care of Hillsborough LLC (CON application #10601) states that the Continuum Care Hospice Foundation is an independent 501 (c)(3) charitable organization dedicated to raising the funds necessary to help hospice and palliative care patients. The Foundation is run entirely by a team of caring volunteers and knowledgeable staff who raise funds and build community awareness in support of terminally ill patients and their families. CCH further states the Continuum Care Hospice Foundation provides funding for the extraordinary needs of Continuum

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Care patients and families that extend beyond the borders of the traditional hospice benefit. Funding interventions can range from fulfilling a final wish for a quiet anniversary celebration, to helping pay for utility bills or covering the travel costs to bring a distant family member to a patient's bedside. Specific programs include the Continuum Make a Wish program, special bereavement programs and educational programs in the communities Continuum Care Hospice serves.

CCH points out that the vast majority of the funds the foundation has is from the generous gifts from former patients and their families. CCH asserts that it will not actively raise funds from the community but if an individual wants to make a charitable donation, they will be directed to Continuum Care Hospice Foundation's website.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) indicates that CHPC partners with its non-profit affiliated foundation, the Cornerstone Hospice Foundation, a 501(c)(3) organization, to lead its fundraising and charitable activities and this relationship will continue in place as Cornerstone expands its services into Hillsborough County. CHPC states that the Cornerstone Hospice Foundation's mission is to provide the philanthropic link in providing and assuring responsible stewardship of adequate resources to support hospice care for all seriously ill persons facing the end of their lives, as well as supporting their families and close relations. CHPC maintains that the foundation Board of Directors, staff, and volunteers share a common interest in:

- Improving quality of life
- Encouraging participation of the community through partnerships for special events
- Planned giving
- Community support
- Corporate and annual giving
- Enriching the lives of individuals and the community, now and for future generations.

The Cornerstone Foundation is stated to provide philanthropic dollars to support existing and ever changing healthcare services for the seriously ill and that by blending local traditions with current needs, the foundation distributes the contributions to help defray the continually

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rising cost of medical expenses to its patients and their families. The Cornerstone Hospice Foundation is further stated to provide funding for specific programs, including:

- Children's Bereavement Programs
- Hospice Houses
- Pet Peace of Mind
- Cornerstone Salutes!
- Gold Standard Awards
- Nurse Preceptor, and more

Other Cornerstone Hospice Foundation objectives include:

- Assisting with bills for hospice patients/families
 - Birthday celebrations, from short getaways and holiday meals to the fulfillment of last wishes.
- Employees are encouraged to recognize the needs of their patients and families and to meet them.

CHPC states that employees will be reimbursed up to \$150 for helping a patient or a patient's family in any way he or she feels would be beneficial and advanced approval is not required. Materials regarding the Cornerstone Hospice Foundation and samples of fundraising materials and activities are provided in the application (Tab 18-Cornerstone Foundation and Fundraising Materials).

Odyssey Healthcare of Marion County, LLC (CON application #10603) states that Odyssey will not actively solicit donations for a period of two years but will provide a list of charitable giving options and those interested in making a contribution to Odyssey will be directed to 501(c)3 non-profit foundations (see Schedule C-Condition #11). The applicant discusses The Odyssey Foundation and emphasizes that Odyssey does not wish to adversely impact existing non-profit hospices who depend on community donations to sustain their programs.

Odyssey points out that it will provide some services beyond the typical scope which might incur out-of-pocket expenses to the patient or the patient's family and should someone wish to pay these specific expenses for specific patients, the applicant will accept these funds but would not classify them as donations. Odyssey provides additional fundraising activities (pages 94 - 96 of the application):

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- Grief support groups for adults, adolescents and children
 - Bereavement camps for children
- Reminiscence groups
- Continuing education for health care professionals
- Health care delivery system research

PruittHealth Hospice – 6A, LLC (CON application #10604)

emphasizes that PH6-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. PH6-A asserts that it will not dilute potential contributions available in the community or adversely impact existing hospice programs' fundraising efforts. PH6-A maintains that the proposed project will in fact, PH6-A will give back to its community.

Suncoast Hospice of Hillsborough, LLC (CON application #10605)

states that fundraising activities in Hillsborough County will be coordinated by the existing Suncoast Hospice Foundation and will be limited to the organization receiving memorial gifts on behalf of patients who have been served by the applicant (see Condition #19 of the application). SHH stresses that Suncoast Hospice Foundation fills the gap between reimbursable and non-reimbursable expenses associated with chronic or advanced illness and provides for uncompensated care. The applicant states the Suncoast Hospice Foundation (established in 1983) has a long and trusted track record of serving the community and was voted not-for-profit of the year in the large business category by the Clearwater Regional Chamber of Commerce in 2014.

VITAS Healthcare Corporation of Florida (CON

application #10606) states that it will not solicit charitable contributions from patients, family or friends relating to its services in HSA 6A, nor will it engage in fundraising events for its program. VITAS contends that any unsolicited donations received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, assuring that all money goes back into the local community. Regarding the solicitation of donations, the reviewer notes CON application #10606, Schedule C-Condition #14.

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- 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.**

Continuum Care of Hillsborough LLC (CON application #10601) states that CCH will comply with all reporting requirements, reporting results to the Agency or its designee, by the required timeframes.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) states routinely meeting the referenced reporting requirements and is skilled at doing so in an accurate and timely fashion. CHPC asserts that this will be continued with the expended service area, if approved.

Odyssey Healthcare of Marion County, LLC (CON application #10603) states that once approved and operational, Odyssey will comply with this component of the rule and file appropriately.

PruittHealth Hospice – 6A, LLC (CON application #10604) indicates that PH6-A will comply with all reporting requirements, reporting results to the Agency or its designee, by the required timeframes.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) indicates that the applicant will timely file its semi-annual utilization reports including all of the applicable data elements, as required.

VITAS Healthcare Corporation of Florida (CON application #10606) states that VITAS will comply with all reporting requirements as it does for its existing hospice services in Florida.

3. Statutory Review Criteria

- a. Is need for the project evidenced by the availability, quality of care, accessibility and extent of utilization of existing health care facilities and health services in the applicant's service area? ss. 408.035(1)(a) and (b), Florida Statutes.**

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Need for an additional hospice program is evidenced by the availability, accessibility and extent to utilization of existing health care facilities and health services in the proposed service area. The co-batched applicants are responding to published need of one hospice program in HSA 6A.

The following chart illustrates hospice admissions for the last five 12-month periods beginning July 1 and ending June 30, of 2015-2019.

Hospice Admissions for Hospice Service Area 6A 12 month periods ending June 30, 2015 - 2019	
12 months ending June 30	Admissions
2019	6,796
2018	6,587
2017	6,001
2016	6,187
2015	5,965

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 6A is currently served by the following providers:

- LifePath Hospice
- Seasons Hospice and Palliative Care of Tampa, LLC

Continuum Care of Hillsborough LLC (CON application #10601) again points out that there is a great deal of in-migration into Hillsborough County for healthcare services.

CCH reiterates/reproduces again the following tables/line graphs/bar graphs, to again address availability, accessibility and extent of utilization of hospice services in Subdistrict 6A:

- Current Utilization and Projected Need/January 2021 Planning Horizon
- Admissions by Hospice Program/2nd Batching Cycle 2015-2019
- Admissions by Hospice Program/12 Months Ending June 30, 2015-2019
- Resident Deaths 2014 through 2018
- Hospice Penetration Rate/12 Months Ending June 30, 2015-2019
- Hospice Penetration Rate Versus Florida/FY 2017 through 2019
- Population per Hospice Program by Subdistrict Licensed and Approved Hospice Program/CY 2018
- Deaths per Hospice Program by Subdistrict Licensed and Approved Hospice Programs/CY 2018

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CCH emphasizes that primary underserved populations in HSA 6A include Black and Hispanic groups and residents with non-cancer diseases. Specifically, CCH comments that Not Normal and Special Circumstances that warrant approval of CCH include:

1. Black demographic of Hillsborough County, Subdistrict 6A is hugely underserved compared to all other races
2. Hispanic population of Hillsborough County, Subdistrict 6A is hugely underserved compared to non-Hispanic counterparts
3. Need of non-cancer disease specific programming to respond to 79 percent of the Subdistrict 6A projected gap in service
4. Improve hospice access for patients in their place of residence, rather than in a hospice house setting.

For a review of the applicant's response to quality of care, see item E.3.b. of this report. CCH states that it will adopt similar quality practices and implement similar quality assurance and performance improvement programs, initiatives and policies to ensure that Hillsborough County residents are provided the very best end-of-life care. CCH also responds to the Health Care Access Criteria (page 132 of the application).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) reiterates that, consistent with the Agency's published need for an additional hospice program in Service Area 6A, Cornerstone's own assessment of population size and composition, mortality rates, and unmet community needs affirms that a new competitor with a commitment to serving the entire area - including but not limited to persons with end-stage respiratory disease, terminally ill persons under age 65 with a diagnosis other than cancer, and the Hispanic community - is needed to enhance access to hospice care among area residents.

Cornerstone further reiterates that the following factors support the above conclusions:

- Cornerstone currently operates as a licensed hospice provider in Service Area 6B to the east of Hillsborough County and has done so successfully since 2002
- Cornerstone's Lakeland office in Service Area 6B is located just eight miles from the Hillsborough County line. This proximity will facilitate a smooth and rapid extension of Cornerstone's services into Service Area 6A
- Between January 2021 and January 2025, the population of Service Area 6A is projected to increase by nearly 94,000 persons
- Projected growth among both the black and Hispanic populations of the service area is expected to exceed statewide averages over the same time period. The Hispanic population in particular is

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anticipated to grow by a rate more than double that of the total population, and is expected to swell to one-third of the Hillsborough County population at the same time

- The Hispanic population of Service Area 6A warrants special attention due to its sheer size and relative concentration. Hillsborough County's Hispanic population is the fourth-largest of any county in Florida. The size and growth of this population make it imperative that any new hospice provider be able and willing to address the unique needs of the Hispanic population head-on. Cornerstone conditions this proposal on the provision of bilingual staff providing Spanish language outreach and education, as well as bilingual volunteers assisting in its provision of services in 6A
- Hospice penetration rates in Hillsborough County are below average among persons with a non-cancer diagnosis, and this is especially true among those under the age of 65. Cornerstone proposes special programming targeting these groups
- Medicare hospice admission rates for African Americans and Hispanic residents of Hillsborough County lag behind the overall county average. The admissions rate for Hispanic persons is less than one-third of that for the total county
- Both the DOH and TGH CHNAs identify lower income status as contributing to health status problems and unmet health care needs in Hillsborough County
- Approximately 20 percent of the households in Hillsborough County have incomes below \$25,000. The federal poverty definition for a household of four persons is \$25, 570
- Both the African American and Hispanic populations of Hillsborough County have median household incomes well below both the overall county median as well as the corresponding state averages
- Cornerstone will set up a designated charitable account, as conditioned in this application, which will be used to help meet the needs of low income patients outside of hospice services. Additionally, Cornerstone has conditioned this application upon making donations to key local service organizations to help to improve access to care and supportive services

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

Odyssey Healthcare of Marion County, LLC (CON application #10603) reiterates that Odyssey will place emphasis on improving availability and accessibility for individuals who are:

1. Living in remote areas of the County
2. African American

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3. Hispanic origin
4. Homeless
5. Financially restrained
6. Living in one of the smaller ALFs
7. Failing to understand what medical services including Hospice are available to them

Odyssey states that outreach will be performed for the above referenced groups and educational meetings will be developed for presentation in:

1. Religious settings with emphasis in reaching not only the mega-churches but also the smaller settings. Hillsborough County has many small buildings where small groups of congregants meet regularly. The applicant projects establishing meetings in central locations and inviting the clergy from many of these smaller venues to attend. Procedures will be established to assist these attendees to reach their congregants
2. Hispanic settings including churches, schools, medical clinics serving this group. While there are population pockets of Hispanic throughout the county:
 - Tampa Zip codes with more than 30 percent Hispanic include: 33612, 33619, 33604, 33607, 33614,33603,33625, 33615,33636, 33625
 - Additionally, zip codes outside Tampa with 30 percent or more Hispanics include: 33653 (Plant city), 33534 (Gibsonton), 33570 (Ruskin), 33598 (Wimauma), and 33527 (Dover)
 - Zip codes with over 50 percent Hispanics include: 33614, 33634, and 33598 (Wimauma)
3. African American settings including churches, schools, hospitals medical clinics serving this group. While there are population pockets of African Americans throughout the county:
 - Tampa Zip codes with more than 30 percent African Americans include: 33610, 33617, 33612, 33619,33605,33607
 - Zip codes with over 50 percent African Americans include: 33610. 33605
4. Homeless settings are more difficult to target as there are not specific zip codes where they congregate. There are facilities that care for the homeless and going to those facilities is the best way to reach the homeless population. These would include but not be limited to:
 - Religious facilities known to provide free meals and shelter
 - Soup kitchens
 - Metropolitan Ministries
 - Hillsborough County Medical Clinics

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- Tampa General emergency room and social services department
5. Smaller ALFs

Odyssey again duplicates patient discharge diagnosis data as percentages of hospice applicants (2018). The applicant discusses and provide data regarding relatively low hospice-per-1,000,000 residents in Hillsborough County relative to some other Florida counties and Florida overall (page 102 of the application). Odyssey again discusses recent hospice penetration rates in Hillsborough County.

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

PruittHealth Hospice – 6A, LLC (CON application #10604) reiterates Subdistrict 6A hospice penetration rate determination and a Subdistrict 6A and statewide hospice, hospice penetration rate (for a review of these calculations, see item E.1.a. of this report). PH6-A restates that the proposed project relies on its wealth of experience and corporate resources to improve availability, accessibility and extent of utilization for area hospice patients/families, as well as improving quality of care. PH6-A responds to the Health Care Access Criteria (pages 119 - 120 of the application) and cites UHS-Pruitt Financial Access Policy (Exhibit 27 of the application).

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

Suncoast Hospice of Hillsborough, LLC (CON application #10605) reiterates Hillsborough County's high death rates and low penetration rates for hospice services, compared to the state overall (for a review of these calculations, see item E.1.a. of this report).

SHH restates that the number one cause of death in the county is heart diseases, which includes heart failure and other progressive end-stage heart diseases and as part of this project, Suncoast Hospice of Hillsborough is proposing to implement a disease-specific heart failure hospice program {"Empath Cardiac CareConnections"}. SHH also restates the number four cause of death is chronic lower respiratory disease and similar the heart failure program, and that it is proposing to develop an end-stage pulmonary disease hospice program {"Empath Pulmonary CareConnections"}, including the hiring of a respiratory therapist to staff the program. Suncoast again states that these are just two of the targeted ways that Suncoast Hospice of Hillsborough will meet the specific needs of the Hillsborough community. SHH again points to

low referral rates from acute care hospitals to hospice programs in Hillsborough County, in 2018.

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

VITAS Healthcare Corporation of Florida (CON application #10606)

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

- Hispanic and African American populations
- Patients with respiratory diagnoses
- Veterans
- Residents of all ages with a life-limiting diagnosis outside of cancer

VITAS has also identified other populations in need of hospice services in HSA 6A (see item E.1.a. of this report). VITAS responds to the Health Care Access Criteria (pages 177 and 178 of the application). The reviewer notes the applicant's extensive 20 conditions (CON application #10606, Schedule C-Conditions), each of which the applicant identified as an area of unmet hospice need in the area.

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

b. Does the applicant have a history of providing quality of care? Has the applicant demonstrated the ability to provide quality care? ss. 408.035(1)(c), Florida Statutes.

In December 2018, the DOEA 2018 Hospice Demographic and Outcome Measures, was made available in pdf form on the DOEA's website at: http://elderaffairs.state.fl.us/doea/Evaluation/2018_Hospice_Report.pdf The report's Executive Summary indicates it contains an analysis of demographic and diagnostic data submitted by all 46 of Florida licensed hospices for 2017 and nationally endorsed quality measures from the Centers for Medicare & Medicaid Services (CMS). The CMS data includes the Hospice Item Set (HIS), endorsed by the National Quality Forum (NQF), and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data, developed by the RAND Corporation and which focuses on experiences of care.

As of 2015, hospices no longer used the NHPCO due to the implementation of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Also in 2015, CMS made some hospice

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performance data available to states. DOEA then lifted the requirement that hospices submit outcome measure data to DOEA. The three hospice measures that had, previous to 2015, been required are as follows:

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

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

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

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

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

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

- 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);

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- 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)

The following table shows the co-batched applicants or their parent/affiliate that participated in the CMS quality measures as documented in the 2018 DOEA report.

National Quality Forum Measure Results by Hospice, 2017

Facility Name	Treatment Preferences	Beliefs and Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Opioid/Bowel Regimen	Number of Patients
Cornerstone Hospice & Palliative Care	99.9	99.9	97.1	52.0	99.7	98.8	95.5	7,559
Kindred/Kindred at Home								
Hospice of the Emerald Coast, Inc.	99.9	99.6	99.5	97.2	99.4	98.2	99.0	2,309
Kindred Hospice (Orlando)	97.7	97.9	98.6	88.2	99.3	97.7	94.2	410
Kindred Hospice of Marion County (Miami)	100.0	99.9	99.4	98.2	99.7	99.1	98.8	2,003
Regency Hospice of Northwest Florida, Inc.	100.0	99.3	99.0	96.7	100.0	95.9	100.0	647
Suncoast Hospice	99.3	98.2	99.6	78.2	99.7	97.2	97.3	6,991
* VITAS Healthcare Corporation of Florida	96.3	94.2	88.3	74.0	95.4	95.9	94.3	26,081
Florida Averages	98.9	92.5	97.0	82.8	99.0	97.8	96.3	
National Averages	99	95	95	82	98	95	94	

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: * While VITAS Healthcare Corporation of Florida has three separate hospice licenses with AHCA, all VITAS patients are included in the results.

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

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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. The following table shows the co-batched applicants or their parent/affiliate that participated in the CAHPS Hospice Survey measures as documented in the 2018 DOEA report.

CAHPS Measure Results by Hospice

Facility Name	Hospice Team Communication	Getting Timely Care	Treating Patient With Respect	Getting Emotional and Religious Support	Getting Help for Symptoms	Getting Hospice Care Training	Rating of Hospice Care	Willingness To Recommend Hospice	Number of Patients
Cornerstone Hospice & Palliative Care	77	75	88	89	72	68	80	86	7,559
Kindred/Kindred at Home									
Hospice of the Emerald Coast, Inc.	83	83	92	89	78	78	85	89	2,309
Kindred Hospice (Orlando)	83	80	93	87	77	67	84	80	410
Kindred Hospice of Marion County (Miami)	78	74	88	90	71	71	76	81	2,003
Regency Hospice of Northwest Florida, Inc.	76	75	88	88	73	70	74	78	647
Suncoast Hospice	79	78	90	91	72	70	82	90	
* VITAS Healthcare Corporation of Florida	72	69	82	87	69	63	74	79	26,081**
Florida Averages	77	76	88	88	73	70	80	84	
National Averages	80	78	91	90	75	75	81	85	

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

Continuum Care of Hillsborough LLC (CON application #10601) is a newly formed, development stage entity with no operating history. However, as stated in item C of this report, the parent, Continuum, has existing hospice programs in the following states: California, New Hampshire, Massachusetts, Rhode Island and Washington.

The applicant again offers a listing of what CCH identifies as unique programs and services (pages 133 - 137 of the application):

- Service Intensity (noting Schedule C, Condition #s 6, 7 and 8)
- Music Therapy (noting Schedule C, Condition #2). This program is described in greater detail in Support Documents-Tab 8 of the application)
- Virtual Reality Program (non-pharmacological interventions to help with the experience of its patients and families, noted in

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Schedule C, Condition #1). This program is described in greater detail in Supporting Documents-Tab 19 of the application.

- Equine Therapy (noting Schedule C, Condition #3). This program is described in greater detail in Supporting Documents-Tab 5 of the application)
- Continuum Palliative Resources (an advanced disease management program for patients who are at a maximum therapy level and approximately 24 months from the end-of-life, noted in Schedule C, Condition #9). This program is described in greater detail in Supporting Documents-Tab 3 of the application. This unique program and service is stated to have the following benefit:
 - Improves communication between hospitals, SNFs, primary care physicians and specialists that result in positive outcomes for patients
 - Improvement medication management which would have otherwise led to unplanned emergency room visits and/or re-hospitalizations
 - Ongoing patient and caregiver education on disease progression, alternative medical services available, expectations as disease progresses, how to manage symptoms, knowing when to call the physician
 - Identifying goals of care and decreasing patient and caregiver anxiety by encouraging difficult conversation with patients nearing end-of-life about what they really want
 - Serves as a connection to the community for resources to assist in providing additional services that can aid in transportation, food services, facility placement, spiritual care, amongst others
 - Reduces the patient's propensity to use hospital and/or emergency department as their medical manager, and reinforce better options
 - Decreases cost of care as patients near end-of-life
- Minority Outreach (particularly stressing the need for improved hospice access in Hillsborough County among Black and Hispanic residents and noting Schedule C, Condition #4)

CCH states plans to have staffing levels that exceed minimum requirements for hospice, as determined by The National Hospice and Palliative Care Organization (NHPCO). The applicant states that CCH will develop and maintain a Quality Assurance Performance Improvement (QAPI) Plan similar to those that are already utilized by its sister programs. The applicant further states that objectives of the CCH QAPI plan are as follows:

- To show measurable improvement in indicators that demonstrate an improvement in patient outcomes

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- To measure, analyze and track quality indicators, including adverse events, to enable the assessment of processes of care, hospice services and operations
- To collect data to monitor the effectiveness and safety of services and quality of care as well as to identify opportunities for improvement
- To conduct Performance Improvement Projects (PIPs) aimed at performance improvement and to track performance to ensure that it is sustained
- To document QAPI activities including reasons for PIPs and projects achieved on these projects
- To keep current with monitoring of required quality measures and submit reports in mandated format within required time frames

The reviewer notes that who is responsible for the QAPI, the composition of the QAPI Committee and the QAPI Committee responsibilities as well as Performance Improvement overall are discussed on pages 137 through 139 of the application. Additionally, the reviewer notes that the following major topics are discussed on pages 139 through 142 of the application:

- Continuing Education and In-Service Training
- CHAP Accreditation
- *HEALTHCAREfirst* Quality Metrics
- Continuing Care of Rhode Island Received 2019 Best of Concord Award

Continuum's Patient/Family Orientation Handbook and Continuum's Quality Assessment and Performance Improvement Guidelines are included in Tabs 11 and 12 of the application.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) states the following quality of care features and characteristics (page 123 of the application):

- Cornerstone has a more than 35-year history of providing Quality Care
- Cornerstone meets all State of Florida licensure and Joint Commission accreditation requirements and will continue to do so in the future (Tab 25 of the application)
- Cornerstone's proposed Hillsborough County program will constitute a service area expansion under its existing license allowing quick, efficient, effective and immediately compliant implementation
- Cornerstone affiliated entities strengthen and enhance the continuum of care in its service areas. These include:
 - Cornerstone Health Services, LLC (Palliative Care), with membership in the Center for Advanced Palliative Care

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- Cornerstone Companion Services d/b/a Alexa Home Care (Tab 20 of the application)
- Care Partners, LLC
- Cornerstone Hospice Foundation, Inc. and the Gold Standard of Giving (Tab 18 of the application)
- Cornerstone provides enhanced access to care through innovative programs, including:
 - A streamlined intake process with dedicated intake facilitators. Hospice referrals are entered into the electronic medical record (EMR) and acknowledged in an average of fewer than 30 minutes from the time of receipt, seven days a week, including holidays
 - Cornerstone has developed a free downloadable app designed to streamline the assessment and referral of a potential hospice patient. Users equipped with the Cornerstone App are able to determine a patient's eligibility for hospice at a glance
 - Seven-Day-Per-Week Case Management Model - with teams of RNs providing scheduled visits for extended hours every day of the week
 - Care Connection providing after-hours urgent triage access
- Cornerstone utilizes exemplary staff orientation, education, and support programs that yield lower staff turnover and higher morale, thereby promoting better patient care

Cornerstone offers in-depth descriptions of the above stated quality of care features and characteristics (pages 123 -148 of the application). CHPC emphasizes that Cornerstone currently meets and will continue to comply with all standards for program licensure described in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-38, Florida Administrative Code. CHPC further emphasizes that Cornerstone is a provider of Medicare and Medicaid benefits and meets all applicable Medicare conditions of participation. CHPC stresses that significantly, the first and most important factor to note is that Cornerstone has met and continues to meet all hospice licensure standards, and therefore has demonstrated how it will meet those standards by actually meeting them. CHPC comments that the proposed Hillsborough Cornerstone hospice program will be a service area expansion component of its existing license and all resources necessary to ensure compliance in the new program are in place or available to the applicant.

CHPC states that the mission of Cornerstone Hospice is:

- Delivering extraordinary care to all those we touch, in every community that we serve

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CHPC offers a list of Cornerstone's MDs, DOs and ARNPs (pages 134 - 135 and Tab 22 of the application).

Regarding Cornerstone's quality and compliance (page 141 of the application), CHPC contends that in addition to its accreditation by the Joint Commission, Cornerstone participates in the National Partnership for Hospice Innovation (NPHI), a collaborative effort among 50 not-for-profit hospice organizations across the United States. Per CON application #10602, NPHI provides leadership for policy analysis and advocacy efforts, along with quality tracking and reporting for its members. Cornerstone states having helped NPHI to foster collaborative work through a group purchasing arrangement (via its Care Partners subsidiary) with several national vendors that serve the hospice industry. Additionally, CHPC states that Cornerstone's CEO currently serves on NPHI's Board of Directors, its Chief Operating Officer serves as chair for the COO forum, and its Chief Medical Officer serves as chair for the physicians' forum.

Regarding Cornerstone's quality assurance and performance improvement (QAPI) procedures and protocols, CHPC points out the following Policies and Procedures (P&Ps) in the application:

- Infection Control (Tab 13)
- P&P Table of Contents – QAPI and Related P&Ps (Tab 24)
- Admission and Discharge (Tab 27)
- Charity Care Policy and Non-Discrimination Policy (Tab 28)
- Personnel (Tab 30)

The reviewer notes that, among other features of quality and staff development, CHPC discusses the following (pages 145 - 148 of the application):

- Nurse Onboarding Program
- Graduate Nurse Residency Program
- CM Program for Physicians and ARNPs
- Leadership Development Institute
- Skills Lab/clinical skills competency
- Monthly education calendars

Earlier in this section (item E.3.b. of this report), the Agency documented Cornerstone's participation and quality measurement results in the following tables:

- National Quality Forum Measure Results by Hospice, 2017
- CAHPS Measure Results by Hospice

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As previously stated, Cornerstone serves the following Florida HSAs: 3E, 6B and 7B. For the three-year period ending November 20, 2019, Cornerstone hospice affiliates had a total of one substantiated complaint in the Quality of Care/Treatment category.

Odyssey Healthcare of Marion County, LLC (CON application #10603)

asserts that some of the facts supporting the history of Odyssey and its parent (Kindred/Kindred at Home) providing quality care include:

- Kindred at Home, the parent of Odyssey, revenues are approximately \$4 billion dollars
- 372 hospice locations in 34 states
- 354 home health sites located in 38 states
- 19,000 caregivers
- The home health division sees more than 433,000 patients per year
- Hospice division has an ADC of more than 24,500 patients
- 98 percent of the home health division providers have a 3 star or higher quality rating
- 85 percent of patients who receive hospice services would recommend Odyssey/Kindred Hospice

Odyssey indicates the following:

- Mission – To provide comprehensive care and extraordinary services to the families we serve
- Vision – To be the best in class of clinically innovative health care services in the home
- Values
 - Be authentic
 - Show compassion
 - Embrace accountability
 - Champion successes – big and small
 - Innovate for the future

Odyssey contends that of the six co-batched applicants, only Odyssey currently provides services in Hillsborough County. Odyssey explains having conducted a survey to determine how many of its existing employees had experience providing hospice care services within a licensed hospice, as well as those willing to relocate. Below are Odyssey's stated results:

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#	Type of Employee	# of Employees with Experience in Licensed Hospices	# of Years of Experience for the Employees with Experience in Licensed Hospices
1	Administrators	Elizabeth Moran	15+
2	RNs	2	2-5
3	LPNs	3	2-5
4	PTs	3	2-5

Source: CON application #10603, page 117, Table 44

#	Type of Employee	# of Employees with Hospice and/or Home Health Experience Wiling to Relocate	Experience Working in a Hospice
1	RNs	4	Yes
2	Aides	2	Yes
3	Chaplain	1	Yes

Source: CON application #10603, page 118, Table 45

In addition to the above, Odyssey points out that the CON application #10603 authorized representative, Gusti McGee, VP Regulatory and Licensure Services, has more than 18 years of experience and has been responsible for the development of more than 200 home health and hospice locations. The applicant provides bios of seven individuals, all of whom Odyssey identifies as senior management executives of Kindred/Kindred at Home/Gentiva Healthcare, whom Odyssey indicates are in support of the proposal (pages 118 - 120 of the application).

Odyssey states a commitment to the provision of quality of care and will:

1. Encourages its nurses through training, compensation incentives and support to become board-certified in hospice and palliative care
2. Physicians will make regular visits to the patients and provide bedside care
3. Provide 24-hour direct telephone access to the Odyssey staff (triage nurse)
4. Provide weekend visits to patients in long-term care facilities and ALF by nurses, chaplains and social workers
5. Have trained bereavement specialists to provide grief and loss counseling, memorial services and other support services for family and loved ones
6. Hire a volunteer director
7. Have a minimum of 20 percent of its staff who are bi-lingual and a contract to provide translation services to all non-English speaking patients/families

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8. Have a minimum of 20 percent of its staff who are members of the Hispanic or African American communities to meet the cultural needs of this underserved population
9. Develop culturally sensitive programs

The reviewer notes that some of the above are conditioned (see item C of this report for CON application #10603-Schedule C/Conditions).

CON application #10603 includes an extensive table of contents that lists 58 separate appendices and many address issues of overall quality of care. Many of these appendices include Kindred/Kindred at Home/CURO Health Services publications. The reviewer lists some of the applicant's listed appendices below:

- Appendix A: Admission Policy
- Appendix B: Alzheimer's Flyer
- Appendix C: Physician Expertise/Education
- Appendix D: Bereavement Program
- Appendix F: Care Plan
- Appendix J: Policy for Coordination of Care
- Appendix N: Corporate Objectives
- Appendix R: Diseases-Care for Specific
- Appendix S: Employee Handbook-Table of Contents
- Appendix T: End Stage Heart Disease
- Appendix U: Ethical Care ABD Ethics Committee-Purpose and Benefits
- Appendix Y: Homemaker and Companion Services
- Appendix EE: Incident Reporting
- Appendix FF: Inpatient Care Including Respite
- Appendix GG: Inservice Education
- Appendix JJ: New Hospice Startup Team
- Appendix LL: Pain Management
- Appendix MM: Patient Assessment (Initial and Ongoing)
- Appendix NN: Patient Family Hospice Guide & Education
- Appendix QQ: Quality Assessment/QAPI
- Appendix SS: Respite Care
- Appendix TT: Safety Program
- Appendix UU: Services Offers and Specialized Programs
- Appendix VV: Spiritual Care Services
- Appendix WW: Staff Development
- Appendix ZZ: Translation Services-Interpreters
- Appendix CCC: Veterans Program
- Appendix DDD: Volunteers

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As previously stated in item C of this report, Kindred serves the following Florida HSAs: 1, 2A, 3B, 4B, 7B and 11. Agency records indicate that, statewide, as of the three-year period ending November 20, 2019, Kindred hospice affiliates had a total of two substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. Below is a table to depict the substantiated complaint by the applicable complaint categories.

**Kindred Substantiated Complaint History by Category
Three-Year Period Ending November 20, 2019**

Complaint Category	Number Substantiated
Admin/Personnel	1
Quality of Care/Treatment	1
Resident/Patient/Client Rights	1

Source: Agency for Health Care Administration Complaint Records

PruittHealth Hospice – 6A, LLC (CON application #10604), as stated previously, a newly formed/development stage Florida entity, with no quality of care history in Florida, asserts that during the 12 months ending October 31, 2019, the 25 PruittHealth Hospice agencies in the southeastern United States (outside Florida) admitted 4,829 patients providing 479,523 patient days. PruittHealth provides a figure to account for these stated 25 hospice locations and the total admissions of each facility for this 12-month period (page 42, Figure 22 of the application).

PH6-A maintains that upon licensure and certification, PH6-A will adhere to any and all State and Federal regulations/statutes and will comply with the Conditions of Participation for hospice providers of services under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) as well as the Medicaid Program.

PH6-A references PruittHealth’s Commitment to Caring Campaign, with the following mission and vision (page 125 of the application)

- Mission – Our family, your Family, ONE FAMILY. Committed to loving, giving and caring. United in making a difference.
- Vision – To be innovators in a seamless and superior health care delivery system to the communities we serve.

PH6-A provides a diagram of the PruittHealth Continuum of Care (page 80, Figure 34 and page 121, Figure 47). PH6-A also provides a quality indicator diagram (page 122, Figure 48-PruittHealth Hospice Performance Indicators). PH6-A contends that per 2018 data, PruittHealth Hospice's response to evening and weekend referrals and patients' needs were equal to or surpassed national rates and that, in the most recently available data, a greater percentage of PruittHealth Hospice's patients had their pain medication needs met than the national

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average. The reviewer notes that the applicant does not reference a source or provide documentation to support this contention.

PruittHealth Hospice explains that the applicant supports its patients and families through an array of specialty programs aimed at enhancing patient outcomes and that such programs includes but are not limited to the following programs (with brief descriptions of each):

- Veterans Recognition
- Tuck-In
- Second Wind Dreams
- Caring Hands
- Specialized Disease Management

PruittHealth Hospice states that in 2019, its programs continued to focus on the following three patient service-related outcomes of care (with brief descriptions of each):

- Effective Pain Management
- On-Call Services
- Personal Care Services

The applicant indicates that the quality program at PH6-A will consist of experienced team members, corporate standards, leadership and training, external benchmarking and awards, continuous process improvement, customer service, and transparency. PH6-A provides the “Commitment to Caring Pledge” (pages 125 and 126 of the application) and briefly describes corporate standards and customer satisfaction scores. The PruittCares Foundation and Camp Cocoon are again described and were both previously discussed (see item E.2.b.(1)(k) of this report).

The applicant states that PruittHealth has affiliation with 14 trade associations (listed on page 129 of the application) and that all PruittHealth affiliated nursing facilities enjoy the benefits of these memberships where applicable. The reviewer notes that CON application #10604 seeks to establish a new hospice program and not a nursing facility. PH6-A states that it will follow PruittHealth’s established clinical audit, training and quality monitoring practices in conjunction with PruittHealth Consulting Services. PH6-A also points out that PruittHealth purchases patient, family and staff satisfaction benchmarks from “*My InnerView*” and that this benchmarking tool collects quality data from all PruittHealth managed health centers. Per PH6-A, some data are used to compare facilities with regional, state and national benchmarks, and other data are customized to benchmark internal quality programs and that all of these metric systems allow PruittHealth to utilize the data from trending analysis to incorporate into the overall

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Performance Improvement process. PH6-A states that compared to other *My InnerView* users, PruittHealth Hospice programs are leaders in satisfaction. The reviewer notes that PH6-A provides no documentation to verify this.

PH6-A offers discussion on the “Transitions of Care Model for Hospice” with an objective to:

- Provide a consistent, proactive approach to hospice to identify patients at high risk for hospitalization
- Provide INTERACT tools for assessment and management of conditions
- Evaluate for avoidable hospital admissions

PH6-A stresses that the benefits of the INTERACT Program have a direct impact on quality of care, continuity of care, community relations, physician relations, family and patient satisfaction, census and partner satisfaction. PH6-A recognizes the re-hospitalization risks for all patients, yet, understands that patients who have had a hospitalization within the previous 30 days of admission to a hospice agency are at a higher risk of returning to the hospital. The INTERACT Program builds on a foundation that addresses hospice patient needs through a structured risk assessment and intervention process. The applicant commits to the inclusion of INTERACT 3.0 in the proposed hospice program and was briefly discussed in item E.1.a. of this report (see Condition #3 of this proposal).

PH6-A offers narrative regarding its performance improvement program/hospice quality assurance and performance improvement (QAPI) – pages 131 -134 of the application). PH6-A maintains that the performance improvement process is based on company policies and procedures, standards for licensure and certification, as well as identified industry standards and quality benchmarks and that additionally, the process also monitors and utilizes information from the reports of various facility committees, consultant reviews, surveys, monthly quality assurance key indicator data, and internal staff audits. A listing is provided of staff positions that participate in various Hospice QAPI activities/committees, as well as their respective responsibilities.

PH6-A also include a narrative regarding its staff, training and career development (pages 134 - 137 of the application). The applicant commits to the inclusion of PruittHealth University in the proposed hospice program, which was briefly discussed in item E.1.a. of this report (see Condition #7 of this proposal). Other training, retreats and conferences are also discussed.

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PH6-A offers narrative regarding customer service and transparency, including external benchmarking. Under this narrative, the applicant describes “The Green Sweep Program” which consists of unannounced visits by PruittHealth's chief executive office, chief operating officer, and other leaders to each healthcare facility and hospice program and utilizes a standard scoring tool that focuses on areas as seen through the eyes of facility residents. Per PH6-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 #10604 includes an extensive table of contents that lists 38 separate exhibits and many address issues of overall quality of care. Many of these appendices include UHS-Pruitt publications. The reviewer lists some of the applicant’s exhibits below:

- Exhibit 4: Brochures for Hospice Services
 - PruittHealth Hospice –What Makes It Different?
 - PruittHealth Hospice at Home
- Exhibit 6: PruittHealth Committed to Caring
- Exhibit 7: Pruitt University
- Exhibit 8: PruittHealth Hospice Best Practices
- Exhibit 9: Comfort Care Interventions
 - INTERACT Determination Factors Checklist
 - INTERACT Reference Card
- Exhibit 10: Care Pathways for
 - Cardiac Care
 - COPD
 - Diabetes
 - Oncology
 - Stroke
- Exhibit 11: Tuck-In Program
- Exhibit 12: Peaceful Path Program
- Exhibit 13: Veteran Programs
 - Pin & Pinning Ceremony
 - Outreach
 - Recognition
 - We Honor Veterans
- Exhibit 14: Caring Hands Program
- Exhibit 16: PruittCares Foundation
- Exhibit 17: Camp Cocoon
- Exhibit 21: Hospice Patient Care Policies
- Exhibit 22: Patient and Family Care Guide
- Exhibit 27: Financial Policies
- Exhibit 28: How to Achieve Efficient Medication Utilization
- Exhibit 29: Opiate Medication – Usage Tool
- Exhibit 30: Common Symptom Management Tools

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- Exhibit 32: PruittHealth Annual Quality Report 2018
- Exhibit 34: Quality Assurance and Performance Improvement Policy
- Exhibit 35: QAPI Team Responsibilities

Suncoast Hospice of Hillsborough, LLC (CON application #10605)

maintains that the parent, Empath Health, is one of only a handful of organizations nationwide to hold Joint Commission Accreditation and/or Certification inclusive of hospice, home health, community-based palliative care and pharmacy programs (page 121 of the application). SHH points out that its sister provider - Suncoast Hospice (Pinellas County) - has a more than 40-year history providing high quality hospice care to Pinellas County residents. SHH also points out that the parent (Empath Health) believes that the most fundamental responsibility in delivering care is to ensure it is safe, effective and delivered with compassion.

Per SHH, the Empath Health Quality and Safety Strategy meets the Quality Assessment Process Improvement ("QAPI") and Quality Management/Utilization Review ("QM/UR") requirements of all Empath Health regulatory and funding bodies including, but not limited to:

- Suncoast Hospice
- Empath Home Health
- Suncoast PACE
- Empath Partners in Care
- Empath Community Health Services

According to SHH, the comprehensive and inclusive Quality and Safety Strategy reflects all programs and aligns the commitment to becoming a High Reliability Organization (HRO), avoiding areas of duplication, overlap and inefficiencies that would undoubtedly occur if these plans are addressed separately. The 2019 Empath Quality and Safety Strategy is provided in Exhibit L of the application. SHH discusses Suncoast Hospice's state and national scores for both the Hospice Items Set (HIS) scoring system, as well as CAHPS Survey results. SHH provides figures to account for results of both HIS and CAHPS measures for January 1, 2017 through December 31, 2018. The results are for Suncoast Hospice, Florida averages, existing HSA 6A hospices and three of the co-batched applicants, on CON application #10605:

- Page 181, Figure 65
- Page 182, Figure 66

SHH also provides the DOEA Hospice Demographics and Outcome Measures 2018 Report in Exhibit M of the application. SHH explains that in 2017, Empath Health made a significant commitment to

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improving its process improvement process by implementing Lean/Six Sigma and further explains the hiring of Lean/Six Sigma consultant to embark on a systematic change throughout all of Empath Health.

SHH provides an extensive list of awards and recognitions for Suncoast Hospice/Empath Health, indicated to go back to the 1980s to 2019 (page 183 - 189 of the application). The reviewer notes that documentation is not provided for the stated awards and recognitions. SHH provides the Suncoast Hospice Sample Partner Report Card (Exhibit N of the application).

As previously stated, Suncoast/Empath Health serves HSA 5B. Agency records indicate that during three-year period ending November 20, 2019, Suncoast Hospice/Empath Health had no substantiated complaints.

VITAS Healthcare Corporation of Florida (CON application #10606)

states that nationwide in CY 2018, VITAS Healthcare had:

- 85,095 patients served
- ADC of 17,743 patients
- 47 hospice programs in 14 states and DC
- 12,176 employees including 4,707 nurses

VITAS provides its “Florida Overview (CY 2018)” on page 25 of the application) which states:

- 36,033 patients served
- 3.3 million days of care
- 3.6percent of patient days as continuous care
- ADC of 9,028
- 5,458 employees, 2,235 nurses
- 154 interdisciplinary teams
- 1,165 active volunteers
- 145,054 volunteer hours
- 24-hour clinical staff through the Telecare Program
- \$6.78 million in charity care

VITAS Healthcare states having the following mission, values and vision (page 14 of the application):

- Mission
 - VITAS is a growing family of hospices providing the highest quality human services, products and case management to terminally ill and other appropriate patients and their families with measurable advantages for the patient, the family, the medical community, the employee and the stockholder

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- Values
 - Improving the quality of life, empowerment and personal dignity are fundamental values and principles at VHC. VITAS' values are instilled in all of its employees, from the corporate office to the field staff member-
 - ✓ Patients and families come first
 - ✓ We take care of each other
 - ✓ I'll do my best today and do even better tomorrow
 - ✓ I am proud to make *a difference*⁴

- Vision
 - For over 40 years, VITAS has advocated for the rights of terminally ill patients and their families. VITAS believes that patients should be apprised of their clinical prognosis and be involved in the decision-making process that determines how their end-of-life care is provided

The applicant contends that VITAS is 100 percent focused on hospice and palliative care which is the core of the entity's business. VITAS maintains that without other service lines competing for its attention, VITAS is able to provide programs that exceed state and federal requirements.

The applicant states that it has a long history of providing quality of care in Florida and across the country and complies with the Conditions of Participation for hospice providers under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) and the Medicaid Program. According to the applicant, many new VITAS hospice programs are accredited by the Joint Commission or CHAP as part of the Medicare certification process. VITAS includes a bulleted list of corporate and program awards from 2010 - 2019 (Tab 5 of the application). The reviewer notes that the applicant does not provide documentation of these awards.

VITAS discusses its Quality Assurance/Utilization Review (QAUR), its Quality Assessment and Performance Improvement (QAPI) process and the QAPI Dashboard, along with some of its related Schedule C conditions (pages 160 - 163 of the application). According to VITAS, the goals of its QAPI program are ongoing improvement of patient/family palliative outcomes, experience of care and overall hospice performance and that these are achieved and maintained through the following mechanisms:

⁴ The reviewer notes that the sentence was not complete as stated in CON application #10606, and italicized language added is from the applicant's CON application #10595.

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1. Measure, analyze and track quality indicators, including adverse events, to enable the assessment of palliative outcomes and hospice services
2. Collect data to monitor the effectiveness and safety of services and quality of care and to identify opportunities for improvement
3. Conduct performance improvement projects to improve performance and to monitor performance to ensure the improvements are sustained
4. Document QAPI activities, including reasons for conducting performance improvement projects, and the measurable progress achieved on the projects

VITAS provides the QAPI Plan (Tab 40 of the application). The applicant lists quality initiatives that VITAS plans to implement in HSA 6A and identifies 11 bulleted quality initiatives that support its efforts to continuously improve quality of care (pages 85 and 86 of the application). VITAS maintains that its proposed program in HSA 6A, like all other VITAS Healthcare programs, will adhere to the same policies, procedures and standards for the VITAS Healthcare programs externally accredited by The Joint Commission and CHAP. The applicant indicates that the proposed VITAS HSA 6A governing body will implement a quality assurance program consistent with its existing programs in Florida.

The applicant provides its three existing VITAS Healthcare Corporation of Florida hospice licenses (Tab 15 of the application). Regarding pain management strategies, the reviewer notes the five extensive VITAS-generated pain management learning/reference modules (Tab 14 of the application):

- Introduction to Pain Management
- Pain Management: Categories of Pain
- Pain Management: Assessment and Documentation
- Pain Management: Pain Palliation
- Pain Management: Pharmacologic Concepts

The applicant contends that recognizing the importance of providing culturally relevant care, VITAS will build a diverse and highly skilled work force. VITAS notes that as an affirmative action employer, it participates in diversity recruitment efforts as part of its rigorous recruitment strategy. The applicant states that it complies with the Equal Employment Opportunity Commission and provides equal employment opportunity for all qualified applicants and employees without regard to race, color, religion, national origin, non-job-related disability, Vietnam-era and disabled veteran status, sexual orientation, age or gender. The applicant briefly discusses its pre-employment

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process, its competitive benefits package and its management tool (VITAS CARES--Coach, Assist, Recognize, Engage and Satisfy). VITAS indicates that VITAS CARES has contributed to lower employee turnover and created an environment of appreciation and recognition.

VITAS maintains that it will assess every patient within 24 hours of admission to any of its programs and that the IDT visits patients in their place of residence.

The applicant asserts that VITAS focuses on continuously enhancing its education training and development planning process by promoting a positive learning environment for employees enabling them to deliver the best and most effective care for patients and families and resulting in greater employee satisfaction.

VITAS maintains that an important element of VITAS Healthcare’s training program is a mandatory review of company compliance with HIPAA policy, to actuate and demonstrate the company’s commitment to ethical standards.

VITAS states that it prides itself on offering accessible self-study formatted trainings, with each module addressing a different patient care topic. The applicant indicates that at the end of each module there is a quiz and a grade of 80 percent or better must be obtained to receive continuing education credit.

As previously stated, VITAS serves the following Florida HSAs: 1, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11. Agency records indicate that for the three-year period ending November 20, 2019, VITAS had a total of 10 substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. Below is a table to depict the substantiated complaints by the applicable complaint category.

**VITAS Substantiated Complaint History by Category
Three-Year Period Ending November 20, 2019**

Complaint Category	Number Substantiated
Quality of Care/Treatment	8
Resident/Patient/Client Rights	2
Administration/Personnel	1
Physical Environment	1

Source: Agency for Health Care Administration Complaint Records

- c. What resources, including health manpower, management personnel, and funds for capital and operating expenditures, are available for project accomplishment and operation? ss. 408.035(1)(d), Florida Statutes.**

Continuum Care of Hillsborough LLC (CON application #10601):

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. The applicant is a start-up company with \$500,000 in cash on their audited financial schedules.

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$314,350, which includes this project of \$304,350, and capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash-on-hand. With \$500,000 cash-on-hand, the applicant has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

The following “**Analysis**” applies to **CON applications #10602-10606**.

Analysis:

The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital projects. Our review includes an analysis of the short and long-term position of the applicant, parent, or other related parties who will fund the project. The analysis of the short and long-term position is intended to provide some level of objective assurance on the likelihood that funding will be available. The stronger the short-term position, the more likely cash on hand or cash flows could be used to fund the project. The stronger the long-term position, the more likely that debt financing could be achieved if necessary to fund the project. We also calculate working capital (current assets less current liabilities) a measure of excess liquidity that could be used to fund capital projects.

Historically we have compared all applicant or the applicant’s 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.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602)

Below is an analysis of the audited financial statements for the applicant, where the short term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

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10602 - Cornerstone Hospice & Palliative Care, Inc.		
	Sep-18	Sep-17
Current Assets	\$34,421,693	\$32,997,108
Total Assets	\$68,819,997	\$61,604,088
Current Liabilities	\$10,414,915	\$10,369,760
Total Liabilities	\$10,414,915	\$10,369,760
Net Assets	\$58,405,082	\$51,234,328
Total Revenues	\$87,724,400	\$83,249,262
Excess of Revenues Over Expenses	\$2,750,541	\$1,808,633
Cash Flow from Operations	\$7,833,549	(\$4,252,127)
Short-Term Analysis		
Current Ratio (CA/CL)	3.3	3.2
Cash Flow to Current Liabilities (CFO/CL)	75.21%	-41.01%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	0.0%	0.0%
Total Margin (ER/TR)	3.14%	2.17%
Measure of Available Funding		
Working Capital	\$24,006,778	\$22,627,348

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

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Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$6,079,854, which includes this project of \$286,080, and exempt non-review items. The applicant indicates on Schedule 3 of its application that funding for the project will be cash on hand. With \$20.5 million in cash and cash equivalents, the applicant has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

Odyssey Healthcare of Marion County, LLC (CON application #10603): 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.

10603 - Kindred at Home (Parent)	
	Dec-18
Current Assets	\$530,695,000
Total Assets	\$5,480,804,000
Current Liabilities	\$354,014,000
Total Liabilities	\$3,045,457,000
Net Assets	\$2,435,347,000
Total Revenues	\$1,590,043,000
Excess of Revenues Over Expenses	\$27,862,000
Cash Flow from Operations	\$79,128,000
Short-Term Analysis	
Current Ratio (CA/CL)	1.5
Cash Flow to Current Liabilities (CFO/CL)	22.35%
Long-Term Analysis	
Long-Term Debt to Net Assets (TL-CL/NA)	110.5%
Total Margin (ER/TR)	1.75%
Measure of Available Funding	
Working Capital	\$176,681,000

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$1,473,730, which includes this project of \$401,790, CON application #10611, and other capitalization. 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 \$97.6 million in cash and cash equivalents, the parent has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

PruittHealth Hospice – 6A, LLC/CON application #10604: 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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10604 - United Health Services, Inc. (Parent)		
	Jun-19	Jun-18
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	\$91,122,000	\$111,331,000
Total Revenues	\$1,053,680,000	\$1,008,461,000
Excess of Revenues Over Expenses	(\$17,916,000)	(\$20,103,000)
Cash Flow from Operations	\$13,232,000	\$20,233,000
Short-Term Analysis		
Current Ratio (CA/CL)	0.7	0.7
Cash Flow to Current Liabilities (CFO/CL)	5.24%	9.10%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	438.2%	320.5%
Total Margin (ER/TR)	-1.70%	-1.99%
Measure of Available Funding		
Working Capital	(\$78,371,000)	(\$75,510,000)

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$0. Most all projects have a cost associated with the CON and this cost should have be detailed on Schedule 2. Staff assumes that the cost of the project equals the related company financing of \$450,110, which was

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reported on Schedule 3. The applicant submitted a letter from the parent confirming funding. 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.

Suncoast Hospice of Hillsborough, LLC (CON application #10605):

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.

10605 - Empath Health, Inc. (Parent)		
	Sep-18	Sep-17
Current Assets	\$39,336,345	\$33,897,673
Total Assets	\$124,474,142	\$119,358,315
Current Liabilities	\$18,446,853	\$20,611,226
Total Liabilities	\$28,514,315	\$32,280,920
Net Assets	\$95,959,827	\$87,077,395
Total Revenues	\$142,667,827	\$136,478,774
Excess of Revenues Over Expenses	\$8,882,432	\$7,065,751
Cash Flow from Operations	\$9,753,715	\$6,521,763
Short-Term Analysis		
Current Ratio (CA/CL)	2.1	1.6
Cash Flow to Current Liabilities (CFO/CL)	52.87%	31.64%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	10.5%	13.4%
Total Margin (ER/TR)	6.23%	5.18%
Measure of Available Funding		
Working Capital	\$20,889,492	\$13,286,447

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$749,605, which includes this project of \$703,005, and two-year capital planned spending. 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 \$25.9 million in cash and cash equivalents, the parent has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

VITAS Healthcare Corporation of Florida/CON application #10606

Below is an analysis of the audited financial statements for the applicant, where the short term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

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10606 - VITAS Healthcare Corporation of Florida		
	Dec-18	Dec-17
Current Assets	\$43,242,171	\$38,130,164
Total Assets	\$624,834,529	\$544,953,654
Current Liabilities	\$27,610,029	\$27,429,944
Total Liabilities	\$28,778,779	\$27,978,152
Net Assets	\$596,055,750	\$516,975,502
Total Revenues	\$579,808,704	\$543,052,163
Excess of Revenues Over Expenses	\$79,080,248	\$34,115,034
Cash Flow from Operations	\$78,383,099	\$47,455,032
Short-Term Analysis		
Current Ratio (CA/CL)	1.6	1.4
Cash Flow to Current Liabilities (CFO/CL)	283.89%	173.00%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	0.2%	0.1%
Total Margin (ER/TR)	13.64%	6.28%
Measure of Available Funding		
Working Capital	\$15,632,142	\$10,700,220

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$11,633,004, which includes this project of \$1,134,149, CON 10595, and current year Capex Exp for VITAS of Florida. The applicant indicates on Schedule 3 of its application that funding for the project will

be by operating cash flows. With \$78.3 million in cash flows from operations, the applicant has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

d. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035 (1)(f), Florida Statutes

Analysis – applies to ALL applicants:

The immediate and long-term financial feasibility of the co-batched projects is tied to expected profitability. Profitability for hospice is driven by two factors, volume of patients and length of stay/condition of the patient. A new hospice program in a service area with published need is more likely than not to be financial feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

The vast majority of hospice days are paid by Medicare (Medicaid is the next largest payer with similar reimbursement rates). As such, revenue is predictable by day and service type. Schedule 7 includes revenue by service type. We have divided the applicant's projected revenues by the estimated Medicare reimbursement rates for each level of service in year two to estimate the total patient days that would be generated by that level of revenue. The results were then compared to the applicant's estimated number of patient days. Calculated patient days that approximate the applicant's projected patient days are considered reasonable and support the applicant's assumptions of feasibility. Calculated patient days that vary widely from the applicant's projected patient days call into question the applicant's profitability assumptions and feasibility. The results of the calculations are summarized below.

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Continuum Care of Hillsborough LLC (CON application #10601):

CON application #10601	Continuum Care of Hillsborough, LLC HOSPICE REVENUE (Year Two – Sep 2022) TABLE				
Hillsborough Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$131.04	0.8835	\$115.77	\$59.67	\$175.44
Routine Home Care 61+ days	\$103.56	0.8835	\$91.50	\$47.16	\$138.66
Continuous Home Care	\$940.24	0.8835	\$830.70	\$428.18	\$1,258.88
Inpatient Respite	\$238.89	0.8835	\$211.06	\$202.43	\$413.49
General Inpatient	\$640.96	0.8835	\$566.29	\$360.39	\$926.68
Year Two (Sep-22) Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.093	\$191.69	\$2,650,619		13,827
Routine Home Care 61+ days	1.093	\$151.50	\$2,650,619		17,496
Continuous Home Care	1.093	\$1,375.47	\$52,487	10	16
Inpatient Respite	1.093	\$451.78	\$286,563		634
General Inpatient	1.093	\$1,012.50	\$621,841		614
		Total	\$6,262,128		32,588
			Days from Schedule 7		32,012
			Difference		-576
			Percentage Difference		-1.80%

The applicant’s projected patient days are 1.80 percent or 576 days less than the calculated patient days. The applicant did not separate routine home care by number of days. Routine home care and physician services are divided equally among routine 1-60 days, and routine 61+ days. If any revenue is for under 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from a loss of \$624,503 in year one to a profit of \$287,787 in year two.

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Conclusion:

This project appears to be financially feasible.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602):

CON application #10602		Cornerstone Hospice & Palliative Care, Inc. HOSPICE REVENUE (Year Two - December 2022) TABLE			
Hillsborough Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$131.04	0.8835	\$115.77	\$59.67	\$175.44
Routine Home Care 61+ days	\$103.56	0.8835	\$91.50	\$47.16	\$138.66
Continuous Home Care	\$940.24	0.8835	\$830.70	\$428.18	\$1,258.88
Inpatient Respite	\$238.89	0.8835	\$211.06	\$202.43	\$413.49
General Inpatient	\$640.96	0.8835	\$566.29	\$360.39	\$926.68
Year Two (December 2022) Comparison					
	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.101	\$193.24	\$3,225,881		16,694
Routine Home Care 61+ days	1.101	\$152.72	\$5,948,717		38,953
Continuous Home Care	1.101	\$1,386.54	\$148,219	24	107
Inpatient Respite	1.101	\$455.42	\$70,669		155
General Inpatient	1.101	\$1,020.65	\$1,346,307		1,319
Total			\$10,739,793		57,228
			Days from Schedule 7		51,581
			Difference		-5,647
			Percentage Difference		-10.95%

The applicant’s projected patient days are 10.95 percent or 5,647 days less than the calculated patient days. The applicant did not separate Routine Home Care Days (1-60) and Routine Home Days (61+). According to Schedule 7 assumptions, around 30 percent of Routine Home Days are 1-60 days. The rest are in Routine Home Days 61+ days. The applicant calculated total patient service revenue incorrectly, as the

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totals on Schedule 7 do not foot. The correct total revenue is \$10,739,793. Operating profits from this project are expected to increase from a profit of \$2,137,855 in year one to a profit of \$4,369,568 (corrected) in year two.

Conclusion:

This project appears to be financially feasible, although patient days, and thus revenue, may be understated.

Odyssey Healthcare of Marion County, LLC (CON application #10603):

CON application #10603		Odyssey Healthcare of Marion County, LLC HOSPICE REVENUE (Year Two - December 2022) TABLE			
Hillsborough	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.04	0.8835	\$115.77	\$59.67	\$175.44
Routine Home Care 61+ days	\$103.56	0.8835	\$91.50	\$47.16	\$138.66
Continuous Home Care	\$940.24	0.8835	\$830.70	\$428.18	\$1,258.88
Inpatient Respite	\$238.89	0.8835	\$211.06	\$202.43	\$413.49
General Inpatient	\$640.96	0.8835	\$566.29	\$360.39	\$926.68
Year Two Comparison					
	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.101	\$193.24	\$1,759,458		9,105
Routine Home Care 61+ days	1.101	\$152.72	\$1,759,458		11,521
Continuous Home Care	1.101	\$1,386.54	\$21,958	15.4	10
Inpatient Respite	1.101	\$455.42	\$21,044		46
General Inpatient	1.101	\$1,020.65	\$1,019,881		999
		Total	\$4,581,798		21,682
			Days from Schedule 7		27,745
			Difference		6,063
			Percentage Difference		21.85%

The applicant's projected patient days are 21.85 percent or 6,063 days more than the calculated patient days. The applicant did not separate

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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 \$12,205 in year one to a profit of \$288,095 in year two.

Conclusion:

This project appears to be financially feasible, although patient days, and thus revenue, may be understated.

PruittHealth Hospice – 6A, LLC (CON application #10604):

CON application #10604		PruittHealth Hospice - 6A, LLC			
HOSPICE REVENUE (Year Two - December 2022) TABLE					
Hillsborough	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.04	0.8835	\$115.77	\$59.67	\$175.44
Routine Home Care 61+ days	\$103.56	0.8835	\$91.50	\$47.16	\$138.66
Continuous Home Care	\$940.24	0.8835	\$830.70	\$428.18	\$1,258.88
Inpatient Respite	\$238.89	0.8835	\$211.06	\$202.43	\$413.49
General Inpatient	\$640.96	0.8835	\$566.29	\$360.39	\$926.68
Year Two Comparison					
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.101	\$193.24	\$3,130,910		16,203
Routine Home Care 61+ days	1.101	\$152.72	\$3,130,910		20,502
Continuous Home Care	1.101	\$1,386.54	\$1,841,705	19.2	1,063
Inpatient Respite	1.101	\$455.42	\$94,515		208
General Inpatient	1.101	\$1,020.65	\$1,906,294		1,868
Total			\$10,104,334		39,842
			Days from Schedule 7		45,738
			Difference		5,896
			Percentage Difference		12.89%

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The applicant’s projected patient days are 12.89 percent or 5,896 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 \$393,745 in year one to a profit of \$637,206 in year two.

Conclusion:

This project appears to be financially feasible, although patient days, and thus revenue, may be understated.

Suncoast Hospice of Hillsborough, LLC (CON application #10605):

CON application #10605		Suncoast Hospice of Hillsborough, LLC HOSPICE REVENUE (Year Two - May 2022) TABLE			
Hillsborough	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.04	0.8835	\$115.77	\$59.67	\$175.44
Routine Home Care 61+ days	\$103.56	0.8835	\$91.50	\$47.16	\$138.66
Continuous Home Care	\$940.24	0.8835	\$830.70	\$428.18	\$1,258.88
Inpatient Respite	\$238.89	0.8835	\$211.06	\$202.43	\$413.49
General Inpatient	\$640.96	0.8835	\$566.29	\$360.39	\$926.68
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.081	\$189.63	\$3,218,461		16,972
Routine Home Care 61+ days	1.081	\$149.87	\$3,218,461		21,475
Continuous Home Care	1.081	\$1,360.71	\$222,521	24	164
Inpatient Respite	1.081	\$446.93	\$84,959		190
General Inpatient	1.081	\$1,001.63	\$559,995		559
		Total	\$7,304,396		39,360
			Days from Schedule 7		41,385
			Difference		2,025
			Percentage Difference		4.89%

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The applicant’s projected patient days are 4.89 percent or 2,025 days more than the calculated patient days. The applicant did not separate routine home care by number of days. Routine home care and physician fees are 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 \$192,244 in year one to a profit of \$615,416 in year two.

Conclusion:

This project appears to be financially feasible.

VITAS Healthcare Corporation of Florida (CON application #10606):

CON application #10606		VITAS Healthcare Corporation of Florida HOSPICE REVENUE (Year Two - March 2022) TABLE				
Hillsborough		Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation						
Routine Home Care 1-60 days		\$131.04	0.8835	\$115.77	\$59.67	\$175.44
Routine Home Care 61+ days		\$103.56	0.8835	\$91.50	\$47.16	\$138.66
Continuous Home Care		\$940.24	0.8835	\$830.70	\$428.18	\$1,258.88
Inpatient Respite		\$238.89	0.8835	\$211.06	\$202.43	\$413.49
General Inpatient		\$640.96	0.8835	\$566.29	\$360.39	\$926.68
Year Two Comparison		Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days		1.075	\$188.61	\$2,572,900		13,642
Routine Home Care 61+ days		1.075	\$149.06	\$6,724,758		45,115
Continuous Home Care		1.075	\$1,353.32	\$927,174	17.5	500
Inpatient Respite		1.075	\$444.51	\$0		0
General Inpatient		1.075	\$996.20	\$600,843		603
			Total	\$10,825,675		59,860
				Days from Schedule 7		50,285
				Difference		-9,575
				Percentage Difference		-19.04%

The applicant's projected patient days are 19.04 percent or 9,575 days less than the calculated patient days. Physician fees are in routine 1-60 days. Operating profits from this project are expected to increase from a loss of \$1,271,802 in year one to a profit of \$154,913 in year two.

Conclusion:

This project appears to be financially feasible.

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

The following "**Analysis**" applies to **All** applicants:

Analysis:

Strictly, from a financial perspective, the type of price-based competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost-effectiveness through competition is typically achieved via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in hospice, price based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited.

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 any of the co-batched proposals.

- g. Does the applicant have a history of providing health services to Medicaid patients and the medically indigent? Does the applicant propose to provide health services to Medicaid patients and the medically indigent? ss. 408.035(1)(i), Florida Statutes.**

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal

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Regulations 418.108). Hospice care also must be provided regardless of ability to pay and regardless of age, race, religion, sexual orientation, diagnosis, payer source or financial status.

Continuum Care of Hillsborough LLC (CON application #10601)

asserts that historically, Continuum on average provides approximately 3.5 percent patient days for charity patients and an additional two percent for Medicaid patients and that further, this excludes the Medicaid beneficiaries who receive hospice services under the Medicare benefit.

CCH contends that it will admit patients to the program, regardless of their ability to pay. CCH also contends that the local hospitals and the area residents will also share in the cost savings and reduced hospital readmission rates as a result of greater hospice access in a timely manner. CCH asserts that Continuum Palliative Resources (Schedule C-Condition #9) reduces hospital readmission rates by actively managing the symptoms of the patient.

CCH indicates that with consideration to Continuum Care's history of providing care for Medicaid and medically indigent patients in other states, as well as Medicare savings, and hospital savings, paired with the applicant's determination and commitment to enhance access to terminally-ill residents of Hillsborough County, Continuum Care of Hillsborough exceeds the objective of this statutory review criterion.

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 specified) and for year two (ending date not specified) of operations. The Agency's financial reviewer indicates year one ends September 2021 and year two September 2022.

**Continuum Care of Hillsborough LLC/CON application #10601
Year One and Year Two
Projected Patient Days by Payer**

	Self-Pay	Medicaid	Medicare	Commercial Insurance	Charity Care	Total
Year One Patient Days	40	162	7,453	162	284	8,101
Year Two Patient Days	160	640	29,451	640	1,120	32,012
Percent of Total Year One	0.5%	2.0%	92.0%	2.0%	3.5%	100.0%
Percent of Total Year Two	0.5%	2.0%	92.0%	2.0%	3.5%	100.0%

Source: CON application #10601, Schedule 7A

As shown in the above table, Continuum projects, total annual patient days, by percentage, as follows:

- 0.5 percent self-pay (year one and year two)
- 2.0 percent Medicaid (year one and year two)
- 3.5 percent charity care (year one and year two)

The reviewer notes that Continuum's Schedule C does not include a Medicaid/Medicaid HMO/Medicaid Managed Care condition and does not include a self-pay/charity care condition.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) states that:

- During CY 2018, Cornerstone provided approximately 3.6 percent of patient days to Medicaid patients and one percent to charity patients
- Over the first two years of operation following project implementation in Service Area 6A, Medicaid patient days are expected to represent 5.0 percent of the overall volume. Another 1.5 percent of patient days are expected to be self-pay/charity (see the table below)
- Cornerstone Hospice will donate \$25,000 to a segregated account for Service Area 6A maintained and controlled by the Cornerstone Hospice Foundation. This account will be used to meet the special needs of patients in Hillsborough County which are not covered under the Medicare hospice benefit and cannot be met through insurance, private resources, or community organization services or programs

CHPC explains that it is the policy of Cornerstone to offer all patients access to hospice services if appropriately indicated, consistent with its mission of service to indigent and low-income populations, as it has historically done so in its existing service areas. CHPC indicates that no person is, or will be, refused service because of age, race, color, creed, religion, disability, sexual orientation, national origin, or ability to pay. CHPC also indicates that although some hospice providers may cap the number of such patients they serve at a particular time, Cornerstone does not have a policy that would limit the number of indigent patients it will serve.

The reviewer generates the following table from the applicant's Schedule 7A (specific to the HSA 6A proposal), 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.

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**Cornerstone Hospice & Palliative Care, Inc./CON application #10602
Year One (CY 2021) and Year Two (CY 2022)
Projected Patient Days by Payer**

	Self-Pay	Medicaid	Medicare	Commercial Insurance	Other Managed Care	Total
Year One Patient Days	336	1,119	20,149	392	392	22,388
Year Two Patient Days	773	2,579	46,423	903	903	51,581
Percent of Total Year One	1.5%	5.0%	90.0%	1.75%	2%	100%*
Percent of Total Year Two	1.5%	5.0%	90.0%	1.75%	1.75%	100%

Source: CON application #10602, Schedule 7A (HSA 6A only)

Note: * The reviewer notes that this total is arithmetically 100.25 percent.

The reviewer notes that Cornerstone’s Schedule C does not include a Medicaid/Medicaid HMO/Medicaid Managed Care condition and does not include a self-pay/charity care condition.

Odyssey Healthcare of Marion County, LLC (CON application #10603) states that the primary source of revenue is Medicare, with Medicaid a distant second. Odyssey points out having previously identified the homeless in Hillsborough County as a population to be targeted for hospice outreach. Odyssey also points out that typically, most homeless individuals are not enrolled in either Medicare or Medicaid and that as a result, many of these individuals will result in free 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 December 31, 2021) and for year two (ending December 31, 2022) of operations.

**Odyssey Healthcare of Marion County, LLC/CON application #10603
Year One (CY 2021) and Year Two (CY 2022)
Projected Patient Days by Payer**

	Self-Pay	Medicaid	Medicare	Commercial Insurance	Charity Care	Total
Year One Patient Days	178	323	11,708	356	0	12,565
Year Two Patient Days	393	714	25,852	786	0	27,745
Percent of Total Year One	1.4%	2.6%	93.2%	2.8%	0.0%	100.0%
Percent of Total Year Two	1.4%	2.6%	93.2%	2.8%	0.0%	100.0%

Source: CON application #10603, Schedule 7A

As shown in the above table, Odyssey projects total annual patient days by percentage as follows:

- 1.4 percent self-pay (year one and year two)
- 2.6 percent Medicaid (year one and year two)
- 0.0 percent charity care (year one and year two)

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The reviewer notes that Odyssey's Schedule C-Condition #16 indicates:

- 4.0 percent of the admissions will be Medicaid/Uncompensated

The reviewer notes that for both year one and two, the Medicaid and self-pay, combined, reach 4.0 percent total annual patient days. The notes to the applicant's Schedule 7A do not define charity care, self-pay or whether charity and self-pay are separate or synonymous project revenues. The reviewer notes Odyssey's/Kindred's other financial conditions, as followings (by condition #):

- #4. Implementation of an educational outreach program to better serve the Hispanic, African American, and other underserved population groups identified by the program personnel in conjunction with community leaders. This will include a mobile hospice education team which will travel as appropriate to many of the following: community centers, health care facilities, churches, ALF meetings to provide hospice outreach and education. The outreach program will provide pamphlets, brochures and firsthand information about hospice services. The applicant is committing \$100,000 to this program.

PruittHealth Hospice – 6A, LLC (CON application #10604) is a newly formed/development stage Florida entity and therefore has no history of providing health services to Medicaid patients and the medically indigent. However, the applicant has previously stated being part of the PruittHealth family of providers – including 25 hospice agencies.

PH6-A points out that under Medicare Conditions of Participation, all hospices are required to admit patients without regard to the patient's ability to pay. PH6-A also points out that PruittHealth Hospice admissions policy clearly dictates, PH6-A 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.

The reviewer notes that PH6-A does not state an "Admission Policy" in its list of exhibits and the reviewer notes that of the applicant's 38 exhibits, none are titled "Admission Policy". However, the reviewer notes CON application #10604, Exhibit 21-Hospice Patient Care Policies and that among these policies is the UHS-Pruitt "Hospice General Admissions Overview". The reviewer notes that the applicant's stated non-discrimination policy is not found within this UHS-Pruitt general admissions overview.

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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.

**PruittHealth Hospice – 6A, LLC/CON application #10604
Year One and Year Two
Projected Patient Days by Payer**

	Self-Pay	Medicaid	Medicare	Commercial Insurance	Total
Year One Patient Days	355	652	13,494	311	14,812
Year Two Patient Days	1,098	2,012	41,667	960	45,738
Percent of Total Year One	2.4%	4.4%	91.1%	2.1%	100.0%
Percent of Total Year Two	2.4%	4.4%	91.1%	2.1%	100.0%

Source: CON application #10604, Schedule 7A

Notes to CON application #10604, Schedule 7A indicate that charity care (indigent) is projected to equal 2.4 percent of admissions and bed debt is projected to equal 2.0 percent of gross patient revenue, excluding charity care (indigent).

As shown in the above table, PruittHealth projects, total annual patient days, by percentage, as follows:

- 2.4 percent self-pay (year one and year two)
- 4.4 percent Medicaid (year one and year two)

The reviewer notes that PH6-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.

Suncoast Hospice of Hillsborough, LLC (CON application #10605)

is a newly formed/development entity and therefore has no history of providing health services to Medicaid patients and the medically indigent. However, SHH points to its sister hospice program – Suncoast Hospice in contiguous Pinellas County, with the latter indicated to have a longstanding commitment to providing care to Medicare, Medicaid and indigent persons. SHH states a commitment to providing services to all persons regardless of payer source or diagnosis, based on its sister-company's historical experience in Pinellas County (Suncoast Hospice), as defined in the Hospice Admission Criteria and Process Policy, which states:

Patients will be accepted for care without discrimination on the basis of race, color, religion, age, gender, sexual orientation, ability to pay, disability (mental or physical), communicable disease or place of national origin.

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SHH uses Suncoast internal data to show Suncoast Hospice’s admissions by payer type for CY 2017 through FY 2019 (page 210, Figure 66 of the application). The reviewer generates the table below from the applicant’s Schedule 7A, to account for patient days and the percentage of patient days by payer source for year one and for year two of operations. The Agency’s financial reviewer indicates the year-end dates are May 2021 and 2022, respectively.

**Suncoast Hospice of Hillsborough, LLC/CON application #10605
Year One and Year Two
Projected Patient Days by Payer**

	Self-Pay	Medicaid	Medicare	Commercial Insurance	Total
Year One Patient Days	202	552	20,974	829	22,557
Year Two Patient Days	371	1,012	38,482	1,521	41,385
Percent of Total Year One	0.9%	2.4%	93.0%	3.7%	100.0%
Percent of Total Year Two	0.9%	2.4%	93.0%	3.7%	100.0%

Source: CON application #10605, Schedule 7A

Notes to CON application #10605, Schedule 7A indicate that unlike other acute services, the large percentage of Medicare patients using hospice services effectively minimizes the need for charity and uncompensated care for this service. The same notes further indicate that self-pay would consist primarily of charity and uncompensated care.

As shown in the above table, SHH projects, total annual patient days, by percentage, as follows:

- 0.9 percent self-pay (year one and year two)
- 2.4 percent Medicaid (year one and year two)

The reviewer notes that SHH’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 SHH/Empath Health’s other financial conditions, as followings (by condition #):

3. Development of Resources for Homeless and Low-Income Populations

- a. Suncoast Hospice of Hillsborough will provide up to \$25,000 annually for five years to Metropolitan Ministries. The funding will assist Metropolitan Ministries in providing clinical support to enhance identification of homeless persons in Hillsborough County who are medically eligible for hospice care.

7. Development of a Program to address Transportation Challenges for Rural Areas

- a. Suncoast Hospice of Hillsborough will provide up to \$25,000 annually for the first five years of operation to fund programs to address transportation challenges in rural Hillsborough County.

VITAS Healthcare Corporation of Florida (CON application #10606)

states having a long history of providing services to Medicaid patients and proposes to provide services to Medicaid patients in HSA 6A. VITAS describes percentages of Medicaid patient days in HSA 1 and HSA 4A (page 189 of the application) and states having met its commitments and obligations to serve the medically indigent and will do so in HSA 6A. VITAS maintains that its strong commitment to care for all patients is rooted in its founding days, when all patients were cared for solely by donations and volunteers. VITAS contends that year after year, VITAS provides one percent or more of revenues in care and further contends that VITAS provided over \$6.78 million in charity care to hospice patients at its Florida programs in CY 2018.

The reviewer generates the following table from the applicant’s Schedule 7A, to account for patient days and the percentage of patient days for year one (ending 3/31/2021) and for year two (ending 3/31/2022) of operations.

**VITAS Healthcare Corporation of Florida
CON application #10606
Projected Patient Days by Payer**

	Self-Pay	Medicaid	Medicare	Commercial Insurance	Other Revenue	Total
Year One (3/31/2021)	0	3,286	15,074	320	198	18,878
Year Two (3/31/2022)	1	8,734	40,191	855	504	50,285
Percent of Total Year One	0%	17%	80%	2%	1%	100%
Percent of Total Year Two	0%	17%	80%	2%	1%	100%

Source: CON application #10606, Schedule 7A

As shown in the above table, VITAS projects, total annual patient days, as follows:

- 0 percent self-pay (year one and year two)
- 17 percent Medicaid (year one and year two)

The reviewer notes that there is no column for charity care, in the applicant’s Schedule 7A. However, notes to Schedule 7A indicate that for both year one and year two, charity care accounts for 1.1 percent and 1.0 percent, total annual revenue, respectively, for the first two years.

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The reviewer notes that VITAS' Schedule C does not include a Medicaid/Medicaid Managed Care condition and/or charity care condition.

The reviewer notes VITAS' other financial conditions (by condition # and in applicable part):

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

b. Partnership and Grant: VITAS conditions this application on providing a grant to the Alzheimer's Association, Florida Gulf Coast Chapter to assist with support groups and education efforts that meet the emotional needs of area caregivers. The grant will total \$30,000 and will be distributed over the first two years of operations. The grant will be provided by VITAS or an affiliated entity.

5. Veterans Program

VITAS also conditions this application on providing \$30,000 to the Office of Veteran Success through the University of South Florida Foundation.

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

VITAS conditions this application on making a grant of up to \$20,000 to be distributed across two years to the Small ALF Coalition serving Subdistrict 6A.

15. Outreach and End of Life Education for 6A Residents Experiencing Homelessness, Food Insecurity and Limited Access to Healthcare

b. Partnership and Grant to Provide Housing Food

Assistance: VITAS conditions this application on making a grant of up to \$40,000 to the Salvation Army, \$50,000 to Metropolitan Ministries, and \$100,000 to the East Tampa Business and Civic Association or any other qualified organization for assisting individuals in Subdistrict 6A, to be distributed across two years. The grant will be provided by VITAS or an affiliated entity.

c. Partnership to Assist Migrant and Underserved

Communities: VITAS conditions this application on providing a grant of \$5,000 to be distributed during the first two years of operations to the Hispanic Services Coalition or similar qualified organization for promoting academics, healthy communities, and engagement of Latinos. The grants will be provided by VITAS or an affiliated entity.

17. Educational Grant

VITAS conditions this application on providing a grants to the University of South Florida Foundation including \$250,000 for Fellowships, scholarships, education, and workforce development; \$20,000 for diversity initiatives; and as noted above \$30,000 for the Office of Veterans Success over the first two years of operation. The grants will be provided by VITAS or an affiliated entity.

F. SUMMARY

CON application numbers 10601 - 10606 proposing to establish a new hospice program in Hospice Service Area 6A

Continuum Care of Hillsborough LLC (CON application #10601), is parented by Continuum Hospice and Palliative Care, a provider of hospice services in California, New Hampshire, Massachusetts, Rhode Island and Washington. Continuum does not currently provide hospice services in Florida.

Continuum also proposes to establish new hospice programs in HSAs 8D and 10 in this batching cycle.

The applicant proposes \$304,350 in total project costs.

Pursuant to project approval, Continuum offers a total of 11 Schedule C conditions.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602), a not-for-profit entity, provides hospice services in HSAs 3E, 6B and 7B.

The applicant proposes \$286,080 in total project costs.

Pursuant to project approval, Cornerstone offers a total of 10 Schedule C conditions.

Odyssey Healthcare of Marion County, LLC (CON application #10603), is a for-profit hospice provider whose parent is Kindred at Home. Kindred provides hospice services in HSAs 1, 2A, 3B, 4B, 7B, and 11.

Kindred also proposes to establish a new hospice program in HSA 10 in this batching cycle.

The applicant proposes \$401,790 in total project costs.

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Pursuant to project approval, Kindred offers a total of 16 Schedule C conditions.

PruittHealth Hospice – 6A, LLC (CON application #10604), is a for-profit development entity and part of the PruittHealth, Inc. health care group, which proposes to provide all the administrative-related responsibilities for the proposed project. PruittHealth provides hospice services in Georgia, North Carolina and South Carolina.

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

PruittHealth also proposes to establish new hospice programs in HSAs 2A and 3A in this batching cycle.

The applicant proposes \$450,110 in total project costs.

On CON application #10604, the applicant provides a Schedule C and indicates “See attached” for conditions, which is not included in the application. However, PruittHealth Hospice - 6A, LLC proposes eight conditions (pages 55, 56, 83 and 105 of the application).

Suncoast Hospice of Hillsborough, LLC (CON application #10605) is a not-for-profit, development entity whose parent company is Empath Health, Inc. Empath provides hospice services in HSA 5B (through Suncoast Hospice).

The applicant proposes \$703,005 in total project costs.

Pursuant to project approval, SHH offers a total of 19 Schedule C conditions.

VITAS Healthcare Corporation of Florida (CON application #10606) is a for-profit entity whose ultimate parent is CHEMED Corporation, a publicly traded company. VITAS provides hospice services in the following HSAs: 1, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11.

VITAS also proposes to establish a new hospice program in HSA 2A in this batching cycle.

The applicant proposes \$1,134,149 in total project costs.

Pursuant to project approval, VITAS offers a total of 20 Schedule C conditions.

Need/Access:

The co-batched applicants' proposed projects are in response to the fixed need pool for a new hospice in HSA 6A. The applicant's major arguments in support of need for their respective proposal are briefly summarized below.

Continuum Care of Hillsborough LLC (CON application #10601) offers the following justifications for project approval:

- There are unique, Not Normal/Special Circumstances outside of the Fixed Need Pool, including:
 1. Black demographic of Hillsborough County, Subdistrict 6A is hugely underserved compared to all other races
 2. Hispanic population of Hillsborough County, Subdistrict 6A is hugely underserved compared to non-Hispanic counterparts
 3. Need of non-cancer disease specific programming to respond to 79 percent of the Subdistrict 6A projected gap in service, since current DOEA data suggests that, for Hillsborough County, compared to the cancer penetration rate of 91.3 percent:
 - The cardiovascular hospice penetration rate is very low (22.4 percent)
 - The pulmonary hospice penetration rate is also lower (67 percent)
 - The AIDS/AIDS-related hospice penetration rate is lower (23.1 percent)
 4. A need to improve hospice access for patients in their place of residence, rather than in a hospice house setting
- For the three-year period ending June 30, 2018, the 30-day hospital readmission rate for heart failure was:
 - 2.89 percent for Continuum
 - 21.6 percent nationwide
 - From a low of 20.5 percent to a high of 24.3 percent for area hospitals in the Greater Tampa Area
- There is a great deal of in-migration into Hillsborough County for health care services
- Continuum includes tables/line graphs/bar graphs that address HSA 6A on pages 8-19 of the application

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- Continuum will not implement hospice houses in Hillsborough County and will rather allow patients to remain in their respective facility(ies), receiving end-of-life care in place, without disruption
- Continuum will offer the following unique programs and services:
 - Service Intensity
 - Music Therapy
 - Virtual Reality Program
 - Equine Therapy
 - Veterans Programming (supporting the We Honor Veterans Program)
 - Continuum Palliative Resources
 - Minority Outreach (particularly among Black and Hispanic residents in the area)
 - Low Income and Homeless Initiatives
 - Community Collaboration
 - Commitment to Quality Services
 - The Interdisciplinary Team (IDT) Approach

The applicant forecasts 200 admissions in year one (ending September 30, 2021) and 640 admissions in year two (ending September 30, 2022) of operation.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) offers the following justifications for project approval:

- Consistent with the Agency's published need for an additional hospice program in Service Area 6A, Cornerstone's own assessment of the following factors confirm hospice need in the area:
 - Population size and composition
 - Mortality rates
 - Unmet community needs to serve the entire area, including but not limited to persons with or in:
 - ❖ End-stage respiratory disease
 - ❖ A non-cancer terminal illness under age 65
 - ❖ The Hispanic community
- Only two hospice programs currently operate within Service Area 6A. One of those, LifePath Hospice, is one of the five largest hospice providers in the state
- Cornerstone currently operates as a licensed hospice provider in Service Area 6B to the east of Hillsborough County and has done so successfully since 2002
- Cornerstone's Lakeland office in Service Area 6B is located just eight miles from the Hillsborough County line. This proximity will

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facilitate a smooth and rapid extension of Cornerstone's services into Service Area 6A

- Between January 2021 and January 2025 the population of Service Area 6A is projected to increase by nearly 94,000 persons
- Projected growth among both the Black and Hispanic populations of the service area is expected to exceed statewide averages over the same time period. The Hispanic population in particular is anticipated to grow by a rate more than double that of the total population, and is expected to swell to one-third of the Hillsborough County population at the same time
- The Hispanic population of Service Area 6A warrants special attention due to its sheer size, relative concentration, and its past low use rate of hospice services. Hillsborough County's Hispanic population is the fourth largest of any county in Florida. The size and growth of this population make it imperative that any new hospice provider be able and willing to address the unique needs of the Hispanic population directly and vigorously. To that end Cornerstone commits to provide two full-time salaried positions for bilingual staff as part of its Community Education Team and to recruit bilingual volunteers
- Hospice penetration rates in Hillsborough County are below average among persons with a non-cancer diagnosis, and this is especially true among those under the age of 65. Cornerstone proposes special programming targeting these groups
- Medicare hospice admission rates for African Americans and Hispanic residents of Hillsborough County lag behind the overall county average. The admissions rate for Hispanic persons is less than one-third of that for the total county
- Both DOH and the TGH CHNA identify lower income status as contributing to health status problems and unmet health care needs in Hillsborough County
- Approximately 20 percent of the households in Hillsborough County have incomes below \$25,000. The federal poverty definition for a household of four persons is \$25,570
- Both the African American and Hispanic populations of Hillsborough County have median household incomes well below both the overall county median as well as the corresponding state averages
- Cornerstone will set up a designated charitable account, as conditioned in this application, which will be used to help meet the needs of low income patients outside of hospice services (Schedule C-Separate Foundation Account Condition). Additionally, Cornerstone has conditioned this application upon making donations to key local service organizations to help to improve access to care and supportive services (Schedule C-Cooperation with Local Community Organizations Condition)

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- There are 192 ALFs in Hillsborough County of 24 beds or less. Cornerstone intends to emphasize outreach and education to these smaller, often overlooked facilities
- Cornerstone is currently a Level IV Partner with the We Honor Veterans program. Level IV is the highest level that can be attained. Cornerstone is one of only 16 hospice programs in Florida, and 820 nationally, that have achieved Level IV status. Cornerstone will immediately upon licensure expand its existing We Honor Veterans Level 4 program to serve Hillsborough County and will provide the same broad range of programs and services to Veterans in Hillsborough County as it currently provides in its existing Service Areas
- Cornerstone currently operates as a licensed hospice provider in Service Areas 3E, 6B and 7B, and has done so successfully for 35 years. Its existing presence and infrastructure in nearby counties will aid Cornerstone in a smooth, efficient expansion
- Cornerstone's existing local resources, infrastructure, and experience will allow it to quickly, efficiently and effectively implement the start-up of a new agency, including office preparation and move-in, recruitment, training, marketing, and service implementation. Specifically, in the start-up and operation of the new office, Cornerstone will benefit from its existing infrastructure in numerous areas including clinical consultation, recruitment and staff support, accounting and billing services, information technology, strategic planning, continuous quality improvement and outcomes measurement, human resources, and corporate compliance. As a result, large overhead and administrative costs typically associated with these functions will be significantly reduced and dollars that would otherwise be budgeted for these expenses can be redirected to direct patient care services
- Cornerstone has adequate cash in hand and a documented commitment to fund the capital and initial operating costs of the proposed program. The program is financially feasible in the short-term
- The proposed Hillsborough County program will produce positive net income beginning in its first year of operation and is financially feasible in the long-term

The applicant forecasts 448 admissions in year one (ending December 31, 2021) and 819 admissions in year two (ending December 31, 2022) of operation, based on payer type and terminal illness. However, the applicant forecasts 1,023 admissions in year two, based on age group (under 65 vs. 65 or older). The applicant does not offer an explanation

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regarding this 204 admission discrepancy (1,023 – 819 = 204) but it appears the numbers for 65+ year one non-cancer patients were transposed with the year two cancer age 65 and over patient.

Odyssey Healthcare of Marion County, LLC (CON application #10603) offers the following justifications that the applicant identifies as strengths that should be considered to grant project approval:

1. Preference to the applicant who already provides services to the residents of Hillsborough County - Odyssey is the only one who would receive this preference as an existing provider of home health services
2. Preference should be given to an applicant with established referral patterns with Hillsborough County's hospitals, physicians, home health agencies, hospices, nursing homes, ALFs etc. - Odyssey is the only one who would receive this preference as an existing provider of home health services
3. Odyssey - who will as a condition of its approval become accredited by JCAHO, CHAP or ACHC
4. Odyssey/Kindred - who has strong financials – Odyssey/Kindred has revenues in excess of \$4 billion dollars
5. Odyssey is willing to provide charitable contributions to the community. Odyssey will provide \$100,000 to implement the educational outreach program
6. Odyssey will serve the community as a whole and not selectively choose patients
7. Odyssey's entry as the third hospice serving the county is not likely to adversely impact the number of patients the existing providers, Lifepath and Seasons
8. Odyssey would not adversely impact LifePath's donor base which would adversely impact LifePath as much if not more than reduction in the number of patients
9. Odyssey has existing knowledge of available resources, community ties and referral base of its affiliated home health providers in the area
10. Odyssey's corporate culture of service
11. Odyssey's willingness to increase their existing relationships to include Hillsborough schools, universities, hospitals, home health agencies, nursing homes, physicians, religious entities, Hispanic and African American community leaders, gay and lesbian groups, etc.
12. Odyssey already has over 10 individuals who have worked for licensed hospices in Florida including administrators, nurses, therapists, etc., who would be willing to work in the Hillsborough County Odyssey Healthcare

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Odyssey expects to target outreach to the following particularly underserved populations in Hillsborough County:

1. Hispanic settings including churches, schools, medical clinics serving this group. While there are population pockets of Hispanic throughout the county:
 - Tampa Zip codes with more than 30 percent Hispanic include: 33612, 33619, 33604, 33607, 33614, 33603, 33625, 33615, 33636, 33625
 - Additionally, zip codes outside Tampa with 30 percent or more Hispanics include: 33653 (Plant city), 33534 (Gibsonton), 33570 (Ruskin), 33598 (Wimauma), and 33527 (Dover)
 - Zip codes with over 50 percent Hispanics include: 33614, 33634, and 33598 (Wimauma)
2. African American settings including churches, schools, hospitals medical clinics serving this group. While there are population pockets of African Americans throughout the county:
 - Tampa Zip codes with more than 30 percent African Americans include: 33610, 33617, 33612, 33619, 33605, 33607
 - Zip codes with over 50 percent African Americans include: 33610. 33605
3. Homeless settings are more difficult to target as there are not specific zip codes where they congregate. There are facilities that care for the homeless and going to those facilities is the best way to reach the homeless population. These would include but not be limited to:
 - Religious facilities known to provide free meals and shelter
 - Soup kitchens
 - Metropolitan Ministries
 - Hillsborough County Medical Clinics
 - Tampa General emergency room and social services department
4. Smaller ALFs

The applicant forecasts 220 admissions in year one (CY 2021) and 426 admissions in year two (CY 2022)

PruittHealth Hospice – 6A, LLC (CON application #10604) offers the following justifications for project approval:

- A 15-question hospice survey/questionnaire – completed by nine (estimated to account for 396 admissions) area healthcare providers
- PruittHealth reviewed/assessed the nine survey responses to determine unmet hospice need and finds the following areas of concern in HSA 6A were:

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- Specific hospice services that are difficult to obtain:
 - ❖ Quality and consistency of care
 - ❖ Services within an ALF
 - ❖ Timely care
 - ❖ Equality of care/higher income residents getting better care
- Segments of the population that are underserved:
 - ❖ Hispanics
 - ❖ Low income residents (without regard to race or ethnicity)
- Terminally ill population that are underserved:
 - ❖ None identified (Medicaid recipients were mentioned but Medicaid is a payer source, not a diagnosed terminal illness type)
- Other populations:
 - ❖ Homeless individuals
 - ❖ Displaced residents due to hurricanes and other weather events would realize a positive impact from this project

Populations in HSA 6A experiencing unmet hospice need as identified directly by the applicant include:

- Homeless persons
- Veterans
- Inpatient hospice candidates
- Non-cancer patients age 65+

The proposal will have, develop, maintain and/or provide in HSA 6A:

- A positive impact upon the quality, access and availability of hospice services
- Expand the PruittHealth volunteer program
- Specific hospice services that are typically difficult to receive including continuous care, pediatric hospice programming, pastoral services and care to non-Medicare patients, as well as services for low income patients and patients with a non-cancer diagnosis over age 65
- Hospice care to the homeless and those who may become homeless after a severe weather event
- End-stage disease management programs (PruittHealth Hospice Care Pathways):
 - Alzheimer's and dementia
 - COPD
 - Heart failure
 - Stroke and neurological disorders

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- INTERACT 3.0 (a program designed to reduce preventable hospital admission and also reduce hospital readmission)
- PruittHealth Hospice Veteran Recognition
- Clinical performance programs through internal audit programs, which will ultimately benefit patients

PruittHealth is CON approved for the following SNFs in HSA 6A:

- PruittHealth-Hillsborough County - 90 beds (CON #10509P and CON #10553)
- PruittHealth- 6-1 Hillsborough County – 119 beds (CON #10585)
 - When licensed and operational, these two PruittHealth SNFs will promote more seamless and more cost-efficient transitioning into an inpatient hospice bed option, when needed and medically necessary

The advantages of the applicant maintaining its own inpatient hospice units within its own SNFs were described in item E.2.a.(2) of this report.

- The program will provide competition but also offer collaboration with existing providers
- Upon project approval, PH6-A will work with the entire PruittHealth continuum of post-acute care services including hospice, home health, rehabilitation, medical supplies, and pharmacy services

The applicant forecasts 250 admissions in year one and 625 admissions in year two of operation.

Suncoast Hospice of Hillsborough, LLC/CON application #10605

offers the following justifications for project approval:

- Meetings with more than 50 individuals and organizations representing a broad range of general and specific populations (approximately 14) in the area, many of whom provided letters of support
- Consideration of eight community health need assessments (CHNAs) from 2015-2018, performed by the Florida Department of Health and six area general hospitals
- The applicant's 29 responses to its five-question September 2019 CHNA related to the continuum of care for Hillsborough County residents with chronic and advanced illness

Based on the results of the CHNAs/letters of support, Suncoast offers the following solutions to each of the following stated hospice needs in the HSA 6A:

- Disease specific programming (including "Empath Cardiac CareConnections", "Empath Alzheimer's CareConnections" and "Empath Pulmonary CareConnections"), due to:

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- High cardiovascular disease mortality rates (higher than the state average and the highest of the six most populous counties in Florida and low percentage of patients served by existing hospice providers)
- Alzheimer’s Disease and Chronic Lower Respiratory Disease (both of which are in the top five causes of death in Hillsborough County)
- Ethnic community-specific programming (to encourage end-of-life planning and access to care, allocate \$350,000 in funding to the “Empath Mobile Access of Care program), due to:
 - Nearly 30 percent of the Hillsborough population being Hispanic
 - ❖ 19 percent of the county's 65+ population are Hispanic
 - ❖ The age 65+ Hispanic population is higher than the state average
 - Lack of knowledge/low utilizations of hospice care in the Hispanic/Latinx community regarding end-of-life care due to factors such as:
 - ❖ Lack of regular physician and medical care
 - ❖ Lack of information
 - ❖ Cultural barriers
 - ❖ Limited English proficiency
 - ❖ Limited resources
- Resources for homeless and low-income populations (including \$25,000 in funding annually for five years to assist Metropolitan Ministries, as well as coordination with the Florida Department of Health-Hillsborough County), due to the following Hillsborough County circumstances:
 - Being the 5th largest homeless population in Florida, with 1,650 homeless residents as of February 2019
 - ❖ 59 percent of this population (978 persons) is considered “sheltered”, yet have no resources for end-of-life care where they live
 - ❖ 41 percent of this population (672 persons) is considered “unsheltered”
 - 17.2 percent of the area’s population lives below the poverty level and has limited access to coordinated care, including end-of-life services
- Development of a specialized veterans program (including staff for specialized veteran services, the seeking of We Honor Veterans Level 4 partnership, implementation of Legacy Corps and the Honor Flight® Network), due to Hillsborough County having:

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- The largest veteran population in Florida
- In 2019, 93,105 veterans, with 37,374 (40.14 percent) being age 65+
- By 2024, 84,763 veterans, with 36,170 (42.67 percent) being age 65+

- Specialized pediatric hospice program (including a Children’s Community program and a Partner’s in Care program, with specialized hospice pediatric staff and volunteers), due to Hillsborough County having:
 - Limited pediatric hospice programming
 - No specialized pediatric hospice providers
 - Approximately 338,000 residents ages 0-17 in 2020
 - More than 368,000 residents ages 0-17 by 2025
 - A low pediatric hospice utilization rate for the year ended March 31, 2019, considering that:
 - ❖ Only five pediatric patients discharged from the hospital setting to home hospice or an inpatient hospice facility
 - ❖ 106 pediatric patients died in the hospital

- A continuum of care navigation system (including building an effective and robust care navigation function, with staff to address care navigation), due to:
 - A need for improvement in the existing overall continuum of care in the area
 - Area residents are not accessing hospice services at rates consistent with the rest of Florida and either:
 - ❖ Access hospice programs very late in the disease process or
 - ❖ Do not access hospice care at all

- Transportation challenges for rural areas of Hillsborough County (including transportation/bus vouchers), due to:
 - Current limited/challenging transportation options, especially in rural areas, may be serving as a deterrent to seeking medical care
 - Approximately one-third of the Hillsborough County population is considered "Transportation Disadvantaged", or "TD", meaning they are unable to transport themselves due to disability, older age, low income or being a high-risk minor/child.
 - ❖ In 2020, the TD population is expected to be 462,076
 - ❖ By 2040, the TD population is expected to be 591,664

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The applicant forecasts 460 admissions in year one, 701 admissions in year two and 791 admissions in year three.

VITAS Healthcare Corporation of Florida (CON application #10606) offers the following justifications for project approval:

The following underserved and/or special populations in Hillsborough County that would benefit from improved access available from VITAS (along with why VITAS should be approved to serve the referenced population):

- African American residents, especially those 65 and older
- Homeless, food-insecure and impoverished communities
- Undereducated individuals including migrant workers
- Residents of east and south Hillsborough County not receiving the same access to hospice care
- Veterans, especially those 65 and older
 - 20.6 percent of Hillsborough County's veteran population is age 65+, compared to Florida's overall 19.9 percent
 - VITAS has more We Honor Veterans "Level 4" designations than any other hospice program in the United States
- Patients diagnosed with non-cancer chronic and terminal illness such as congestive heart failure, COPD, and other cardiac- and respiratory-related diseases, sepsis, and Alzheimer's Disease, especially those 65 and older
- Patients residing in nursing home and assisted living facilities, particularly small ALFs
- Patients in need of continuous care and high acuity/complex service offerings such as Hi-flow oxygen
- Patients needing to be admitted quickly and those needing admission during evenings and weekends

Patient groups in Hillsborough with the largest unmet hospice need include (along with why VITAS should be approved to serve this population):

- African Americans and Hispanics, as well as migrant workers
 - In 2018, whites were discharged from hospital to hospice at a rate of:
 - 2.61 percentBlack/African Americans at a rate of:
 - 1.38 percent (but were 17.1 percent of total population)Hispanics/Latinos at a rate of:
 - 1.74 percent (but were 28.7 percent of total population)
 - In 2018, whites were discharged from hospice at a rate of:
 - 78.3 percent

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- Black/African Americans at a rate of:
 - 12.4 percent (but were 17.1 percent of total population)
- Hispanics/Latinos at a rate of:
 - 17.5 percent (but were 28.7 percent of total population)
- VITAS serves a significantly higher percentage of both African American and Hispanic patients in its Florida markets than both existing hospice providers in HSA 6A as well as the co-batched applicants that are currently operating in Florida
- Patients residing in east and south Hillsborough County who are not accessing hospice at the same rate as other parts of the subdistrict
- Patients with respiratory, sepsis, cardiac, and Alzheimer's diagnoses near the end of life in HSA 6A have unmet hospice needs
 - The age adjusted death rates are higher in Hillsborough County than Florida overall regarding: Alzheimer's, cancer, chronic lower respiratory disease and heart disease
 - The average of Hillsborough County residents that die due to the following diagnoses are served by hospice at a lower percentage than Florida overall: cardiac, sepsis, respiratory illnesses
 - VITAS has services/programs specifically designed to address
 - Cardiac/heart disease
 - Alzheimer's and dementia
 - Cancer diagnosis
 - Pulmonary diagnosis
 - Sepsis
- Patients requiring continuous care and high acuity services such as Hi-flow oxygen
 - VITAS provides higher rates of continuous care (percent of patient days on continuous care/total visits last seven days of life/total visits last three days of life) than both existing hospice providers in HSA 6A as well as the co-batched applicants
- Patient requiring admission in the evening or on weekends
- Patients residing in small, less than 10 bed, ALFs

The applicant forecasts 492 admissions in year one (capturing a total of 57 percent of the unmet need) and realizing 593 admissions in year two (capturing a total of 69 percent of the unmet need).

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CON application # 10605, Suncoast Hospice of Hillsborough, LLC), on balance, best satisfied the statutory and rule criteria for a new hospice provider in HSA 6A pursuant to published need—this included identifying the proposed populations that are being underserved for hospice, services proposed to make hospice accessible and available to underserved populations and demonstrating strong community support from HSA 6A health organizations, social services organizations and other entities.

Quality of Care:

Each co-batched applicant offered evidence of its ability to provide quality care.

Continuum Care of Hillsborough LLC (CON application #10601) is a newly formed, development stage entity with no operating history and the parent (Continuum) has no affiliate hospice operations in Florida. However, some quality features described by the applicant include:

- Maintaining staff levels that exceed minimum requirements for hospice, as determined by the NHPCO
- Development and maintenance of a QAPI Plan similar to those that are already utilized by Continuum’s affiliate hospices in other states, with:
 - QAPI lines of responsibility
 - QAPI Committee composition
 - QAPI Committee member responsibilities
- Implementation of a Performance Improvement Plan, with measurable objectives and time frames
- Continuing Education and In-Service Training
- CHAP Accreditation
- *HEALTHCAREfirst* Quality Metrics
- Continuing Care of Rhode Island Received 2019 Best of Concord Award

Cornerstone Hospice & Palliative Care, Inc. (CON application#10602) asserts the following quality of care features and characteristics for the proposed project:

- Cornerstone has a more than 35-year history of providing Quality Care
- Cornerstone meets all State of Florida licensure and Joint Commission accreditation requirements and will continue to do so in the future
- Cornerstone's proposed Hillsborough County program will constitute a service area expansion under its existing license allowing quick, efficient, effective and immediately compliant implementation

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- Cornerstone affiliated entities strengthen and enhance the continuum of care in its service areas. These include:
 - Cornerstone Health Services, LLC (Palliative Care), with membership in the Center for Advanced Palliative Care
 - Cornerstone Companion Services d/b/a Alexa Home Care
 - Care Partners, LLC
 - Cornerstone Hospice Foundation, Inc. and the Gold Standard of Giving
- Cornerstone provides enhanced access to care through innovative programs, including:
 - A streamlined intake process with dedicated intake facilitators. Hospice referrals are entered into the electronic medical record (EMR) and acknowledged in an average of fewer than 30 minutes from the time of receipt, seven days a week, including holidays
 - Cornerstone has developed a free downloadable app designed to streamline the assessment and referral of a potential hospice patient. Users equipped with the Cornerstone App are able to determine a patient's eligibility for hospice at a glance
 - 7-Day-Per-Week Case Management Model - with teams of RNs providing scheduled visits for extended hours every day of the week
 - Care Connection providing after-hours urgent triage access
- Cornerstone utilizes exemplary staff orientation, education, and support programs that yield lower staff turnover and higher morale, thereby promoting better patient care

Agency records indicate that, Cornerstone's three affiliated hospice programs had a total of one substantiated complaint for the three-year period ending November 20, 2019.

Odyssey Healthcare of Marion County, LLC (CON application #10603): Odyssey asserts the following quality history of Odyssey and its parent (Kindred/Kindred at Home):

- Kindred at Home (Odyssey's parent) has approximately \$4 billion revenues
- 372 hospice locations in 34 states
- 354 home health sites located in 38 states
- 19,000 caregivers
- The home health division sees more than 433,000 patients per year
- Hospice division has an ADC of more than 24,500 patients
- 98 percent of the home health division providers have a 3 star or higher quality rating
- 85 percent of patients who receive hospice services would recommend Odyssey/Kindred Hospice

Odyssey indicates the following:

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- Mission – To provide comprehensive care and extraordinary services to the families we serve
- Vision – To be the best in class of clinically innovative healthcare services in the home
- Values
 - Be authentic
 - Show compassion
 - Embrace accountability
 - Champion successes – big and small
 - Innovate for the future

Odyssey contends that of the six co-batched applicants, only Odyssey currently provides health care (home health agency) services in Hillsborough County. Odyssey home health agency staff have expressed interest in working for its hospice and experienced hospice providers in other Kindred locations “would be expected to transfer” to SA 6A.

Odyssey provides 58 appendices, primarily Kindred/Kindred at Home/CURO Health Services publications, many of which address matters of quality of care.

Agency records indicate that the six Kindred affiliated hospice programs licensed in Florida had a total of two substantiated complaints during the three-year period ending November 20, 2019.

PruittHealth Hospice – 6A, LLC (CON application #10604) is a newly formed/development stage Florida entity, with no quality of care history in Florida. However, during the 12 months ending October 31, 2019, PruittHealth Hospice’s 25 affiliated hospice agencies operating in three states served 4,829 patients and reported 479,523 patient days.

The applicant will adhere to:

- Any and all State and Federal regulations/statutes
- 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.

PH6-A references PruittHealth’s Commitment to Caring Campaign, with the following 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.

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PruittHealth Hospice highlights a focus on:

- Veterans Recognition
- Tuck-In
- Second Wind Dreams
- Caring Hands
- Specialized Disease Management
- Effective Pain Management
- On-Call Services
- Personal Care Services
- A continuum of care model for patients who choose PruittHealth services, to promote:
 - Efficiency in the marketplace by increasing quality and lower costs
 - A seamless transition from one healthcare setting to another, with minimal risk of medical error
- A “Commitment to Caring Pledge”
- The PruittCares Foundation
 - Camp Cocoon (for child bereavement)
- Pruitt University (and other staff development/staff training)
- PruittHealth’s established clinical audit, training and quality monitoring practices in conjunction with PruittHealth Consulting Services
- INTERACT 3.0 (a system to reduce avoidable patient hospitalizations and to reduce re-hospitalizations) with these reductions having a direct positive impact on:
 - Quality of care
 - Continuity of care
 - Community and physician relations
 - Family, patient and partner satisfaction
- Experienced team members
- Corporate standards and leadership
- External benchmarking (through the “*My InnerView*” benchmarking tool)
- Continuous process improvement/quality assessment/quality assurance
- Customer service and transparency (including The Green Sweep Program)

Suncoast Hospice of Hillsborough, LLC (CON application #10605) is a newly formed development stage Florida entity, with no quality of care history. However the applicant’s sister hospice program, Suncoast Hospice, is located in contiguous HSA 5B. Quality characteristics of Suncoast Hospice and/or the parent, Empath Health are:

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- Suncoast Hospice has more than a 40-year history in providing high quality hospice services to Pinellas County residents
- Empath Health, is one of only a handful of organizations nationwide to hold Joint Commission Accreditation and/or Certification inclusive of:
 - Hospice
 - Home Health
 - Community-based palliative care
 - Pharmacy
- Empath Health believes that the most fundamental responsibilities in delivering care is to ensure it is safe, effective and delivered with compassion
- Empath Health's Quality and Safety Strategy meets the Quality Assessment Process Improvement ("QAPI") and Quality Management/Utilization Review ("QM/UR") requirements of all regulatory and funding bodies for the programs of Empath Health, including, but not limited to:
 - Suncoast Hospice
 - Empath Home Health
 - Suncoast PACE
 - Empath Partners in Care
 - Empath Community Health Services
- In 2017, Empath Health made further commitment to improving its process improvement process by implementing Lean/Six Sigma
- Extensive awards/recognitions for Suncoast Hospice/Empath Health (since the 1980s to 2019)

Agency records indicate that Empath Health's hospice program in HSA 5B (Suncoast Hospice), had no substantiated complaints during the three-year period ending November 20, 2019.

VITAS Healthcare Corporation of Florida (CON application #10606) states having a 40-year history in providing high quality services nationwide and is the largest hospice provider in the country. VITAS is the largest single hospice provider in Florida with three licensed hospices serving 15 HSAs.

Other quality features/characteristics of VITAS include:
Nationwide - CY 2018:

- 85,095 patients served
- ADC of 17,743 patients
- 47 hospice programs in 14 states and DC
- 12,176 employees including 4,707 nurses
- 2,970 volunteers providing 244,064 volunteer hours

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In Florida - CY 2018:

- 36,033 patients served
- 3.3 million days of care
- 3.6 percent of patient days as continuous care
- ADC of 9,028
- 5,458 employees, 2,235 nurses
- 154 interdisciplinary teams
- 1,165 active volunteers
- 145,054 volunteer hours
- 24-hour clinical staff through the Telecare Program
- \$6.78 million in charity care

VITAS hospice single-objective focus:

- VITAS is 100 percent focused on hospice and palliative care which is the core of the entity's business
- Without other service lines competing for its attention, VITAS is able to provide programs that exceed state and federal requirements
- Many new VITAS hospice programs are accredited by the Joint Commission or CHAP as part of the Medicare certification process
- VITAS will provide similar services and quality initiatives/process/operations at HSA 6A

Agency records indicate that, in its 15 HSAs in which VITAS provides hospice services, as of the three-year period ending November 20, 2019, VITAS hospice affiliates had a total of 10 substantiated complaints.

Financial Feasibility/Availability of Funds:

Continuum Care of Hillsborough LLC (CON application #10601)

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602)

- 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

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Odyssey Healthcare of Marion County, LLC (CON application #10603)

- 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

PruittHealth Hospice – 6A, LLC (CON application #10604)

- Funding for this project should be available as needed
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated

Suncoast Hospice of Hillsborough, LLC (CON application #10605)

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible

VITAS Healthcare Corporation of Florida (CON application #10606)

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible

Strictly, from a financial perspective, **none** of the proposed co-batched HSA 6A hospice projects will have a material impact on price-based competition.

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.

Continuum Care of Hillsborough LLC (CON application #10601)

proposes total annual patient days, as follows:

- 0.5 percent self-pay (year one and year two)
- 2.0 percent Medicaid (year one and year two)
- 3.5 percent charity care (year one and year two)

The applicant offers no Medicaid and/or self-pay/charity condition.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10602) proposes total annual patient days, as follows:

- 1.5 percent self-pay (year one and year two)
- 5.0 percent Medicaid (year one and year two)

The applicant offers no Medicaid and/or self-pay/charity condition. However, Cornerstone offers the following other financial conditions:

- **Cooperation with Local Community Organizations**
Cornerstone commits to donate at least \$25,000 for four years to non-profit community organizations focused upon providing greater healthcare access, disease advocacy groups and professional associations located in Service Area 6A. These donations will be to assist with their core missions, which foster access to care, and in collaboration with Cornerstone to provide educational content on end-of-life care.
- **Separate Foundation Account**
Cornerstone Hospice will donate \$25,000 to a segregated account for Service Area 6A maintained and controlled by the Cornerstone Hospice Foundation. Additionally, all donations made to Cornerstone Hospice or the Foundation from Service Area 6A, or identified as a gift in honor of a patient served in the GA program, shall be maintained in this segregated account and only used for the benefit of patients and services in Service Area 6A, Hillsborough County. This account will be used to meet the special needs of patients in Hillsborough County which are not covered under the Medicare hospice benefit and cannot be met through insurance, private resources, or community organization services or programs.

Odyssey Healthcare of Marion County, LLC (CON application #10603) proposes total annual patient days, as follows:

- 1.4 percent self-pay (year one and year two)
- 2.6 percent Medicaid (year one and year two)
- 0.0 percent charity care (year one and year two)

Odyssey's Schedule C-Condition #16 indicates:

- 4.0 percent of the admissions will be Medicaid/Uncompensated

For both year one and two, the Medicaid and charity care, combined, reach 2.6 percent total annual patient days and the Medicaid and self-pay, combined, reach 4.0 percent total annual patient days. Notes to the applicant's Schedule 7A do not define charity care, self-pay or whether charity and self-pay are separate or synonymous project revenues.

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Odyssey's/Kindred's other financial conditions are as followings (by condition #):

- #4. Implementation of an educational outreach program to better serve the Hispanic, African American, and other underserved population groups identified by the program personnel in conjunction with community leaders. This will include a mobile hospice education team which will travel as appropriate to many of the following: community centers, health care facilities, churches, ALF meetings to provide hospice outreach and education. The outreach program will provide pamphlets, brochures and firsthand information about hospice services. The applicant is committing \$100,000 to this program.
- #15. Odyssey Healthcare of Marion County, LLC. commits to provide up to \$2,500 per employee and up to \$20,000 annually for tuition reimbursement for employees to continue education in hospice or end-of-life care. This includes tuition reimbursement for Odyssey Healthcare of Marion County, LLC. staff to obtain Hospice Certification, further enhancing the quality of care for hospice patients/residents, as well as supporting staff ability to advance professionally.

PruittHealth Hospice – 6A, LLC (CON application #10604) proposes total annual patient days, as follows:

- 2.4 percent self-pay (year one and year two)
- 4.4 percent Medicaid (year one and year two)

The applicant offers no Medicaid and/or self-pay/charity condition.

Suncoast Hospice of Hillsborough, LLC (CON application #10605) proposes total annual patient days, by percentage, as follows:

- 0.9 percent self-pay (year one and year two)
- 2.4 percent Medicaid (year one and year two)

The applicant offers no Medicaid and/or self-pay/charity condition.

SHH/Empath Health's other financial conditions are as followings (by condition #):

- #2. **Development of Ethnic Community-Specific Programming**
 - a. Suncoast Hospice of Hillsborough will allocate \$350,000 to purchase, equip and operate a dedicated vehicle to specifically conduct mobile outreach activities in Hillsborough County. The mobile care unit will be known as "Empath Mobile Access to Care".

- #3. **Development of Resources for Homeless and Low-Income Populations**
- a. Suncoast Hospice of Hillsborough will provide up to \$25,000 annually for five years to Metropolitan Ministries. The funding will assist Metropolitan Ministries in providing clinical support to enhance identification of homeless persons in Hillsborough County who are medically eligible for hospice care.
- #7. **Development of a Program to address Transportation Challenges for Rural Areas**
- a. Suncoast Hospice of Hillsborough will provide up to \$25,000 annually for the first five years of operation to fund programs to address transportation challenges in rural Hillsborough County.
- #9. **Dedicated Quality-of-Life Funds for Patients and Families**
- a. The applicant commits a minimum budget of \$1,200 annually per interdisciplinary team for the provision of quality-of-life funds for hospice patients and families. These funds are designated to assist with financial needs in order to provide a safe environment for patients or to provide meaningful end-of-life experiences.

VITAS Healthcare Corporation of Florida (CON application #10606)

proposes, total annual patient days, as follows:

- 0.0 percent self-pay (year one and year two)
- 17.0 percent Medicaid (year one and year two)

Notes to Schedule 7A indicate that for both year one and year two, charity care accounts of 1.1 percent and 1.0 percent, total annual patient days, respectively.

The applicant offers no Medicaid and/or self-pay/charity condition.

VITAS' other financial conditions are grants, as follows (by condition # and in applicable part):

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

- b. Partnership and Grant:** VITAS conditions this application on providing a grant to the Alzheimer's Association, Florida Gulf Coast Chapter to assist with support groups and education efforts that meet the emotional needs of area caregivers. The grant will total \$30,000 and will be distributed over the first two years of operations. The grant will be provided by VITAS or an affiliated entity.

5. Veterans Program

VITAS also conditions this application on providing \$30,000 to the Office of Veteran Success through the University of South Florida Foundation.

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

VITAS conditions this application on making a grant of up to \$20,000 to be distributed across two years to the Small ALF Coalition serving Subdistrict 6A.

15. Outreach and End of Life Education for 6A Residents Experiencing Homelessness, Food Insecurity and Limited Access to Healthcare

b. Partnership and Grant to Provide Housing Food

Assistance: VITAS conditions this application on making a grant of up to \$40,000 to the Salvation Army, \$50,000 to Metropolitan Ministries, and \$100,000 to the East Tampa Business and Civic Association or any other qualified organization for assisting individuals in Subdistrict 6A, to be distributed across two years. The grant will be provided by VITAS or an affiliated entity.

c. Partnership to Assist Migrant and Underserved

Communities: VITAS conditions this application on providing a grant of \$5,000 to be distributed during the first two years of operations to the Hispanic Services Coalition or similar qualified organization for promoting academics, healthy communities, and engagement of Latinos. The grants will be provided by VITAS or an affiliated entity.

17. Educational Grant

VITAS conditions this application on providing a grants to the University of South Florida Foundation including \$250,000 for Fellowships, scholarships, education, and workforce development; \$20,000 for diversity initiatives; and as noted above \$30,000 for the Office of Veterans Success over the first two years of operation. The grants will be provided by VITAS or an affiliated entity.

G. RECOMMENDATION

Approve CON #10605 to establish a new hospice program in Hospice Service Area 6A. The total project cost is \$703,005.

CONDITIONS:

1. Development of Disease-Specific Programming

- a. Suncoast Hospice of Hillsborough will deploy a heart failure program, known as Empath Cardiac CareConnections, for residents of Hillsborough County who are in late stages of disease and in need of hospice care.
- b. Suncoast Hospice of Hillsborough will develop disease-specific programming for Hillsborough patients suffering from Alzheimer's Disease, known as Empath Alzheimer's CareConnections.
 - Suncoast Hospice of Hillsborough will deploy a Music in Caregiving program for Hillsborough County hospice patients, including those suffering from Alzheimer's Disease.
- c. Suncoast Hospice of Hillsborough will deploy disease-specific programming for Hillsborough patients suffering from end stage pulmonary disease, known as Empath Pulmonary CareConnections.
 - Suncoast Hospice of Hillsborough will employ a Respiratory Therapist to be part of the Interdisciplinary Care Team for patients suffering from end-stage pulmonary disease.
 - Suncoast Hospice of Hillsborough will recruit a contract Pulmonologist to provide oversight of the Empath Pulmonary CareConnections Program.

Proposed Measure: This will be measured by annual reporting of disease specific patient volumes to AHCA.

2. Development of Ethnic Community-Specific Programming

- a. Suncoast Hospice of Hillsborough will allocate \$350,000 to purchase, equip and operate a dedicated vehicle to specifically conduct mobile outreach activities in Hillsborough County. The mobile care unit will be known as "Empath Mobile Access to Care".
- b. Suncoast Hospice of Hillsborough will deploy a mobile outreach unit ("Empath Mobile Access to Care") that will visit designated locations in Hillsborough County on a weekly basis to offer specialized programming and education seminars, Spanish-speaking care teams, Spanish language educational materials, caregiver support and Spanish language bereavement counseling and support groups.

Proposed Measure: This will be measured by reporting the expenditures of the funds for the vehicle as well as annual reporting of calendar/ schedule of activities for the mobile unit.

3. Development of Resources for Homeless and Low-Income Populations

- a. Suncoast Hospice of Hillsborough will provide up to \$25,000 annually for five years to Metropolitan Ministries. The funding will assist Metropolitan Ministries in providing clinical support to enhance identification of homeless persons in Hillsborough County who are medically eligible for hospice care.
- b. Suncoast Hospice of Hillsborough will develop a targeted hospice program with Metropolitan Ministries and others, that will enable its care teams to provide hospice services to patients where they reside, whether in an emergency shelter, safe haven, transitional housing or unsheltered locations.
- c. Suncoast Hospice of Hillsborough will develop a collaborative program with the Florida Department of Health - Hillsborough County that will assist Department of Health patients with advanced illness navigate the health care system, link them to the right level of care at the right time, and identify patients who are medically eligible for hospice earlier in their disease process.
- d. Suncoast Hospice of Hillsborough's mobile outreach unit (referenced in condition 2(a)) will be staffed by an LPN and BSW and will visit not only the DOH main campus in Tampa, but its satellite clinics throughout the county, as well.

Proposed Measure: This will be measured by reporting the expenditures of the funds and reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the program development is completed.

4. Development of a Specialized Veterans Program

- a. Suncoast Hospice of Hillsborough will develop a specialized veterans program in Hillsborough County. The program will focus on improving end-of-life care for veterans. Suncoast Hospice of Hillsborough Hospice will attempt to replicate the veterans program it has in Pinellas to the greatest extent possible. Suncoast Hospice of Hillsborough will utilize a dedicated Veterans Professional Relations Liaison to collaborate with the area's VA Hospitals and outpatient clinics, as well as Veteran Centers and other Veterans Service Organizations.
- b. Suncoast Hospice of Hillsborough will pursue We Honor Veterans Level 4 Partnership Certification within the first two years of operation in Hillsborough County.

- c. Suncoast Hospice of Hillsborough will implement veterans-specific programming through the Legacy Corps program. Suncoast Hospice is in the process of applying for a grant called Legacy Corps, which is a highly innovative program. Legacy Corps is a community-based caregiver support program by and for veterans of all wars and veteran/military families. Legacy Corps utilizes highly trained volunteers to provide a range of caregiver support services including in-home respite care, information, and linkages to other community support systems, hospital-to-home transition services, and other related services.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the programs. The reports will be semi-annual until the program development is completed.

5. Development of a Specialized Pediatric Hospice Program in Hillsborough County

- a. Suncoast Hospice of Hillsborough will develop a Children's Community Program in Hillsborough County including Pediatric Hospice, a perinatal loss doula program, and a Partners in Care (PIC) program.
- b. The Pediatric Hospice program will offer an expanded hospice benefit for patients up to age 21, including care from a specialized pediatric staff.
- c. Additional programs will focus on longer term services for patients who may not otherwise qualify for hospice such as those with development conditions, cancers, chronic illnesses, or brain injury that shorten lives and place special demands on families.
- d. After year one and as the census of pediatric hospice and PIC patients increase, Suncoast Hospice of Hillsborough will hire dedicated staff to constitute a second children's program interdisciplinary team within Empath Health (one dedicated to Pinellas County and the second dedicated to Hillsborough County).

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the program development is completed.

6. Development of a Continuum of Care Navigation Program

- a. Suncoast Hospice of Hillsborough will deploy telehealth technology within the proposed mobile outreach unit, in order to link the LPN and BSW staffing the unit to Empath Health's

care navigators and other resources in the community and enhance the care navigation function they will provide.

- b. Suncoast Hospice of Hillsborough will recruit four Community Partnership Specialists over the first two years of operation to provide outreach to the community and to build a network of community partners in order to enhance continuum of care navigation.
 - The applicant will recruit two staff members in year one and two staff members in year two.
- c. Suncoast Hospice of Hillsborough will recruit six Professional Liaisons over the first two years of operation to provide outreach to clinical partners in order to develop a network of clinical resources to enhance continuum of care navigation.
 - The applicant will recruit three staff members in year one and three staff members in year two.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the program development is completed.

7. Development of a Program to address Transportation Challenges for Rural Areas

- a. Suncoast Hospice of Hillsborough will provide up to \$25,000 annually for the first five years of operation to fund programs to address transportation challenges in rural Hillsborough County.
- b. Provide transportation vouchers (bus passes) via the area's HART (Hillsborough Area Rapid Transit) for families, friends and caregivers of patients who are in hospice care with Suncoast or have passed away.
- c. Provide transportation vouchers (bus passes) via HART for patients who are identified through the mobile unit's collaboration with the Florida Department of Health - Hillsborough County as having chronic or advanced illness.
- d. Provide bilingual Mindful Meditation phone support, to allow caregivers to call and listen to a pre-recorded guided meditation, as well as a live call-in option.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the program development is completed.

8. Interdisciplinary Palliative Care Consult Partnerships

- a. Suncoast Hospice of Hillsborough will offer hospitals, ALFs, SNFs and Physician Groups in Hillsborough County the opportunity to partner with Empath Health in the provision of interdisciplinary palliative care consult services - both inpatient and community-based.

Proposed Measure: This will be measured by an annual report after the first year, presented to AHCA detailing the progress of the development of the palliative consult service teams in Hillsborough.

9. Dedicated Quality-of-Life Funds for Patients and Families

- a. The applicant commits a minimum budget of \$1,200 annually per interdisciplinary team for the provision of quality-of-life funds for hospice patients and families. These funds are designated to assist with financial needs in order to provide a safe environment for patients or to provide meaningful end-of-life experiences.

Proposed Measure: This will be measured through reporting quality-of-life fund results and uses annually to AHCA for the first two years of operation.

10. Development of a Community Advisory Committee

- a. Suncoast Hospice of Hillsborough will develop, in year one, a Community Advisory Committee to be comprised of residents reflective of the community. The purpose of the committee is to provide input, feedback and recommendations about the needs of the Hillsborough County community which will be used in future program development.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the Community Advisory Committee. The reports will be semi-annual until the committee development is completed.

11. Development of a Physician/Provider Advisory Committee

- a. Suncoast Hospice of Hillsborough will develop, in year one, a Physician/Provider Advisory Committee to be comprised of local physicians, discharge planners and other clinical partners in Hillsborough County. The purpose of the committee is to assist in program oversight and new program development, and to develop strategies to increase awareness and utilization of hospice services for patients nearing the end-of-life.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the Physician/Provider Advisory Committee. The reports will be semiannual until the committee development is completed.

12. Development of a Family Advisory Council

- a. Suncoast Hospice of Hillsborough will develop, in year one, a Family Advisory Council to be comprised of family members of patients of Suncoast Hospice of Hillsborough who have passed away. The purpose of the committee is to provide a mechanism by which family members can provide feedback to Suncoast regarding the caregiving process and assist in assessment/improvement of current programs from the patient and family standpoint, as well as development of new programs that will aid both the patient and family during the hospice care episode and beyond.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the Family Advisory Council. The reports will be semi-annual until the council development is completed.

13. Development of an Interfaith Community Advisory Council

- a. Suncoast Hospice of Hillsborough will develop, in year one, an Interfaith Community Advisory Council, that will include clergy and lay representatives from a wide variety of religious and cultural groups. The goal of the Council will be to communicate community needs and offer cultural and religious perspectives, promote spiritual and community engagement, increase collaboration between faith communities and Suncoast Hospice and educate the community on Suncoast Hospice of Hillsborough programs and services.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the Interfaith Community Advisory Council. The reports will be semi-annual until the committee development is completed.

14. Implementation of Open Access Model of Care

- a. Suncoast Hospice of Hillsborough will accept patients into hospice who are still receiving complex medical treatments, or who are still working through difficult end-of-life conversations and situations, in order to give earlier access to palliative care and hospice support. Eligible patients include:
 - Patients with a terminal illness who are felt to have six months or less to live and who want to receive the kind of palliative and supportive care only Suncoast Hospice can give.
 - Patients who continue to receive medical treatments as part of their Goals of Care.
 - Patients with complex psychosocial needs who are still working through difficult end-of-life conversations and situations.

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- Patients on ventilator support who have made the decision to stop assisted ventilation.
- Pediatric patients utilizing Medicaid reimbursement who may continue chronic care treatment while simultaneously accessing hospice care.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the program development is completed.

15. SAGECare Platinum Level Certification

- a. Suncoast Hospice of Hillsborough will achieve SAGECare Platinum Level Certification in the first year of operation. SAGE is a deeply skilled and highly trusted national organization dedicated to improving the lives of LGBTQ elders. The SAGE Care Platinum Level Credential will help show in even more ways that Suncoast Hospice is of open minds, pioneering hearts, brave spirits, and healing presence, and shows that not only are all welcome at Suncoast, but that they will be provided with dignified and highly-specialized care.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the certification is achieved.

16. Jewish Hospice Certification

- a. Suncoast Hospice of Hillsborough will achieve Jewish Hospice Certification through the National Institute for Jewish Hospice by the end of year one. This specialized certification program will be extended each year through a variety of training and education programs. Each year, the trainings cover a variety of topics related to Jewish heritage, Jewish bioethics, and death and dying from the Jewish perspective.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until certification is achieved.

17. Joint Commission Accreditation:

- a. Suncoast Hospice of Hillsborough will achieve Joint Commission Accreditation by the end of year two. The applicant's parent company, Empath Health's community-based palliative care services (those available in homes and long-term care facilities) are currently certified by the Joint Commission. Suncoast Hospice's Pinellas County program is

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one of only a handful of hospices nationwide to hold Joint Commission Accreditation and/or Certification for hospice, home health, community-based palliative care and pharmacy programs.

Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be semi-annual until the certification is achieved.

18. Provision of Value-Added Services Beyond the Medicare Hospice Benefit:

a. Suncoast Hospice of Hillsborough will provide numerous programs and services that are outside the scope of the Medicare Hospice Benefit, including:

- Integrative Medicine Clinic
- Palliative Arts
- Music in Caregiving Program
- Let There Be Music Program
- Pet Peace of Mind
- Pet Therapy
- Specialized Bereavement Programs
- Caregiver Coffee Breaks
- Patient Tuck-In Calls
- Transitions Volunteer Program
- Teen Volunteer Program
- Wound, Ostomy and Continence Nurse Program
- Specialized Infusion Services
- Clinical Pharmacy Consultations
- Dr. Direct Program

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the implementation of the programs.

19. Limited Fundraising in Hillsborough County:

a. Suncoast Hospice of Hillsborough proposes to limit its fundraising efforts in Hillsborough County to memorial gifts on behalf of Suncoast patients who have died.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing funds raised in Hillsborough County.

Deny CON #10601, CON #10602, CON #10603, CON #10604 and CON #10606.

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