

STATE AGENCY ACTION REPORT
ON APPLICATIONS FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Continuum Care of Sarasota LLC/CON application #10607

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

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

2. Service District/Subdistrict

Hospice Service Area 8D – Sarasota County

B. PUBLIC HEARING

A public hearing was requested on behalf of Tidewell Hospice Inc., and was held at 1:00 P.M. to 2:50 P.M. Eastern Standard Time (EST), on Wednesday, January 8, 2020 at the Health Planning Council of Southwest Florida, Inc. (HPCSF), in Meeting Room #159 of the *Shannon Staub Library*, 4675 Career Lane, North Port, Florida 34289.

Mr. Brian T. Hemmert, HPCSF's Chief Executive Officer, opened the proceedings at 1:00 P.M. EST, on January 8, 2020. Mr. Hemmert addressed the body and outlined the Rules of Order for the hearing. Speaking first were the supporters of Continuum Care's project.

Geoffrey D. Smith Esq., of Smith and Associates, representing Continuum Care of Sarasota LLC, commented that "time has come in Sarasota County to have a choice in end-of-life care and hospice care, where choice has not existed." He stated that it is not the purpose of the hearing to prove the quality of a hospice provider; instead, the purpose of the hearing is the correct execution of existing Florida Statutes, administrative code and regulation to bring choice of end-of-life care providers in Sarasota County. He stated that, "The need for having a choice is something that is very simple to understand." He pointed out that the quality of Tidewell's & Continuum Cares end-of-life care as a hospice provider is irrelevant to this point, the potential for choice among more than one provider is of concern. He indicated, "That's why Florida

statutes... speak specifically to hospice... the formula on which certificate of need is based... shall discourage regional monopolies and promote competition.” He contended, “Does the current provider have a regional monopoly? Well certainly in Sarasota County... they [Tidewell] are the only provider.” Tidewell is the sole hospice provider in Manatee County (SA 6C) and Charlotte & DeSoto Counties (SA 8A). He maintained, “That is why Continuum has stepped forward to say the time is now to provide patients, their families, their physicians, other members of their healthcare-provider team with an option... with a choice.”

He indicated that Continuum Care provides services and methods of delivery that the Tidewell does not offer. “As a regulatory healthcare attorney, one thing that strikes me about this situation is... having a monopoly is that the regulations and statutes seem to speak so clearly against it” he pointed out. He cited Section 408.043(1), Florida Statutes that discourages regional monopolies, specific to hospice services. He further cited Section 408.035(1)(g), Florida Statutes and said, “One of the criteria is ‘the extent to which a proposal will foster competition and promotes quality cost-effectiveness’... In Sarasota, you’ll go from having no competition to having an alternative.” He asserted that the notion of Medicare and Medicaid regulation is to offer choices to the patient regarding their healthcare. He cited Medicaid regulation concerning an Adequate Service Network, explicitly for hospice states, “there shall be at least two providers serving in each county or region.”

Casey Cuthbert-Allman, Executive Program Director - Continuum Care Hospice of Massachusetts and New Hampshire, asserted that it is possible to offer high quality hospice care from another provider in Sarasota County that will provide competition and a wider choice of services. She asserted that some families may opt for no hospice services simply because they do not like the services offered by the only hospice in the region, and competition from other providers, by offering other choices for care and delivery of services, helps to meet this need for healthcare; she stated “when there is only one option... people can get excluded.” She reiterated Geoffrey Smith’s assertion that Medicare and Medicaid regulations are designed to promote choices to the patient concerning their healthcare, and that this enhances quality of life at the end-of-life.

Lauren Borowsky, Health Planner, National Healthcare Associates Inc., spoke on behalf of the applicant. She asserted that Tidewell operates a four-county regional monopoly that adversely affects the healthcare choices of patients within SA 8D, 8A & 6C. She reaffirmed Casey Cuthbert-Allman’s assertion that some families may opt for no hospice services simply because they do not like the services offered by the only

hospice in the region and further asserted TWD's primary model of services could break the continuity of care and cause unserved populations.

She indicated that the admitting/discharging of patients across county lines within Tidewell's hospice program, based on hospice houses, could break the continuity of care. She asserted that this pattern of admitting/discharging of patients to and from hospice houses causes a distortion within the data-set submitted to AHCA for calculating for the service area's need. She maintained this distortion artificially suppresses the demand for services, which is the basis for need projection by the Agency. She stated that the Medicare claims data-set for the SA is a more accurate way to calculate the fixed need due to Tidewell's artificially distorted admittance and discharge numbers. Ms. Borowsky concluded that using the Medicare claims data-set to calculate demand present within SA 8D supports the assertion that there is need for an additional hospice program provider in SA 8D.

Shauni-lee Medeiros RN, CCH's Director of Business Development, spoke next and reaffirmed Casey Cuthbert-Allman's assertion that families may opt for no hospice services simply because they do not like the services offered by the only hospice in the region, and competition from other providers offering other choices for care and delivery of services, helps to support need for another hospice provider. She indicated that there is "overwhelming local support" for the applicant's presence in SA 8D. She stated there is need for "contrasting and competing" hospice program services in SA 8D. Ms. Medeiros indicated that CCH would respond to a request for hospice services within 24 hours of the patient, family member and/or representative's initial contact. She noted various programs CCH would offer to SA 8D.

Jamie Miller, resident of Sarasota County, spoke on behalf of the applicant. He stated personal and anecdotal evidence arguing against monopolies.

Shad Haston Esq., Partner of Ullman Bursa Law of Tampa, Florida and affiliated with the Florida Assisted Living Association, stated his agreement with the remarks of the previous speakers at the hearing. Mr. Haston maintained that SA 8D needs additional choices for hospice care to promote competition and enhance options for palliative services.

Jonathan Fleece Esq., President & CEO of Tidewell & Stratum Health System, spoke in opposition of the applicant. He indicated that there is "strong local support" for Tidewell's presence in SA 8D. He noted the submitted supplementary documents showing Tidewell's Sarasota County SA map showing the "scope and scale of Tidewell's coverage."

He pointed out Tidewell's many charity, volunteer and community service activities. He pointed out over 100 letters of support for Tidewell that are included with the supplementary documentation. He noted the absence of need in SA 8D, as shown by AHCA Florida Need Projections for Hospice Programs, published October 2019 for the January 2021 Hospice Planning Horizon.

Mr. Fleece stated that Tidewell's enhanced patient services that are offered freely would suffer under economic hardship under the competition proposed by Continuum Care. Services cited include grief education & support, transitions programs and complementary services such as horticultural, art, music, humor, pet, heat, and drone-based virtual-reality therapies, as well as robotic steel comfort care. He asserted that the Level 5 Honors Veterans' program, Children's Partners in Care Program and Nurse-Residency Training program would be adversely effected by competition in SA 8D.

He contended that if Continuum Care's application were approved Tidewell would incur a contribution margin loss of \$1,500,000 annually that could potentially put Tidewell's operational margin below three percent, which could cause Tidewell to cut enhanced patient services. He contested the applicant's assertion that Tidewell has caused a distortion of data reported to AHCA by moving patients' from one SA to another causing inflated admissions/discharges; he asserted patients are only moved resulting from healthcare-related reasons or informed patient preference. He asserted that patients are not placed into hospice houses against their wishes; he maintained patients are only moved resulting from healthcare-related reasons or informed patient preference. He asserted that Tidewell does not admit patients only during business hours; he pointed out data contained in supplementary documents that supports 25 percent of admissions occur after business hours and 20 percent occur on weekends. He asserted that Tidewell is committed to recruiting and retaining trained and experienced staff.

Armand Balsano, Health Planner for Tidewell Hospice, Inc., spoke in opposition of the applicant. He noted the fixed need pool calculations in the AHCA Florida Need Projections for Hospice Programs, published October 2019 for the January 2021 Hospice Planning Horizon shows a net need of zero. He asserted that because the published net need is zero, there are no unserved populations in SA 8D. He noted that the gross need published by ACHA for the current planning horizon is for 4,311 patients. He pointed out that Tidewell reported that it served 4,410 patients for this same timeframe. He contended that since the reported patients by Tidewell are greater than the gross need, there is a "negative net need for Sarasota, SA 8D" of negative 99 patients; he noted the threshold for indicating a fixed need is positive 350 patients.

He asserted, “The current volume of patients served by Tidewell exceeds the projected number of patients that we needed to serve in the year 2021 by 99 patients.” He indicated that from July of 2014 to June of 2019, Tidewell had an increase of 857 patients or 24 percent. He pointed out that the applicant did not identify an underserved population in CON application #10607. He noted that the Florida Administrative code, nor Florida statutes prohibit a regional monopoly. He pointed out that there are six SA’s that have a monopoly in Florida. He reaffirmed Jonathan Fleece’s assertion that no patient is moved without informed patient consent. He commented, “Applicable determination of a patient’s choice for end of hospice care provided in a hospice house setting should not be second-guessed by a SNF or ALF provider.” He asserted that the applicant should have filed a need pool challenge rather than a CON application if there was distortion of data reported to AHCA.

Heidi Brown, President & CEO of the Jewish Family and Children’s Service of the Suncoast, Inc., spoke on behalf of Tidewell. She stated personal and anecdotal evidence supporting Tidewell’s quality of hospice care.

Jeff L. Frehn Esq., Attorney – Radey, Attorneys & Counselors at Law, representing Tidewell, cited volumes one and two of supplementary documents submitted by Tidewell. Volume one contains a letter with five exhibits including the written letters of support referenced in the hearing and a video of a hospice house, and volume two contains a summary of the oral arguments made in the hearing by Tidewell.

Rebuttal:

Geoffrey D. Smith Esq. indicates that Tidewell is reacting to the CON application #10607 out of “fear of losing that monopoly position.” He pointed out that three of the six counties referenced by Armand Balsano that contain a monopoly presence are occupied by Tidewell. He asserted that the only regional hospice monopoly in the State of Florida with multiple contiguous SA’s is Tidewell. He asserted that this monopoly is in opposition to Medicaid regulations, Florida Statutes and Florida Administrative Code. He asserted, “The fact that the Agency can grant a waiver because there doesn’t exist another choice is not a reason to say: ‘let’s not have another choice.’ The reason for that regulation is the recognition that people, patients, families... ought to be entitled to select the hospice that meets their needs.”

Ms. Cuthbert-Allman spoke next and refuted the assertion of Jonathan Fleece concerning the economic harm that Continuum Care would cause to Tidewell’s “enhanced programs”. She stated “I wanted to address something that was in the letter [from Tidewell] requesting this hearing,

but it was also reiterated here that ... If another hospice comes in, you [Tidewell] would lose enough revenue that you would really question whether or not you could hold on to your 'specialty programs'. I'm in awe of the fact that... that is even on the table! Those specialty programs were created by this hospice [Tidewell] and started years ago when your revenue was less than it is now.

The fact that you [Tidewell] would threaten this community [Sarasota] with... holding them hostage that you're going to cut them, because another hospice may come in and take three percent of your business is shameful to me. I'm looking... two, three ... four years ago... when I was looking for your [IRS Form] 990's¹... I noticed a few years back that... \$132,000,000 was transferred from Tidewell to something called Stratum Health Systems, which it turns out, is the parent company for all of Tidewell and a variety of a whole other programs and services that you [Jonathan Fleece a/k/a President & CEO of Tidewell & Stratum Health Services] own. \$132,000,000 in assets, including \$32,000,000 in real estate... and that was what? Four? Three years ago? ... And the fact that you [Jonathan Fleece] put on the public Record that you might have to give up the services for your veterans?... or give up your music therapists?... or give up... pet therapy? Because another hospice would come in here makes me angry! Because I can do those programs with a census of 300 in Massachusetts. You should be able to do those programs with a census of 4,000." She further contended, "And to hold them hostage... and to say that if you let someone else in here well... we might not be able to do a good job anymore, or provide those programs that... we have." She maintains, "It's not fair to the citizens of Sarasota's intelligence... that allowing a second hospice to come in here would somehow debunk Tidewell. That's not fair!"

She stated, "I want it to go on the record because I really want AHCA to consider the CON [application #10607] and Continuum Care. I want them [the Agency] to open the gates so that other people have the opportunity. The fact that somebody's going to lose a pet therapy because another hospice comes in here ... is not fair, and it just insults the intelligence of us all." She pointed out, "... But you put it on the record, and so I just decided that maybe at this point we'll be looking closer at the [IRS Form] 990's... and maybe we should look at them for Stratum Health Systems as well."

¹ Internal Revenue Service Form 990 is an annual information return that most non-profit organizations claiming federal tax-exempt "501(c)(3)" status must file that states the organization's investment income, total revenue, grants, benefits, salaries, compensation, expenses, assets, liabilities and net fluid balances.

Lauren Borowsky noted comparing Tidewell with Continuum Care's net income as a percent of Tidewell's total support & Tidewell's compensation from the IRS Form 990. She reaffirmed the statement made by Ms. Cuthbert-Allman refuting the assertion of Jonathan Fleece concerning the economic harm that Continuum Care would cause to Tidewell's "enhanced programs." Ms. Borowsky stated that by examining "Continuum Care net income projected for year two of operations as a percent of Tidewell's total support that they received in fiscal year 2017 for their most recent [IRS Form] 990, Tidewell is making \$6,200,000 a year for the past five years... \$34,500,000... that's a lot of money, and we're [Continuum Care] coming in and our projected net income in year two is about \$226,000. That represents only 3.6 percent of everything that Tidewell made in fiscal year 2017. ... The impact is very little... Assuming you all had 100 percent of our volume came from Tidewell; it's a drop in the bucket." She asserted that, "all of the special programs that would have to be scaled back if we're approved and come into this market... The CEO of Tidewell's... compensation was \$675,000 last year... in fiscal year 2017... there is wiggle room there to make sure that those 'enhanced programs' are never terminated." She asserted, "Competition is necessary and choice is demanded by the residents in this community."

She maintained, "The 4,410 admissions reported to AHCA... Mr. [Armand] Balsano... spoke of the patients admitted to [Tidewell] in Manatee [County] but then discharged back to Sarasota [County]... This patient was still counted twice... counted once for the Manatee program and once for the Sarasota program. That is still a double count for Tidewell. ... While I made the point of readmissions and shuffling patients, the attack wasn't to impugn the integrity of Tidewell, but it's just demonstrating that patients are in fact moved over county lines and then counted and re-counted whatever the intent was for the patient."

Lori Brosseau RN, Director of Education at Home Instead South Sarasota County spoke on behalf of the applicant. She stated personal and anecdotal evidence arguing against monopolies. Ms. Brosseau spoke last as she was late for the hearing.

Closing of the public Hearing:

Mr. Brian T. Hemmert addressed the body and asked if anyone else wished to address the hearing; no one answered this summons. He then called the hearing to a close at 2:50 P.M. EST, January 8, 2020.

Supplementary documentation presented at the public hearing contain multiple exhibits with additional data and information concerning the following:

- Continuum Care Supporting Documents
 - Florida hospice statutes addressing Not Normal & Special circumstances (section 408.043, Florida Statutes)
 - Statute and administrative code for Medicaid Long-term Care (LTC)
 - Definition
 - Eligibility Requirements
 - Required Enrollee Services
 - Coverage and Authorization
 - Grievance Provisions
 - Adequacy Standards
 - Quality Standards
 - Administration and Management
 - Payment Procedures
 - Financial Requirements
 - Reporting Requirements
 - Financial summaries regarding Tidewell compensation citing IRS Form 990 for the Calendar Years (CY) 2016 and 2017
 - Total program funding support comparison for CYs 2016 and 2017

- Tidewell’s Supporting Documents & Oral Arguments
 - Background Information
 - Adverse Impact
 - Continuum Care Criticisms
 - Manipulation of Admissions
 - Hospice Houses
 - Admissions After Hours/Weekends
 - Staffing Ratios
 - Letter of Support from Bayfront Health Port Charlotte for Continuum Care²
 - Geographic map of Sarasota area, SA 8D
 - Tidewell Opposition
 - Need Projections
 - Patients Served
 - Net Hospice Need in SA 8D
 - Not Normal & Special Circumstances
 - Regional Monopoly
 - Model of Care
 - Admissions/Re-admissions
 - SMMC Requires ‘Hospice Choice’
 - Lack of Competition – Community Response
 - Letter of Support from Ms. Brown, CEO of the Jewish Family and Children’s Services of the Suncoast

² Tidewell includes this letter to support its contention that it is in fact serving Sarasota County residents who were discharged from hospitals in adjacent counties and not “shuffling patients” to increase its admission numbers.

- Video of Blue Butterfly Hospice House
- Tidewell's Attorney Documents
 - Introduction
 - Tidewell's Commitment – No Need by ACH's Rule
 - Applicant Fails to Meet ACHA's Need Threshold
 - Tidewell's Alleged Regional Monopoly
 - Lack of Competition
 - Competition Criteria
 - Choice and Tidewell's Model of Care
 - Numeric Need Overstatement
 - MMC/Plan Network Adequacy
 - Conclusion ('Deny' CON application #10607)
- Tidewell Letters of Support include
 - Hospitals – eight letters from representatives of five hospitals - Sarasota Memorial (3), Venice Regional Bayfront Health (2) and Doctors Hospital of Sarasota (1) one Charlotte County and one Manatee County hospital. Specific to HSA 8D, two oppose having two hospices in the service area - David Verinder, President and CEO of Sarasota Memorial Healthcare System writes he does “not support the entry of another hospice provider” and Karen Fordham CEO, Venice Regional Bayfront Health writes “I encourage you to reject the application of Continuum Care”.
 - Physicians – 13
 - ALFs – nine
 - SNFs – two and Aviva Senior Living, a retirement community
 - Community Professionals – 16
 - Tidewell's labelled 'Politicians' tab – included general letters of support from Representative Vern Buchanan, U.S. House of Representatives, Senator Bill Galvano, President of the Florida Senate and Margaret Good, State Representative, District 72
 - Tidewell Board Members – 11
 - Volunteers – 41
- Tidewell's Fixed Need Projections for 10/2019
- Florida Court Cases
 - DOAH Case #10-1605CON & AHCA Case #2010003085
 - DOAH Case #s 10-1605CON, 10-1862CON & 10-1863CON
 - DOAH Case #15-2005CON & AHCA Case #2015002670
 - DOAH Case #00-3203CON/00-3205CON & AHCA CON # 9311
 - DOAH Case #00-3203CON & 00-3205CON

Jeff L. Frehn Esq., Attorney – Radey, Attorneys & Counselors at Law, representing Tidewell submitted a 14-page letter in opposition to Continuum Care's proposal which contains the cases cited above. He indicates that:

- There is no published need and the applicant does not demonstrate the two special circumstances for approval in administrative rule are met
- Tidewell's 'special programs' seven of them could be negatively impacted
- The fixed need being zero requires denial of the application
- Tidewell isn't a regional monopoly and a regional monopoly is still "not a basis for disregarding the fixed need pool" as the need formula should only discourage such
- Lack of competition is not a special circumstance for approval
- Choice/Tidewell's "Hospice Model of Care" and lack of choice does not qualify as a "not normal and special circumstance"
- Tidewell's admission counting is legally irrelevant as this is a fixed need pool challenge issue
- Medicaid Managed Care/Plan Network Adequacy – there being only one hospice doesn't matter because it is not required by statute and the plans get a waiver to the contact provisions

Letters of Support

Continuum Care of Sarasota LLC (CON application #10607) provides a large number of letters of support (Volume 1, Tab 2, Pages 50-82 and Tab 5 of the application, respectively). These support letters recommend the application and are from health organizations, social service organizations, businesses, other entities and personal testimonials, largely within but in some cases outside SA 8D. The applicant divides its letters of support into the following categories:

- Hospitals – three letters
- Skilled Nursing Facilities (SNFs) – seven letters
- Assisted Living Facilities (ALFs) – 14 letters
- Other Healthcare Organizations/Providers – 15 letters
- Key Community and Business Leaders – five letters
- Virtual Reality & Equine Therapy Partners – two letters
- Existing Continuum Relationship Supporters – five letters
- Patient/Family Testimonials – nine letters

A comprehensive list of support letters, with selected excerpts is located in CON application #10607, Volume 1, Tab 2, Pages 49 - 82. The complete letters are found in CON application #10607, Volume 1, Tab 5.

The reviewer notes the explicitly provided excerpts from the applicant's letters of support included as part of the corroborating evidence for the proposed assertion of Not Normal & Special Circumstances existing in

Sarasota County, Florida (SA 8D). These citations were presented by the applicant are reproduced in the applicable portions of this report; the remaining quotations from Schedule B, Tab 2, Pages 50-82 are stated below:

Timothy Cerullo, Market Chief Executive Officer, Bayfront Health Port Charlotte and Bayfront Health Punta Gorda (Hospice Service Area 8A - Charlotte County) "... During calendar year 2018, 13.6 percent of patients served at Bayfront Health Port Charlotte and 6.1 percent of Bayfront Health Punta Gorda's patients were from Sarasota County. Currently, both Charlotte County and Sarasota County have only one hospice provider, Tidewell Hospice. In fact, Tidewell is the only provider for four counties, Manatee, Sarasota, Charlotte and Desoto Counties. It is highly unusual for there to be no choice in hospice providers.

We look forward to working with Continuum Care Hospice upon their approval. Please accept our support for Continuum Care Hospice as another choice in hospice services for residents in Sarasota County."

Skilled Nursing Facilities

Elaine Boyer, Administrator/Executive Director, Consulate Health Care of Sarasota states "The single most important feature that residents appreciate when it comes to any type of post-acute care, physicians, and programming, is choice. Seniors should be able to choose which providers and programs care for them and their loved ones each step of the way.... Choice will cultivate competition thereby enhancing the quality of care to Sarasota County residents. ..."

Julie Prins, Director of Health Services, The Glenridge on Palmer Ranch in Sarasota, Florida. Our retirement community has independent living as well as a 60-bed assisted living facility and a 61-bed skilled nursing facility. As the Administrator for our assisted and skilled nursing facilities, I can attest to the need for a choice in hospice programs for our terminally-ill residents. My residents do not have a choice in hospice providers and lack of competition can ultimately impact the quality of hospice care residents receive. While the current hospice provider is a vital community partner, healthy competition only fosters quality and cost effectiveness. Our community and our broader county have grown remarkably in recent years, and we must have a second quality hospice operator ..."

Kristy Tolley, Executive Director, ManorCare Health Services – Sarasota writes "The single most important feature that residents appreciate when it comes to any type of post-acute care, physicians, and programming, is choice...I recently connected with representatives of Continuum Care Hospice. I was so impressed by their Service intense Hospice care model,

which undoubtedly would allow for consistency and ease of communication between our team and theirs... Most important.. all residents requiring Hospice admission, will be seen by a representative for Continuum Care Hospice in two hours or less. This will certainly lead to a more positive outcome. I am very excited for the residents of Sarasota, that they will hopefully soon have a choice in hospice programs. ”

John Richards, Administrator, Hawthorne Village Healthcare and Rehabilitation - “...As a nursing home provider in Sarasota, I can attest to the need for an additional choice in hospice providers for our terminally-ill residents... Our county does not have the hospice support we need. We currently have just one hospice provider licensed to serve our entire county and while I have no major complaints, keeping up and being sure to communicate seems to be a problem at times. We welcome the opportunity to coordinate with Continuum Care Hospice for the care of our terminally-ill residents should they be awarded a CON, including offering their hospice services in our facility. Given Continuum’s unique programming and experience in other markets with minority populations, they will be a good fit in our community.”

Nicole Verdon, Executive Director, Heartland Health Care Center- North Sarasota - “...An additional choice will promote greater competition which will only promote improved quality care. Our county does not have the hospice support we need. We currently have only one hospice provider licensed to serve our entire county. This dynamic allows for service breakdowns, mediocre quality, and a lack of choice, which patients and families should have at the end-of-life... Continuum’s other programming that will be available in Sarasota County is also unique and exciting such as its Music Therapy Program and Virtual Reality Program. I am eager for our residents to benefit from these quality enhancements. We welcome the opportunity to coordinate with Continuum Care Hospice for the care of our terminally-ill residents should they be awarded a CON, including offering their hospice services in our facility.”

Amanda Harrison, Vice President of Business Development, Pines of Sarasota Rehabilitation & Senior Care Community --“...I am often working and speaking with patients and their families throughout the continuum of their healthcare journey. The single most important feature that residents appreciate when it comes to any type of post-acute care, physicians, and programming, is choice. Seniors should be able to choose which providers and programs care for them and their loved ones each step of the way. I am surprised that Sarasota County, Florida, a county with such an exorbitant retiree population, does not have a choice in hospice programs. One hospice provider could never properly

serve all of the needs of those who require end-of-life care. Residents of Sarasota County should have a second hospice provider which will allow residents to make their own choice when it comes to hospice care ...”

Melanie Manney, APRN, NHA, Administrator, Pines of Sarasota Rehabilitation & Senior Care Community - “.I recently connected with representatives of Continuum Care Hospice.. (and)was so impressed by their Service intense Hospice care model, which undoubtedly would allow for consistency and ease of communication between our team and theirs....Of most important note, all residents requiring Hospice admission, will be seen by a representative for Continuum Care Hospice in two hours or less. This will certainly lead to a more positive outcome.”

Kimberly Pero, RN, MSN, Regional VP of Operations, Sunset Lake Health and Rehabilitation Center (Greystone Healthcare Management) states she “has worked in healthcare communities for 20 plus years, worked with many hospice providers... but I have not seen any other region with only one option for a hospice provider. In a community this size, with an over 35 percent senior population, I think it is essential that we are offering a choice in provider during this very intimate and difficult stage in one’s life and healthcare. Continuum Care Hospice.. has an “array of clinical and evidenced-based programming which are unique, as well as innovative” programming such as virtual reality which assists “the terminally ill patient in experiencing life review by virtually visiting memorable places that were significant to their life experiences, reconnecting with family and in making new memories”. She cites CCH’s “Equine-Assisted Healing Program which allows patients to experience the strong connection between horses and humans and the healing that occurs, through visits facilitated by a trained professional”. Music Therapy Program to include a full-time, on staff Music Therapist.

Assisted Living Facilities

Beverly Reinhard, LPN, Brookdale Sarasota Midtown “I am a Licensed Practical Nurse at Brookdale Sarasota Midtown. We are a 120-bed assisted living facility within Sarasota, proximate to Sarasota Memorial Hospital. I have been working at Brookdale Sarasota Midtown for nine years since I relocated from Georgia. I have worked with Tidewell Hospice in our facility for the past nine years and I can say that, overall, I am unhappy with their end-of-life philosophy. Tidewell Hospice continues non-essential medications when their patients (our residents) are dying. Additionally, because they are understaffed, they struggle to provide excellent care...”

Maggie Mikesell, Director of Resident Care, HarborChase of Sarasota... I am also a Registered Nurse. Harborchase is a 108-bed assisted living community ...Our County will benefit from a second hospice provider

since choice is a fundamental criterion in providing healthcare services to a community. ... While we historically had a positive working relationship with Tidewell Hospice, there has been some significant service breakdowns with Tidewell, affecting our residents. There has been a very poor response time likely because they are understaffed which affects the quality of care they can provide our residents. We have had challenges getting a Tidewell Hospice aide to assist our residents on their service with showering. There is a lack of communication and a lack of collaboration. Additionally, it takes a lengthy amount of time to receive durable medical equipment for our residents on their service, and typically when it does arrive, it does not meet the patient needs. Perhaps much of the challenges with Tidewell Hospice stem from being understaffed but these problems are creating bigger problems. For example, this past weekend one of our residents on Tidewell's service had an unattended death because Tidewell failed to arrive until the patient had passed more than an hour prior. We desperately need a second hospice program so that our residents can make a choice when it comes to end-of-life care. Continuum Care, I learned aside from the traditional end-of-life care... Continuum will offer its Equine-Facilitated Therapeutic Care Program. Equine-Facilitated Therapeutic Care is a non-riding, empirical, scholarship based program, facilitated by a certified Equine Facilitated Psychotherapist/Learning Specialist (EFTL Practitioner There is no such program in our local area; and I'm fairly certain no such program in Florida. This would be a true differentiator for Sarasota County residents in need of hospice care..."

Eugene Mochalov, LPN, Wellness Director, Brookdale Deer Creek "...As an assisted living facility provider in Sarasota, I can attest to the need for a choice in hospice programs for our terminally-ii/ residents. Approximately 35 percent of our county's population are seniors which is amongst the highest concentration of seniors in the State of Florida. Despite the high concentration of seniors who are the most common utilizers of hospice care, there is only a single hospice provider serving the entire county. While that provider is a vital community partner, healthy competition only fosters quality and cost effectiveness....and we must have a second quality hospice operator. Continuum Care Hospice representatives have assured us they will not implement hospice houses in Sarasota County, rather our patients will remain in our facility and receive the end-of-life care they need, in place without disruption."

Anna Hallett, Business Office Manager, Heron House Assisted Living Facility "...a 95-bed Assisted Living Facility with 22..beds catering to our memory care population. I also have much previous experience with hospice in other areas of the country. It is my feeling that having only one option for hospice services is not sufficient for our community as a whole, as well as for our community here at Heron House. Enhanced

competition will hold all hospice operators accountable. My experiences in our current hospice environment are not what I feel they should be for our residents, families and staff. We are lacking in communication between hospice and our families as well as our nursing team in regards to coordination of hospice care. I do not feel that our residents have enough hands-on care at the end-of-life, they deserve to have a hospice aid, nurse and strong psychosocial/spiritual support for all involved in order to provide excellent end-of-life care that we can be proud of. Our current provider has no specialty therapies, or volunteers available to soothe our residents and provide companionship and joy to them in their final days.”

Jennifer Kennamer, Executive Director, The Springs at South Biscayne
“..., a 147-bed Assisted Living facility... I am pleased to provide this letter ..in favor of Continuum Care Hospice and urge you to approve their CON...Our county does not have the hospice support we need. We currently have one hospice provider licensed to serve our entire county, and while I haven't had any particularly striking issues of late, it does seem that perhaps there is a struggle in trying to maintain staffing which has led to inconsistency in staff caring for our patients. This can be challenging from a continuity standpoint for our resident and families. CCH representatives have assured us they will not implement hospice houses in Sarasota County, rather our patients will remain in our facility and receive the end-of-life care they need, in place without disruption. This includes both routine care and continuous care. This is better for our residents and their families as expressed by them and also demonstrated in numerous industry studies.

Collin Baranik, Administrator, Angels Senior Living
“I am the Administrator of Angels Senior Living at Sarasota, a 110-bed assisted living facility that opened in late 2019. Our County will benefit from an additional hospice provider given the current monopolistic system for hospice services...Continuum is an ideal provider to fulfill this gap in service. In speaking with Continuum representatives, I learned that aside from the traditional end-of-life care Continuum provides to its patients, one of the unique programs it will offer in Sarasota County is its Virtual Reality Program. Continuum Care Hospice uses virtual reality as a way to bring a larger world to patients who have found themselves limited to a room or to a bed. It is used as a way to help patients check off bucket list items, like visiting another country, swimming with dolphins or skydiving... This program, together with their music and equine therapy programs, really stand to cater to the quality of life needs of our residents and their families. Another unique feature is that Continuum Care Hospice requires that its referred patients in crisis are seen by Continuum Care staff within two hours of receiving the referral;

the rest are seen within a day. This will be an invaluable metric for residents in our facility. It might also impact the other hospice in our community such that it also expedites its admission process...”

Paul Finnerty, Administrator, Ashton Place - “I have a fully occupied 44-bed assisted living facility in Sarasota. I often have residents in need of hospice services. While I have no qualms with our County existing hospice, I absolutely support healthy competition. We are a county with several choices when it comes to assisted living facilities, nursing homes, home health agencies and even physicians. We should have multiple choices in hospice programs” Continuum aside from the traditional end-of-life care Continuum will offer its Equine-Facilitated Therapeutic, Music Therapy Program and Virtual Reality Programs. “I am eager for our residents to benefit from these quality enhancements...”

Elizabeth Murphy, Executive Director, & Jeanie Davis, Marketing Director, Arden Courts of Sarasota – indicate they “while...happy with our current hospice provider in Sarasota County, Continuum Care Hospice will bring a host of unique programming that is above and beyond... “these unique programs will add so much value at the end-of-life...their Virtual Reality Program which was so touching. Continuum Care Hospice uses virtual reality as a way to bring a larger world to patients who have found themselves limited to a room or to a bed. I also learned of their equine and music therapy programs. *Jeanie Davis*’ niece is an equine therapist for veterans who suffer from Post-Traumatic Stress Disorder. While I was skeptical at first, I have witnessed how equine therapy can truly make a difference in someone's quality of life and healing. I am excited for equine therapy to become available for patients in my county at the end-of-life. Patient choice is a necessity for our residents, and for our entire county. Choice breeds quality. I am eager to work with Continuum because of their obvious commitment to excellent end-of-life care..”

Michael Almeida, Administrator, Cabot Reserve on the Green, a 65-bed facility in Sarasota, Florida writes ... “Because there is only a single hospice provider in Sarasota County, there is a certain level of complacency that stems from a lack of competition. Continuum Care Hospice, from my understanding, has a two-hour response time for new referrals. This is remarkable, especially compared to our county's current hospice program which takes a full day to respond. This will be an invaluable access enhancement for residents in our facility. Another important service that Continuum will bring to my residents, which is not currently provided by Tidewell Hospice is spiritual support. I think this is a core component of hospice care that is unavailable in our market today...”

Colby Quinsberry, Executive Director, Poet's Walk - "...The single most important feature that residents appreciate when it comes to any aspect of their personal healthcare plan and programming, is choice. He cites CCH's Social Work and Chaplain program, and two hour admission policy.

Donna Foster, Administrator, Fruitville Holdings Oppidan - states hers is "... a small assisted living facility in Sarasota, Florida (and she).. can attest to the demand for a second hospice provider in Sarasota County. There is a complete void of competition..(and she states) our residents and their loved ones would benefit from healthy competition". She also cites Continuum Care's "successful hospice programs (and)...therapeutic opportunities that Continuum Care will initiate in Sarasota County - its Virtual Reality Program, Music Therapy and Equine Therapy. I recently learned about Continuum's Virtual Reality experience, which is truly unique. I could see how patients benefit from this immersive experience to help relive, reconnect and re-inspire near the end-of-life's journey..."

Vicke Mack, Administrator, Sunshine Meadows Assisted Living Facility of a 75-bed, Not for profit, Assisted Living Facility in Sarasota County, which caters to under-served populations. She site CCH's proposing to serve "minority populations who may not be accessing this care as often as they could be. I am pleased to provide this letter of support in favor of Continuum Care Hospice and urge you to approve their CON Application...Continuum Care Hospice representatives have assured us they will not implement hospice houses in Sarasota County, rather our patients will remain in our facility and receive the end-of-life care they need, in place without disruption. This is better for our residents and their families and an alternative operating model than we currently have access to.."

Shirin Lynch, Compliance Officer at Alderman Oaks Retirement Center indicates Alderman Oaks is "...a unique retirement residence located in Downtown Sarasota. Our County will benefit from a second hospice provider since choice is a fundamental criterion in providing healthcare services to a community. And, Continuum is an ideal provider to fulfill this gap in service. We look forward to contracting with Continuum Care Hospice.."

Natasha Powell, Owner & Operator, Bradenton Palms Assisted Living Facility states "We provide 24/7 assisted care for seniors in a home-like environment where we provide one on one care. When our residents are in need, we partner with hospice to provide end-of-life care. I believe that, in an area such as Sarasota County which is so heavily populated with seniors, we need to have the ability to offer more than one option to them for end-of-life care. Competition will raise the bar with respect to

quality of care across all hospice providers. Enhanced competition will hold all hospice operators accountable... Continuum Care Hospice... would be an invaluable resource in our community ..(and) will be a welcome addition to Sarasota County.”

Other Healthcare Organizations/Providers

Andrew Burke, President, Granny Nannies “I am the owner and operator of a licensed private duty provider called Granny Nannies. We are a nurse registry serving the residents of Sarasota County. We provide Certified Nursing Assistants and Home Health Aides to the aging population here in order to support their ability to remain in the care setting they are in and choose to remain in....We often partner with hospice agencies in the five Florida counties we currently operate in to provide end-of-life care for our patients that are in need of the support. This partnership is an important part of our care model. We currently use the only hospice provider licensed to serve Sarasota County. This sole provider that is available to us has acquired a private duty home care company in recent years and is now offering similar services to ours. This seems to have changed the relationship between this hospice provider and the private duty industry in our area as this hospice provider no longer interacts with similar companies and typically self refers for private duty, severely limiting patient choice and offering no oversight related to the patient’s care....I look forward to partnering with them (CCH) to enhance end-of-life hospice care for our patients. ”

Samantha Hersch, Member, SCAN Board of Directors & Owner, Seniors Blue Book states “I... also sit on the Board of Directors for Sarasota County Aging Network (SCAN).... The Seniors Blue Book and SeniorsBlueBook.com.. provide(s) seniors, caregivers and senior professionals a comprehensive source of services, senior housing options, resources and information that enrich the lives of our elder population while affording those businesses and individuals serving that population a unique medium to present their products and services. The Seniors Blue Book...(presently serves) 27 markets throughout the United States, including Sarasota County...(printing).. over 2.7 Million Senior Blue Books annually... SCAN is a support and resource organization providing grants, education, and referrals for issues concerning seniors in Sarasota County. SCAN helps the senior community through several initiatives:

- Advocates senior services to address their unmet needs
- Contributes small grants in support of local non-profit organizations, providing valuable services to Sarasota County seniors
- Provides networking opportunities for persons and organizations involved in senior services

The single most important feature that seniors demand when it comes to any type of post-acute care, physicians, and programming, is CHOICE... I am dispirited that Sarasota County, Florida, a county with such an exorbitant retiree population, does not have a choice in hospice programs. I was fascinated by their service intensity levels because I have heard that the current hospice program in Sarasota County provides nowhere near the service intensity which is the standard at Continuum Care....Choice will cultivate competition thereby enhancing the quality of care to Sarasota County residents...”

Sandra Kaskey, RN, Administrator, A Little Help Nurse Registry states “...The nurses, CNA ’s and companions provide assistance to patients in their place of residence. They provide nursing care, companionship, assist with housekeeping tasks, personal care, medical care, medication management, and provide respite care and transportation. As the needs of our patients and their families are at the forefront of our plans of care, there comes a time when hospice care is essential for them. There is only one hospice provider in our county. The local hospice provider has their own private care service which then affects the local private care businesses.... If Continuum Care is awarded a CON to develop a program in Sarasota County, our agency will certainly work with them...”

Francesca Alonso, Administrator, Perfect Solutions for Seniors Home Health Agency states “We are a home health agency serving residents of Sarasota County. Sarasota surely needs a choice in hospice providers. We often partner with hospice to provide end-of-life care for our patients that must transition to end-of-life care. This partnership is an important part of our care model. We currently use the only hospice provider licensed to serve our county. The provider that is available to us has recently begun offering private pay home care just as we do. The concern will be that there may become some blurred lines between the two services, potentially taking choice away from patients and their families to keep our caregivers (known to them) place after admission to hospice. We would welcome a second, cohesive partnership, which can manage the needs of our patients and families, while keeping their healthcare team intact and collaborate well to meet the many needs of our clients. I believe that a second provider in our county will foster competition and enhance the quality of care....”

Tricia Gagliardi, Owner, Meditation Specialist & Yoga Instructor, Zenntree “I am a yoga and meditation specialist and owner of Zenntree. At Zenntree, we partner with local healthcare facilities, such as nursing homes and assisted living, and other businesses, to integrate yoga and meditation into the healthcare setting and work environments....Currently, when someone has a bad experience with the only hospice provider, they are unable to choose another provider for a

future need that may arise for end-of-life care. I recently learned much about Continuum Care Hospice and was impressed by their programs and services they plan to implement in Sarasota County as part of their hospice program. She cites CCH's Music Therapy, Equine Therapy and Virtual Reality Programs are so unique and invaluable. These services really demonstrate that this hospice operator goes above and beyond. I support Continuum Care's endeavors and believe they will be a welcome addition to Sarasota County...(and) look forward to my facility working with Continuum to enhance end-of-life hospice care for our nursing home residents."

Lori Brosseau, LPN, Care Coordinator, Home Instead of Venice "We are a home health agency serving residents of Sarasota County. I understand Continuum Care Hospice is seeking approval to develop a hospice program in our county. Sarasota surely needs a choice in hospice providers. We often partner with hospice to provide end-of-life care for our patients that must transition to end-of-life care. This partnership is an important part of our care model. We currently use the only hospice provider licensed to serve our county. Recently we had a private pay patient on our service who was also on hospice with Tidewell. This patient gained some weight and his physician prescribed the patient physical and occupational therapy, and requested this patient be discharged from hospice. Tidewell refused to discharge patient after three calls informing them of physician orders. Tidewell Hospice did not discharge the patient, but offered pet therapy instead. I believe that a second provider in our county will foster competition and enhance the quality of care. Competition will assist in keeping all hospice providers accountable..."

Julie Steiner, MSW - Social Worker, Sarasota County

"...I am a social worker who has lived all my life in Sarasota County...10 years of my social work career were spent working for Tidewell Hospice. I quickly realized most counties in Florida have multiple hospices due to not meeting the Certificate of Need in their area. Spending so much time with patients and families in the community opened my eyes. I found there was one consistent complaint I heard over and over and that was there was only one hospice in Sarasota to choose from... This was a big problem for people who were unhappy with the services they received from Tidewell. There was no ability to switch to another hospice if they wanted to continue services but with a different company. In the time I worked for Tidewell, I saw or heard of many people just opting out of hospice services all together because they were not happy with Tidewell and they had nowhere else to go. It was heartbreaking to see.

When I heard Continuum Care Hospice was looking to come into Sarasota, I was thrilled. I realized when I did a little research on them, that they provide several programs which Tidewell did not provide... (CCH will) offer Virtual Reality and Equine Therapy and I know patients will really benefit from both of those programs...(CCH) is also known to have a big music therapy program as well. When I was at Tidewell there was one music therapist for four counties. Rarely did patients get to utilize music therapy because of this.

Debbie Stekloff, RN, Nurse, Sarasota County writes "...For the past 11 years I worked business development for Tidewell Hospice in Sarasota County. ...I was frequently questioned as to why Sarasota County residents did not have a choice in hospice providers. Some facilities would not refer their patients to hospice for that very reason. Like these patients and facilities, I believe people should have the right to choose who provides their care at end-of-life. Giving patients a choice is not the only reason to have more than one hospice provider in Sarasota. Although I no longer work for Tidewell, many of my co-workers in business development and all the RNs I know who work there feel trapped in their jobs. They love what they do. Caring for people in their life's last journey is their calling. Unfortunately, because of this, they have only one choice in employer in the community. If an issue arises with their supervisor, or a disappointment with the organization occurs, there is no other hospice in the area they can go to for employment..."

Jackie Helper, Active Member of the Healthcare Community states "I am a very active member of the healthcare community in Sarasota County, among others. I am also a member of many committees dedicated to seniors and enriching their lives and experiences. I do not believe monopolies are good for any business, especially in the healthcare setting. I recently learned about Continuum Care Hospice's efforts to establish a hospice program within Sarasota County and learned much about the various initiatives and programs they plan to offer if approved. I am pleased to provide this letter of support in favor of Continuum Care Hospice and urge you to approve their CON.."

Amy Glasow, RN, Sarasota County - "I worked as a Liaison in business development for Tidewell Hospice in Sarasota and Manatee Counties for ten years. I trained staff in Long Term Care Communities offering them CEU for their license. I also met with patients and their families individually to educate them about when it is time to initiate hospice services. I can't tell you how many times people would ask why they don't have more than one hospice in their community. They expressed that they should be entitled to have a choice in hospice providers. Some facilities would not refer their patients to hospice because they saw Tidewell as a competitor for the Medicare dollars or because they had a

bad experience. Several facilities initiated their own Palliative Care Program to give their residents a choice. The bottom line is that the residents of these counties need and deserve a choice. We have choices in all other areas of healthcare. Unfortunately the CON is the barrier and that needs to go away! I am in complete support of another Hospice entering this marketplace..."

Damaris Lambert, RN, Sarasota County states "I am a registered nurse in Sarasota County. Prior to my current job I was an admission nurse for 11 years at Tidewell Hospice. In those 11 years I noticed there was a big disparity in the diversity of the patients admitted to Tidewell's Services. The number of Hispanics, African Americans, and Jewish people that I saw admitted was minimal compared to the rest of the community. This is one of the reasons I believe there should be at least two hospices in Sarasota County. In my time with Tidewell, I have never observed the organization attempting to reach out to those underserved or minority groups in the community. The culture and understanding of hospice these groups have regarding end-of-life care is different than mainstream thought. I believe you need to meet people on their level but if the effort is not put into doing this then they will never look upon hospice as a benefit to them and their loved ones. From what I have researched on Continuum Care Hospice, I believe they will take the time to reach out to these underserved communities in Sarasota. In California they specifically hired bilingual staff to do outreach, educate, and care for these populations. They are growing this program in other communities they serve. This is what Sarasota needs with regard to hospice care and what we are not currently receiving. I... am hopeful that you will allow Continuum Care Hospice into Sarasota County so that the needs of all communities can be met, not just a few."

Key Community & Business Leaders

James Ley, Former County Administrator, Sarasota County "...I also have direct experience in healthcare community services in general and specifically with the opening of new hospice in other states. Combining my Sarasota County knowledge with my health care expertise, I can wholeheartedly state that residents of Sarasota County need choice in their selection of a hospice provider. Electing to seek hospice care is a difficult choice for a patient and family at a challenging time. The inability to seek and/or compare counsel, philosophy, approach and clinical team from more than one hospice is archaic and unfortunate.

There are 417,000 persons residing in Sarasota County and nearly 5,900 annual Sarasota County deaths; the fact this population is unable to comparatively shop for hospice services at home is wrong...Tidewell's Sarasota County monopoly is that there are actually more than one million people in the region with 13,166 resident deaths per year with

only one hospice provider available to them. Of these four counties, Sarasota County is both most populous and has the greatest number of deaths. Choice in selecting end-of-life care is such an important facet for our seniors; unfortunately Sarasota County does not offer choice in hospice providers. The concept of a single hospice provider serving an entire county, much less four counties in a contiguous region is virtually unheard of outside the State of Florida, and even in Florida. Monopolistic effects in Sarasota County are amongst the most severe statewide”

Destin Wells, Vice President of Development Economic Development Corporation of Sarasota writes " As a local community leader and advocate, I do not believe monopolies are good for business, especially in the healthcare setting. I recently learned about Continuum Care Hospice's efforts to establish a hospice program within Sarasota County and learned much about the various initiatives and programs they plan to offer if approved....Even though the single hospice provider in our county has served our county well in the past, our county is growing and they cannot effectively meet all of the end-of-life demands of our aging seniors. Healthy competition only fosters quality and cost-effectiveness. A second quality hospice operator will benefit our entire community, and ensure our terminally-ill will have a choice in end-of-life care providers..."

Bonnie Ronning, Sarasota County Resident and Healthcare Professional states she has "much direct experience with hospice care throughout my career. I have served as an Executive Director and Community Outreach in several counties in this state. I am also CORE certified as an executive Director for ALFs and memory care. Most recently, I was involved in community outreach in Sarasota country for a 42-bed Memory Care Assisted Living....here in Sarasota County, I was very surprised to hear that we only had one choice of hospice provider....This is something I haven't ever experienced working in many places prior. The current provider that we have is not meeting the needs of our residents in need of hospice and their families. It is for this reason as well as the need for choice and competition, that I support a second provider to offer care in this county. CCH will be delivering three complimentary therapies to include virtual reality, equine therapy and music therapy, which we do not currently have access to. I can attest that these programs are essential in managing the quality of life that these patients have remaining..."

The following Sarasota leaders cite need for choice and CHHs proposed services- Shay Alturu, Chief Executive Officer, DTC Engineering
Jay Berman, Philanthropic Leader and Sarasota County Resident

CCH existing Equine Therapy Partners describing their programs include Kyle Rand, Co-Founder and CEO, Rendever, Inc. and Kristin Bouchard, Owner & Operator, Washington County Stables. CCH also includes a letter from Colonel Joanne S. Martindale, BCC, Veterans Administration Chaplain & CPE Supervisor from David Grant Medical Center at Travis Air Force Base (CA) describing CCH's in service to Veterans.

Continuum Care Hospice's Quality Services in Existing Markets are discussed in the applications Tab 2, Pages 79-82.

C. PROJECT SUMMARY

Continuum Care of Sarasota LLC (CON application #10607)

referenced as Continuum Care or the applicant, is a developmental stage corporation formed for the purpose of initiating hospice services in SA 8D, Sarasota County, Florida. The applicant proposes \$324,650 in total project costs. The total project cost includes equipment, project development and start-up costs.

Continuum Care of Sarasota LLC is an affiliate of Continuum Care Hospice, Inc. (CCH), founded in 2013, which includes six affiliate hospice programs in five states: California, New Hampshire, Massachusetts, Rhode Island and Washington. CCH affiliates include: Continuum Care Hospice LLC & Continuum Care North Bay LLC (California), Continuum Care of New Hampshire LLC, Continuum Care of Mass LLC (Massachusetts), Continuum Care of Rhode Island LLC & Continuum Care of Snohomish LLC (Washington – licensed November 12, 2019, pending Medicare Certification Survey).

In this batching cycle, Continuum also proposes to establish new hospice programs in SAs 6A (Hillsborough County) and 10 (Broward County).

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

Continuum Care conditions approval of the proposal to the 10 following Schedule C conditions:

1. The applicant will implement its Virtual Reality Program at the onset of its program. It will be made available to all eligible Continuum Sarasota 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 Sarasota 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 Sarasota 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.
4. The applicant will become accredited by Community Health Accreditation Partner (CHAP) once certified. This will be measured by the applicant's submission of its accreditation certificate to AHCA upon receipt.
5. 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.
6. 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.
7. 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 at hand, and the patient/family selecting the hospice option. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
8. 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.
9. The applicant will not build or operate freestanding hospice houses in Sarasota County, Subdistrict 8D. This will be measured by a signed declaratory statement submitted to AHCA.
10. 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.

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

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

Issuance of a CON is required prior to licensure of certain health care facilities and services. The review of a CON application and ultimate approval or denial of a proposed project is based upon the applicable statutory criteria in the Health Facility and Services Development Act (408.031-408.045, Florida Statutes) and applicable rule criteria within Chapter 59C-1, 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 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 William J. Tripp analyzed the application in its entirety, with consultation from financial analyst Kimberly Noble 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, Florida Statutes and applicable rules of the State of Florida, Chapters 59C-1, Florida Administrative Code.

1. Fixed Need Pool

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

In Volume 45, Number 194, of the Florida Administrative Register, dated October 4, 2019 the Agency indicated hospice programs net need of zero in SA 8D for the January 2021 Hospice-planning Horizon. The applicant is applying to establish a hospice program in the absence of published numeric need.

SA 8D is currently served solely by Tidewell Hospice, Inc.

Hospice admissions in SA 8D from July 2018 thru June 2019 are shown below.

Hospice Admissions in Hospice Service Area 8D

Hospice	Admissions July 1, 2018 – June 30, 2019
Tidewell Hospice, Inc. †	4,410
Total in SA 8D	4,410

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

† Also services an adjacent service area(s).

- b. Approval Under Special Circumstances. In the absence of numeric need shown under the formula in paragraph (4)(a), the applicant must demonstrate that circumstances exist to justify the approval of a new hospice. Chapter 59C-1.0355(4)(d), Florida Administrative Code.**

Evidence submitted by the applicant must document one or more of the following:

- 1. The specific terminally ill population is not being served.**
- 2. That a county or counties within the service area of a licensed program are not being served.**

The applicant states, “This Certificate of Need (CON) application is submitted in direct response to the Not Normal & Special Circumstances that exist in Sarasota County, Subdistrict 8D that have been identified by the Applicant and supported by extensive hospice constituents in the Service Area.” Continuum Care contends that the Not Normal & Special Circumstances identified, herein, on their own, and in aggregate, are sufficient to warrant the approval of an additional hospice in Subdistrict 8D.

The applicant cites Rule 59C-1.0355(3)(b), Florida Administrative Code and emphasizes that a new Hospice program shall not be approved in the absence of a numeric need indicated by the formula in paragraph (4)(a) of this rule, *unless other criteria in the rule and in Sections 408.035 and 408.043(2), Florida Statutes, outweigh the lack of a numeric need. The reviewer notes reference to s. 408.043(2) Florida Statutes has been changed to s. 408.043 (1) Florida Statutes with the 2019 statutory revisions.*

The applicant maintains that there are only six of 27 hospice subdistricts representing nine of 67 counties remaining in Florida with only a single hospice provider licensed to serve the entirety of the subdistrict/county. The applicant points out that, of these six subdistricts, Tidewell is the sole provider in three of them (50 percent). Continuum Care asserts that Tidewell only operates in these three hospice subdistricts, and therefore has zero competition. The applicant indicates that SA 8D is at the very center of Tidewell’s regional monopoly, with the highest population base and death rates. Continuum Care notes Tidewell the sole provider in

Subdistrict 8D, Subdistrict 6C Manatee County to the north (Subdistrict 6C) and Subdistrict 8A -Charlotte and Desoto Counties to the south and east of Sarasota County.

The applicant asserts that hospice providers offer contrasting service programs, different approaches to disease and pain management, differing staffing levels and service intensities and potentially differing levels of quality and quality initiatives. Continuum Care maintains that quality is often driven by the level of healthy competition in a given market.

Continuum Care indicates that the Not Normal & Special Circumstances are as follows:

1. Tidewell Hospice, Inc. operates a regional monopoly that includes Subdistrict 8D and two other contiguous hospice subdistricts.
2. Tidewell's hospice house model of care breaks the continuity of care for the patient and adversely impacts Subdistrict 8D nursing homes and ALFs.
3. Admissions and readmissions to the regional monopoly provider have resulted in an artificial suppression of fixed need.
4. Florida's Medicaid managed care statute requires "hospice choice" to maintain network adequacy and health plans have the right to terminate hospice providers based on quality metrics.
5. The lack of Competition & Need for Choice in hospice programs has been voiced by the community.

Population Demographics, Agency Calculation and Legal Reference

The applicant states that Sarasota County is home to six hospitals with 1,542 licensed beds, 29 skilled nursing facilities (SNF) with 3,058 beds, 86 assisted living facilities (ALF) with 4,858 beds, 68 home health agencies (HHA) and thousands of physicians. Continuum Care notes that Sarasota County is home to 417,442 residents of whom 34.4 percent are 65+. The applicant comments that SA 8D is slated for additional growth and an increasing portion of 65+ cohort, up to 39.3 percent of total population by 2030. The applicant states that Sarasota County has 5,873 annual deaths, and it is projected to have 5,994 deaths in just the next two years. The applicant notes that SA 8D's three-year average death rate is 43 percent higher than the state's three-year average, which makes it amongst the very highest death rates in the state.

The applicant states that, not only does Tidewell have a monopoly in Sarasota County, Subdistrict 8D, but also Tidewell has a regional monopoly spanning four contiguous counties consisting of three hospice subdistricts. Continuum Care contends that Tidewell has complete, sole control over the patient flow, in and out of the four county region. The applicant points out that Tidewell has little to no checks and balances

when it comes to palliative and hospice care in SA 8D. Continuum Care points out that Tidewell’s regional monopoly is described in great detail in the response to Not Normal & Special Circumstance #1 (previously stated in this Agency report).

The applicant states that, as a background, Rule Criteria 59C-1.0355, Florida Administrative Code need for an additional hospice program is based on a statewide formula, as follows:

$$(U65C \times P1) + (65C \times P2) + (U65NC \times P3) + (65NC \times P4)$$

Continuum Care contends that applying the Agency’s formula to Subdistrict 8D’s historical utilization resulted in the computation and outcome illustrated in the following table.

Subdistrict 8D Hospice Utilization Current Utilization and Projected Need January 2021 Batching Cycle					
Subdistrict 8D	U65C⁽¹⁾	65C⁽²⁾	U65NC⁽³⁾	65NC⁽⁴⁾	Total
Projected Deaths	262	1,113	665	3,953	5,994
Statewide formula	0.891 (P1)	0.936 (P2)	0.247 (P3)	0.727 (P4)	
Projected Hospice Patients	233	1,041	164	2,873	4,311
Current Hospice Patients					4,410
Projected Minus Current					(99)

Source: Florida Need Projections for Hospice Programs, AHCA, October 4, 2019 and NHA Analysis

- (1) U65C – under the age of 65 with cancer as the primary diagnosis
 - (2) 65C – older than 65 with cancer as the primary diagnosis
 - (3) U65NC – under the age of 65 with a non-cancer diagnosis
 - (4) 65NC – older than 65 with a non-cancer diagnosis
- Source: CON application #10607, Volume 1, Tab 2, Page 9, Table 1

The applicant states that based on AHCA’s need computation there is a projected incremental surplus of 99 admissions, suggesting there is zero net need for an additional hospice program as published. Continuum Care contests this with further analysis. The applicant reviewed Tidewell utilization by age and diagnosis cohort, and uncovered statistics that raise several questions surrounding the validity of the information:

- Whether some of the reported admissions are palliative vs. hospice care
- Questioning patient origin of admissions (in and out of the Subdistrict)

The applicant comments that since Tidewell does not report its disease mix to AHCA or DOEA at the subdistrict level, it was necessary to combine its three subdistricts’ data vs. deaths in those three subdistricts for this analysis. Continuum Care contends that since Tidewell is a monopoly in each of the three subdistricts (four counties) it serves, this is an effective and meaningful approach to this analysis.

Tidewell Hospice Penetration Rate Three Subdistricts Aggregated Current Utilization and 2018 Deaths					
Tidewell	U65C⁽¹⁾	65C⁽²⁾	U65NC⁽³⁾	65NC⁽⁴⁾	Total
Hospice Admissions ⁽⁵⁾	642	2,504	411	6,203	9,763
2018 Resident Deaths	624	2,408	1,751	8,383	13,166
Tidewell Hospice Penetration Rate	102.88%	103.99%	23.47%	74.03%	74.15%

Source: Florida Need Projections for Hospice Programs, AHCA, October 4, 2019 and NHA Analysis

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

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

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

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

(5) Total to Tidewell in its three subdistricts

Source: CON application #10607, Volume 1, Tab 2, Page 9, Table 2

The applicant contends that in the preceding table, it is evident there are multiple admissions across the region for single patients. Additionally, Continuum Care asserts that if Subdistrict 8D is extrapolated from the above Tidewell and 2018 resident deaths, it demonstrates a greater level of double (or more) counting for Sarasota residents moving across Subdistrict lines.

The applicant states that the following table presents Tidewell’s Subdistrict 8D hospice admissions for the period ending June 30, 2019, resident deaths for 2018, and the resulting hospice penetration rate for each age/diagnosis category:

Tidewell Hospice Penetration Rate Subdistrict 8D Current Utilization and 2018 Deaths					
Tidewell	U65C⁽¹⁾	65C⁽²⁾	U65NC⁽³⁾	65NC⁽⁴⁾	Total
Hospice Admissions ⁽⁵⁾	295	1,150	199	2,767	4,410
2018 Resident Deaths	257	1,091	652	3,873	5,873
Tidewell Hospice Penetration Rate	114.8%	105.4%	30.5%	71.4%	75.1%

Source: Florida Need Projections for Hospice Programs, AHCA, October 4, 2019 and NHA Analysis

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

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

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

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

(5) Derived from proportionately extrapolating Tidewell admissions by category

Source: CON application #10607, Volume 1, Tab 2, Page 10, Table 1

The applicant states that Tidewell’s Subdistrict 8D hospice penetration rate for residents with cancer, under 65 years of age is 115 percent and its penetration rate for those 65+ with cancer is 105.4 percent.

Continuum Care indicates that serving in excess of 100 percent of the patients with cancer in an entire county demonstrates that there is a great deal of readmissions in this market. The applicant states that there were reportedly 4,410 unique admissions to Tidewell originating from Subdistrict 8D, of which 1,445 were cancer diagnoses. The applicant contends that there were only 1,348 cancer deaths in 2018.

Continuum Care notes that this disparity suggests this provider is shifting patients from one subdistrict to another, resulting in the artificial suppression of need, and is presented as Not Normal & Special Circumstance #2 (previously stated in this Agency report).

The applicant notes that Tidewell's potentially overstated admissions are artificially suppressing the need for an additional hospice provider, thus propagating a never-ending monopolistic environment where terminally ill residents are never provided a choice in hospice provider. Continuum Care contends that it is important that AHCA approve a second hospice provider to serve this region to enhance competition, resulting programs and appropriate reporting.

Continuum Care maintains that despite lack of numeric need as computed by Agency Rule, Continuum Care of Sarasota demonstrates Not Normal & Special Circumstances exist in SA 8D. The applicant comments that in accordance with Rule 59C-1.0355(4)(d), Florida Administrative Code approval under Special Circumstances is defined. Continuum Care notes that the Rule states: *"...In the absence of numeric need identified in paragraph (4)(a), the applicant must demonstrate that circumstances exist to justify the approval of a new hospice. Evidence submitted by the applicant must document one or more of the following: 1. That a specific terminally ill population is not being served..."* The applicant indicates that, per the AHCA Rule 59C-1.008(2)(e)2, Florida Administrative Code for Certificate of Need Procedures: *"Not Normal Circumstances may also be demonstrated by evidence of programmatic, geographic, financial and/or cultural access problems in a given planning area."* The applicant contends that the Not Normal & Special Circumstances that are so evident in the market that it warrants approval of this applicant both individually on their merits, and in aggregate.

Circumstance #1:

The applicant states that Subdistrict 8D presents a Not Normal Circumstance in that the only provider serving the subdistrict, Tidewell Hospice Inc., has a regional monopoly whereby it is the sole provider in Sarasota County (Subdistrict 8D), Manatee County to the north (Subdistrict 6C), Charlotte and DeSoto Counties to the south and east (Subdistrict 8A). The applicant notes that the Federal Office of Management and Budget defines North Port-Bradenton-Sarasota as a metropolitan statistical area (MSA). Continuum Care notes that the Federal Government defines the North Port-Sarasota combined statistical area (CSA) as consisting of North Port-Sarasota-Bradenton MSA, Punta Gorda, FL MSA (Charlotte County) and Arcadia, Florida micropolitan statistical care (DeSoto County). The applicant points out that CSA is a

Federal Government defined region. The applicant indicates that, as demonstrated herein, Tidewell is a hospice monopoly within this region; hence, it is a regional monopoly.

The applicant states that there are only six of 27 hospice subdistricts representing nine of 67 counties remaining in Florida with a single hospice provider licensed to serve the entirety of the subdistrict/county. The applicant maintains that of the six subdistricts, Tidewell Hospice Inc. is the provider in three of them, consisting of four counties within the CSA defined above. The applicant comments that Tidewell only operates in these three hospice subdistricts, and therefore Tidewell has zero competition everywhere it serves.

Continuum Care asserts that electing to seek hospice care is a difficult choice for a patient and family at a challenging time. The applicant points out that the inability to seek and/or compare counsel, philosophy, approach and clinical team from more than one hospice is archaic and unfortunate. Continuum Care comments that providers offer contrasting service programs, different approaches to disease and pain management, differing staffing levels and commitments and potentially differing levels of quality and quality initiatives. The applicant notes the fact that the 417,000 persons from which there are nearly 5,900 annual deaths are unable to comparatively shop for hospice services at home is wrong.

The applicant contends that exacerbating this phenomenon of Tidewell's Sarasota County monopoly is that there are actually more than one million people in the region with 13,166 resident deaths per year, with only one hospice provider available to them. Continuum Care states that of these four counties, Sarasota County is both the most populous and has the greatest number of deaths. The applicant notes that the death rate in Sarasota County is second greatest in the region, after Charlotte County, but Sarasota County has more than twice the deaths as Charlotte County. The applicant asserts that the following table presents Tidewell Hospice's regional monopoly market by subdistrict along with 2018 population estimates, 2018 resident deaths and the resulting death rate.

Tidewell Hospice’s Regional Monopoly Markets Population, Resident Deaths and Death Rate by County Calendar Year 2018				
County	Subdistrict	Population, 2018	Resident Deaths 2018	Death Rate
Sarasota	Subdistrict 8D	417,442	5,873	0.014069
Manatee	Subdistrict 6C	377,826	4,180	0.0110632
Charlotte	Subdistrict 8A	177,987	2,720	0.015282
DeSoto	Subdistrict 8A	35,520	393	0.0110641
Total		1,008,775	13,166	0.0130514

Source: Bureau for Economic and Business Research, Florida Need Projections for Hospice Programs, AHCA, October 4, 2019 and NHA Analysis

Source: CON application #10607, Volume 1, Tab 2, Page 13, Table 1

The map on page 14 of CON application #10607, Tab 2 illustrates the location of the six subdistricts and nine counties remaining in Florida with a hospice monopoly. The map shows Tidewell Hospice’s arrangement of counties is contiguous and Sarasota County is bordering each of the other three counties.

The applicant comments that the concept of a single hospice provider serving an entire county, much less four counties in a contiguous region is virtually unheard of outside the State of Florida. Continuum Care indicates that monopolistic effects in Subdistrict 8D are amongst the most severe statewide in that this hospice subdistrict has the third greatest resident deaths per hospice program (licensed and approved) in the state. The applicant points out that there is one hospice program for all 5,873 deaths in Subdistrict 8D compared to the average 2,536 resident deaths per hospice program in Florida.

The applicant’s Graph 1 on page 15, CON application #10607, Tab 2 illustrates “Deaths per Hospice Program by Subdistrict Licensed & Approved Hospice Program Calendar Year 2018,” ranked from highest to lowest, left to right, respectively. The Florida average death rate by SA is 2,536. The ten SAs with the highest death rates are:

1. **7,840 – SA 8C** Serviced by: Hope Hospice and Community Services
2. **6,103 – SA 5B** Serviced by: Suncoast Hospice & Seasons Hospice and Palliative Care of Pinellas County, LLC (licensed April 3, 2018)
3. **5,873 – SA 8D** Serviced by: Tidewell Hospice, Inc.
4. **5,488 – SA 6A** Serviced by: LifePath Hospice & Seasons Hospice and Palliative Care of Tampa, LLC
5. **4,180 – SA 6C** Serviced by: Tidewell Hospice, Inc.
6. **3,683 – SA 9C** Serviced by: Hospice by the Sea, Inc., Hospice of Palm Beach County, Inc., VITAS Healthcare Corporation of Florida, & Palm Beach Hospice by MorseLife (licensed February 18 2019)

7. 3,460 – SA 4A Serviced by: Community Hospice of Northeast Florida, Inc., Haven Hospice, Heartland Home Health Care and Hospice, & VITAS Healthcare Corporation of Florida
8. **3,113 – SA 8A** Serviced by: Tidewell Hospice, Inc.
9. **2,863 – SA 3D** Serviced by: HPH Hospice
10. 2,650 – SA 3B Serviced by: Kindred Hospice & Hospice of Marion County, Inc.

Source: CON application #10607, Tab 2, Page 15 from AHCA Florida Need Projections for Hospice Programs, published October 2019 for the January 2021 Hospice Planning Horizon

The reviewer notes that five of the nine SAs serviced by a single provider are present in the list of 10 SAs with the highest death rate per hospice in Florida. All of Tidewell’s SAs are listed within the 10 SAs with the highest death rate per hospice.

The applicant notes that in addition to the third greatest resident deaths per hospice program in the state, Subdistrict 8D has the fourth greatest resident population per hospice program in the state. The applicant indicates that in Subdistrict 8D there are 417,442 residents to the one hospice program, compared to the statewide average of 259,169 residents per hospice program.

Based on the information presented in Table 1, CON application #10607, Tab 2, Page 16, the applicant notes the statewide average number of deaths per hospice program and population per hospice program are inflated because of the six monopolistic subdistricts. Continuum Care contends that if monopoly markets were remedied, the statewide average of one hospice program per 259,196 residents would be much lower.

The applicant asserts that choice is a fundamental right within our society. Continuum Care contends that Sarasota County residents are not offered any choice in their hospice provider or end-of-life care providers; their only options in end-of-life care are the following:

- A. Choose Tidewell Hospice, Inc.
- B. Go without any end-of-life care treatment at all
- C. Leave the subdistrict and relocate to an area outside the four-county region where there is another hospice program.

The applicant indicates that data on patients who ‘go without’ is statistically unavailable. The applicant comments that hospice reduces hospital readmission rates and promotes cost effectiveness.

Continuum Care maintains that choice and competition enhance quality of care; from both practical and regulatory standpoints, there should be a presumption of need for an additional hospice provider in any community in which there is only one licensed provider. The applicant contends that monopolies result in patient “lack of choice,” and that this

condition by itself is a Not Normal & Special Circumstance. Continuum Care asserts that the approval of a second hospice provider to serve SA 8D will ameliorate this Not Normal & Special Circumstance, promoting healthy competition between the new and existing provider.

The applicant asserts that approval of CON application #10607 will correct one of these six remaining choice-deficient subdistricts, and one of the three in which Tidewell is the sole provider.

The applicant comments that the existence of the Tidewell monopoly was voiced by many constituents as problematic. The applicant points out that some of these stories were relayed verbally while others were documented in letters of support for Continuum Care of Sarasota LLC. The applicant states that the letters in their entirety are included in Volume 1, Tab 5 of CON application #10607. Continuum Care comments that excerpts or sentiments included in letters attributing to programmatic access barriers or other negative implications of having only one hospice as a provider option are as follows (CON application #10607, Tab 2 Pages 17 and 18):

- ...Spending so much time with patients and families in the community opened my eyes. I found there was one consistent complaint I heard over and over and that was there was only one hospice in Sarasota to choose from.
- ...When it comes to their health care, people have a choice of doctors and a choice of hospitals. When it comes to end-of-life care, the most difficult time in a patient and their loved one's life, they have no choice. This was a big problem for people who were unhappy with the services they received from Tidewell.
- ...In the time I worked for Tidewell, I saw or heard of many people just opting out of hospice services all together because they were not happy with Tidewell and they had nowhere else to go. It was heartbreaking to see.
- ...One hospice provider could never properly serve all of the needs of residents who require end-of-life care.
- ...Allow residents to make their own choice when it comes to hospice care.
- ...seen by a representative for Continuum in two hours or less. This will lead to a more positive outcome.
- ...My residents do not have a choice in hospice provider
- ...I was frequently questioned as to why Sarasota County residents did not have a choice in hospice providers. Some facilities would not refer their patients to hospice for that very reason.
- ...Lack of competition can ultimately impact the quality of hospice care residents receive.

- ...Our county does not have the hospice support we need...while I have no major complaints, keeping up and being sure to communicate seems to be a problem at times.
- ...have only one hospice provider licensed to serve our entire county. This dynamic allows for service breakdown, mediocre quality, and a lack of choice, which patients and families should have at the end-of-life.
- ...rather our patients will remain in our facility and receive the end-of-life care they need, in place without disruption.
- ...I am unhappy with their end-of-life philosophy. Tidewell Hospice continues non-essential medication when their patients (our residents) are dying. Additionally, because they are understaffed, they struggle to provide excellent care.
- ...There is a complete void of competition in the hospice arena within Sarasota which affects quality and cost.
- ...our residents and loved ones would benefit from healthy competition.
- ...there has been some significant service breakdowns with Tidewell, affecting our residents.
- ...There has been a very poor response time likely because they are understaffed which affects the quality of care they can provide our residents.
- ...We have had challenges getting a Tidewell Hospice aide to assist our residents on their service with showering.
- ...There is a lack of communication and a lack of collaboration.
- ...At Tidewell, the admission team starts at 9AM and ends at 8P.M...It is not unusual for someone to pass before an admission nurse could be scheduled to see them
- ...it takes a length amount of time to receive durable medical equipment for our residents on their service and typically when it does arrive, it does not meet the patient's needs
- ...Perhaps much of the challenges with Tidewell Hospice stem from being understaffed by these problems are creating bigger problems.
- ...this past weekend one of our residents on Tidewell's service had an unattended death because Tidewell failed to arrive until the patient had passed more than an hour prior.
- ...we are lacking in communication between hospice and our families as well as our nursing team in regards to coordination of hospice care
- ...I do not feel that our residents have enough hands-on care at the end-of-life, they deserve to have a hospice aid, nurse and strong psychosocial/spiritual support for all involved in order to provide excellent end-of-life care that we can be proud of
- ...Our provider has no specialty therapies, or volunteers available to soothe our residents and provide companionship and joy to them in their final days.

- ...it does seem that perhaps there is a struggle in trying to maintain staffing which has led to inconsistency in staff caring for our patients. This can be challenging from a continuity standpoint for our residents and families.
- ...there is a certain level of complacency that stems from lack of competition.
- ...current hospice provider which takes a full day to respond.
- ...which is not currently provided by Tidewell Hospice is spiritual support. I think this is a core component of hospice care that is unavailable in our market.
- ...This sole provider that is available to us has acquired a private duty home care company in recent years and is not offering similar services to ours. This seems to have changed the relationship between this hospice the and private duty industry in our area as this hospice provider no longer interacts with similar companies and typically self refers for private duty, severely limiting patient choice and offering no oversight related to the patient's care.
- ...concern will be that there may become some blurred lines between the two services, potentially taking choices away from patients and their families to keep our caregivers (known to them) place after admission.
- ...Our patients have been negatively affected on multiple occasions by the confusion that this creates for them regarding their healthcare team and rights regarding keeping current private home care in place after admission to hospice.
- ...when someone has a bad experience with the only hospice provider, they are unable to shoes another provider for a future need that may arise for end-of-life care.
- ...I do not believe monopolies are good for business, especially in the healthcare setting.
- ...The inability to seek and/or compare counsel, philosophy, approach and clinical team from more than one hospice is archaic and unfortunate. Providers normally offer contrasting services programs, different approaches to disease and pain management, differing staffing levels and commitments and potentially differing levels of quality and quality initiatives.
- ...who work there feel trapped in their jobs. Unfortunately, because of this, they have only one choice in employer in the community. If an issue arises with their supervisor, or a disappointment with the organization occurs, there is no other hospice in the area they can go to for employment.

Circumstance #2:

The applicant states that existing hospice provider's model of care is to provide inpatient and continuous care in its hospice houses. Continuum Care comments that Tidewell has eight hospice houses throughout the

four counties it serves, two of these are within Sarasota County. The applicant states that Tidewell has three in Charlotte and DeSoto Counties to the south and east of Sarasota County, and three in Manatee County, to the north of Sarasota County; their locations and respective bed inventory follows.

Tidewell Hospice’s Hospice Houses Location and Bed Inventory			
Location	Subdistrict	County	Licensed Beds
Sarasota	8D	Sarasota	12
Venice	8D	Sarasota	6
Arcadia	8A	DeSoto	8
Port Charlotte	8A	Charlotte	7
Port Charlotte	8A	Charlotte	12
Bradenton	6C	Manatee	14
Bradenton	6C	Manatee	12 ⁽¹⁾
Palmetto	6C	Manatee	6
			77

Source: CON application #10607, Volume 1, Tab 2, Page 20, Table 1 from Florida Need Projections for Hospice Programs, AHCA, October 4, 2019 and NHA Analysis

⁽¹⁾ Its eighth hospice house was licensed in Manatee County March 2019

The applicant contends that because the current hospice provider utilizes hospice houses, Sarasota County residents requiring inpatient care and respite care are admitted to one of the eight Tidewell hospice houses. The applicant states that this means that a patient within an ALF or nursing facility in need of inpatient hospice care is relocated out of their familiar place of residence and transferred to one of Tidewell’s facilities. Continuum Care contends that because only 18 of the 77 existing hospice house beds are situated within Sarasota County, these patients are often discharged from Tidewell’s Subdistrict 8D program and admitted to either its Subdistrict 6C or 8A hospice program, based on the availability of inpatient beds.

The applicant comments that it is the same Tidewell provider number across these three programs, from an AHCA record keeping process, a person residing in Sarasota County and being admitted to another subdistrict hospice house is ‘discharged’ from 8D, then ‘admitted’ to the other subdistrict. The applicant points out that the result of this is that patient admissions are ‘inflated’ and it is these ‘admissions’ that AHCA uses to compute any gap or need. Continuum Care maintains that under the scenario just described, where an 8D patient is ‘discharged’ to be ‘admitted’ to an 8A hospice house, and then returned home to 8D (which is another ‘discharge’ and ‘admit’), a single patient process as described here takes one patient, and creates three admissions.

The applicant notes that when Sarasota County residents are relocated outside the county for inpatient care, it is problematic for the patient and family members and it is also problematic for the nursing home and ALF from which patient is removed. Continuum Care points out that this results in a disruption to patient care, detracts from quality of life enhancements and participation in the nursing home or ALF programming. The applicant contends that removal of the patient from their 'home' affects the overall quality of life; it also often requires family members to travel greater distances to be with the patient.

The applicant notes that several constituents who support Continuum Care of Sarasota's CON Application relayed their concerns relative to removal of patients from their facilities to transfer them to the Tidewell hospice houses for inpatient care, breaking the continuity of care. The applicant notes these sentiments were provided in their letters of support with the affirmative of supporting Continuum Care's model that does not implement hospice houses and does not disrupt patient care. Continuum Care states that each of these letters is supplied in CON application #10607, Volume 1, Tab 5. Continuum Care notes that some of those voicing support for Continuum Care, with this being one of the rationales are as follows:

- Nicole Verndon, Executive Director, Heartland North Sarasota
- Eugene Mochalov, LPN, Health and Wellness Director, Brookdale Deer Creek
- Christy Edwards, Executive Director, and Anna Hallett, Business Office Manager, Zekora Pitts, Director of Resident Services, Heron House Assisted Living Facility
- Jennifer Kennamer, Executive Director, The Springs at South Biscayne
- Vicke Mack, Administrator, Sunshine Meadows Assisted Living Facility
- Natasha Powell, Owner and Operator, Bradenton Palms Assisted Living

Continuum Care of Sarasota states that it does not operate freestanding hospice facilities. Rather, Continuum Care states that it collaborates with hospitals, nursing homes and ALFs to provide the inpatient level care as needed and aims to serve patients in their home where possible. Continuum Care states that it believes patients should be allowed to die at home. The applicant has conditioned approval of this CON application (Condition #9) on the provision it will not build or operate freestanding hospice facilities in Sarasota County, Subdistrict 8D..

Circumstance #3:

The applicant contends that there is sufficient data to suggest Tidewell is admitting and readmitting patients across subdistrict lines in its regional market, thus reporting admissions and readmissions to the Agency in such a manner that suppresses the fixed need pool computation.

The applicant states that the Agency requires that each time a hospice patient is moved across a subdistrict line they be discharged from the current hospice program and admitted to the other. Continuum Care contends that while AHCA counts a single patient as multiple admissions each time the patient cross a subdistrict line, Medicare counts the unique patient as only a single admission regardless of how many times this patient moves across subdistrict lines as long as the patient remains with the same provider (i.e. Tidewell Hospice Inc.). The applicant asserts that in the case of Subdistrict 8D, where Tidewell operates three distinct programs in three distinct subdistricts, all under a single Medicare number, patients are shuffled back and forth across subdistrict lines, and are therefore counted as multiple admissions for AHCA purposes, which artificially inflates admissions.

The applicant states that Medicare claims data reveals a more accurate portrayal of the number of actual residents served by Tidewell. The applicant contends that because Continuum Care is not privy to Tidewell’s internal utilization data at this point in time, Medicare claims data was used comparatively to AHCA hospice admissions for each of the last three years. The applicant asserts that this analysis supports the argument that the practice of a single patient counting as multiple admissions results in the artificial suppression of need by AHCA.

Tidewell Hospice Sarasota County Admissions by Year As Reported to AHCA versus Medicare Claims Data Calendar Years 2016 Through 2018				
Tidewell 8D Hospice Admissions	2016	2017	2018	06/30/2019
Reported to AHCA	3,878	3,854	4,242	4,410
Medicare Claims Data for Sarasota Residents	3,292	3,258	3,429	3,429 ⁽¹⁾
Potential Re-Admissions	586	596	813	981
CMS Claims as Percent of Cases Reported to AHCA	84.9%	84.5%	80.8%	77.8%

Source: CON application #10607, Volume 1, Tab 2, Page 22, Table 1 - Medicare Claims Data, AHCA Florida Need Projections for Hospice Programs, October 4, 2019, March 31, 2017, March 30, 2018 and March 29, 2019 and NHA Analysis

Note: (1) Application of 2018 Medicare Claims because unavailable for 6/30/2019.

The applicant contends that because the admissions reported to AHCA are all payors, and the Medicare claims database by county of origin are only Medicare claims, one should account for the non-Medicare claims to conduct a true comparison of the data and determine the actual gap.

The applicant points out that review of the DOEA data files for 2018 indicates that Tidewell had 93.44 percent Medicare claims of its total claims. Continuum Care maintains that, accordingly, the above Medicare claims are adjusted upward to account for the non-Medicare claims and enable a true comparison against admissions reported to the Agency; the result still shows a significant count of readmissions as follows:

Tidewell Hospice Sarasota County Admissions by Year As Reported to AHCA versus Medicare Claims Data Adjusted Upward for Non-Medicare Claims Calendar Years 2016 Through 2018				
Tidewell 8D Hospice Admissions	2016	2017	2018	6/30/2019
Reported to AHCA	3,878	3,854	4,242	4,410
Medicare Claims Data for Sarasota Residents	3,292	3,258	3,429	3,429 ⁽¹⁾
<i>Medicare Claims Adjusted for All Payors⁽²⁾</i>	3,523	3,487	3,670	3,670 ⁽¹⁾
Potential Re-Admissions	355	367	572	740
CMS Claims Adjusted for All Payors as Percent of Cases Reported to AHCA	90.85%	90.47%	86.51%	83.21%

Source: CON application #10607, Volume 1, Tab 2, Page 23, Table 1 - Medicare Claims Data, AHCA Florida Need Projections for Hospice Programs, October 4, 2019, March 31, 2017, March 30, 2018 and March 29, 2019 and NHA Analysis

Notes: ⁽¹⁾ Application of 2018 Medicare Claims because unavailable for 6/30/2019.

⁽²⁾ Adjusted upward based on 93.44 percent of claims being Medicare as reported to DOEA, 2018.

The applicant states that in each of the last three years there were between 3,258 and 3,429 Sarasota County resident Medicare admissions to hospice per Medicare claims data. Continuum Care points out that adjusting upward to account for non-Medicare admissions results in 3,487 to 3,670 total admissions for all payors. The applicant comments that during the same time, there were between 3,854 and 4,410 patients reportedly admitted to Tidewell’s Subdistrict 8D program per AHCA’s Florida Need Projections for Hospice Programs. The applicant points out that the estimated total admissions are only 83 to 91 percent of admissions reported to the Agency.

The applicant points out this example of shifting of patients:

A Sarasota County resident on Tidewell’s service at their place of residence in Sarasota County is moved to one of Tidewell’s hospice houses in Manatee County for the inpatient level of care. The patient is then discharged from the hospice house and transitioned back to home in Sarasota County.

The applicant points out that in this scenario, Tidewell Hospice Inc. reports three distinct admissions to its hospices: two admissions to the Subdistrict 8D program and one to its Subdistrict 6C program. Continuum Care asserts that this is only one unique patient who can ultimately result in only a single death occurrence.

The applicant notes a second example of this shifting:

A southern Sarasota County resident is admitted to a Charlotte County hospital. The Sarasota County resident is placed on hospice care while in the hospital. The hospital patient would be admitted to Tidewell Hospice's Subdistrict 8A program. The patient is then discharged home, back to Sarasota County, but remains on Tidewell's service. AHCA requires that Tidewell discharge the patient from its 8A program and admit them to the Subdistrict 8D program. This same patient is admitted to Tidewell's hospice house in Charlotte County three months down the line. This patient would be discharged from the 8D program and admitted once again to the 8A program.

The applicant points out that in this scenario the one patient represented four movements: two admissions to Tidewell's 8A program and two admissions to Tidewell's 8D program. Continuum Care contends that the patient will only represent a single Subdistrict 8D resident death.

The applicant asserts that the practice of admitting, discharging and re-admitting patients across subdistrict lines easily results in some patients representing two, three, four or more admissions to Tidewell Hospice Inc. due to the shifting between locations. The applicant contends that this pattern of practice is magnified because:

1. This provider has a regional monopoly,
2. It operates eight hospice houses in its four counties/three subdistricts, and
3. Tidewell owns this region and has zero competition; therefore, it can easily perpetuate this practice.

The applicant states that the Tidewell hospice house model of care has enabled this provider to shift patients easily across subdistrict lines. The applicant states that Medicare Claims and Florida's Department of Elder Affairs (DOEA) data suggests that Tidewell is in the practice of admitting far greater Sarasota County patients to its hospice houses than the number of patients served in its two Sarasota County hospice houses. The applicant comments that Medicare Claims data provides total hospice house patient days by the resident's county whereas DOEA data provides Tidewell's hospice house patient days by facility, and facility's county.

The applicant points out that DOEA data, compared to Medicare Claims data for Sarasota County, reveals there are far more Sarasota County residents being treated in a Tidewell Hospice House than Sarasota County hospice house days provided. Continuum Care maintains that in 2018, per Medicare claims data there were 7,958 Sarasota County Medicare inpatient days provided in Tidewell. Continuum Care asserts

that census patient days reported by Tidewell to DOEA only reveals approximately 6,000 patient days provided at Tidewell’s Sarasota County hospice houses. The applicant contends that the conclusion to be drawn from this data is that Sarasota County residents must be obtaining inpatient care across subdistrict lines, at other Tidewell Hospice Houses; this information is presented on the following table:

Tidewell Hospice House Sarasota County Patient Days Calendar Years 2016 Through 2018			
	2016	2017	2018
Tidewell’s Sarasota County Hospice House Patient Days ⁽¹⁾	6,345	6,124	6,066
Sarasota County Resident Hospice House Patient Days ⁽²⁾	7,300	6,815	7,958
Sarasota Resident Patient Days Provided Outside Subdistrict 8D	955	691	1,892
Percent of Sarasota Resident Days Provided Outside Subdistrict 8D	13.1%	10.1%	23.8%

Source: CON application #10607, Volume 1, Tab 2, Page 24, Table 1

⁽¹⁾ As reported by Tidewell Hospice to Department of Elder Affairs

⁽²⁾ Per Medicare Claims Data; notably this is only 93.44 percent of Tidewell’s patients

The applicant contends that this data provides confirmation of two assertions:

1. Tidewell is obviously serving Sarasota County residents in their hospice houses outside Subdistrict 8D as there are more Sarasota County resident hospice house Medicare patient days provided than Sarasota County facility patient days provided. Tidewell self-reports to the Agency and DOEA; Medicare claims data are derived by CMS from provider billings.
2. At least 24 percent of Sarasota County residents treated in Tidewell Hospice houses in 2018 were treated outside Sarasota County. The 23.8 percent is clearly a ‘minimum,’ because it is likely that the Sarasota County hospice houses serve more than just Sarasota County residents, and more than just its Medicare patients.

The applicant contends that in 2018, the amount of ‘outmigration’ in the hospice house/inpatient setting more than doubled from 2017, which suggests an increase in the shifting of patients by Tidewell of its Subdistrict 8D patients to its hospice houses located outside of this subdistrict.

The applicant notes that Tidewell reports only those patients served within Sarasota County facilities as Subdistrict 8D facility utilization. Continuum Care contends that in reality, Tidewell moves patients in and out of the County and Subdistrict, which artificially suppresses the need. The applicant maintains the fact that Tidewell Hospice moves patients out of the nursing home or ALF, and into their hospice houses, is another Not Normal & Special Circumstance.

The applicant applied Sarasota County resident hospice admissions for 2018 as published by Medicare Claims data then adjusted upward to account for all payors in the prior table to projected hospice patients for the January 2021 Batching Cycle. The applicant notes that the current 3,670 estimated hospice patients (Medicare Claims plus non-Medicare patients) be substituted for Tidewell’s self-reported 4,410 admissions; the 4,410 is overstated because it includes admissions, discharges and readmissions from across Subdistrict lines. Continuum Care asserts that the more accurate 3,670 Tidewell Subdistrict 8D admissions in 2018, applied to 4,311 projected hospice patients’ results, is a net gap of 641 admissions. The applicant contends that because 641 far exceeds the 350 admission threshold that is the trigger for the need for one additional hospice program, that there is a net need for one additional hospice program in Subdistrict 8D.

The applicant asserts that the Projected minus Current hospice admissions number of 641 is approximately 1.8 times larger than the 350 patient threshold; this suggests that there is sufficient demand in this market to support the approval of Continuum Care of Sarasota LLC, CON application #10607. The applicant contends that the data in the following table proves the impact of the artificial suppression of need and the Not Normal & Special Circumstance that it has created.

Subdistrict 8D Hospice Utilization Current Utilization and Projected Need, Restated January 2021 Batching Cycle	
Subdistrict 8D	Total
Projected Deaths	5,994
Statewide Formula	–
Projected Hospice Patients	4,311
Current Hospice Patients Adjusted per Medicare Claims ⁽¹⁾	3,670
Projected Minus Current	641
Need if > 350	YES

Source: CON application #10607, Volume 1, Tab 2, Page 25, Table 1 from Medicare Claims Data, AHCA Florida Need Projections for Hospice Programs October 4, 2019, and NHA Analysis

Note:

⁽¹⁾ Application of 2018 Medicare Claims because unavailable for 6/30/2019. Medicare Claims is 3,429. Adjusting for non-Medicare claims based on 93.44 percent Medicare results in an estimated 3,670 total unduplicated patients.

Circumstance #4:

The applicant notes that Florida Statute 409 governs Medicaid Managed Care (MMC) providers and operations. Continuum Care indicates that Florida’s Statewide Medicaid Managed Care (SMMC) was created in 2011, and there are two parts that make up the SMMC program: Managed Medical Assistance (MMA) Program and the Long-Term Care (LTC) Program. The applicant notes that Medicaid recipients that qualify, and become enrolled in MMA, are entitled to receive all healthcare services (other than LTC) from a managed care plan. Continuum Care notes that

Medicaid recipients that qualify, and become enrolled in LTC, receive long-term care services from a LTC managed care plan; standard LTC benefits include the following:

- Adult Companion Care
- Adult Day Health Care
- Assistive Care
- Assisted Living
- Attendant Nursing Care
- Behavioral Management
- Caregiver Training
- Care Coordination/ Case Management
- Home Accessibility Adaptation
- Home Delivered Meals
- Homemaker
- **Hospice**
- Intermittent and Skilled Nursing
- Medical Equipment & Supplies
- Medication Administration
- Medication Management
- Nutritional Assessment/Risk Reduction
- Nursing Facility
- Occupational Therapy
- Personal Care
- Personal Emergency Response System (PERS)
- Respite Care
- Physical Therapy
- Respiratory Therapy
- Speech Therapy
- Transportation to LTC Services

Continuum Care notes that within Sarasota County, residents are offered five choices of MMA & LTC plans:

1. Humana Medical Plan
2. Molina Healthcare
3. Staywell
4. Sunshine Health Plan
5. Florida Community Care

The applicant notes that as of July 1, 2019, there were more than 34,000 Sarasota County enrollees in the SMMC Program.

The applicant comments that Managed care plans must develop and maintain provider networks that meet the medical needs of their enrollees in accordance with standards established pursuant to

Section.409.967(2)(c), Florida Statutes. Continuum Care notes that the MMC program has many objectives that fall within financial, programmatic and operational (quality) facets. Continuum Care notes that financial benchmarks, pricing and access to reach the medically underserved are foundations for the development of MMC. The applicant points out that the sponsors of these programs always espoused quality along with financial objectives; quality was not to be compromised. Continuum Care asserts that it has been proven by studies throughout the years that choice and competition have a positive effect on quality and service delivery.

The applicant states that choice and competition are important to the implementation of the MMC conversion and implementation within the State. Continuum Care notes the Florida Statutes governing MMC and its services, such as hospice, require AHCA-established specific standards for the number, type and regional distribution of providers in managed care plan networks to ensure access to care. The applicant notes that the statute requires that each plan maintain a region-wide network of providers in sufficient numbers to meet the access standards for specific medical services (i.e. hospice) for all recipients enrolled in the plan [Florida Statute 409.967(2)(c)(1)]. Continuum Care contends that the verbiage, "Providers," within the statute indicates plurality, meaning that the statute implies the presence of at least more than one.

The applicant states that Florida Statute 409.982(1) states that plans and providers participating in LTC managed care programs may limit the providers (i.e. hospices) in their networks based on credentials, quality indicators and price...each selected plan must offer a network contract to all the following providers in the region: nursing homes, hospices and aging network service providers.

The applicant points out that the statute goes on to state that "After 12 months of active participation in a managed care plan's network, the plan may exclude any of the providers named in this subsection from the network for failure to meet quality or performance criteria..."

The applicant maintains that in Sarasota County, if there is a quality or performance criteria issue with Tidewell Hospice Inc., there is currently no alternative provider that could step in and serve the managed care plan's Sarasota County patients. Continuum Care asserts that in SA 8D matters are more severe, because Tidewell has a single provider number and operates this regional monopoly in four contiguous subdistricts. The applicant contends that, should there be a quality issue where the plan would need to exclude this provider from its network, there would be no hospice provider able to serve the entire region of Sarasota, Manatee, Charlotte or DeSoto Counties.

Continuum Care notes that exclusion, revocation and suspension of licensed hospice providers for noncompliance have occurred in other markets in the past. The applicant points out that in 2015, one of the hospice programs in Alachua County was investigated for fraud; while under investigation, this provider's Medicaid funding was suspended. Continuum Care notes that all of patients had to be transferred to another licensed hospice program in that subdistrict. Continuum Care contends that, had this occurred in Sarasota County, Sarasota residents would have been left without a hospice provider.

The applicant notes another example of a license suspension/revocation, though unrelated to quality care, transpired in 2015; Compassionate Care Hospice of Central Florida (an Amedysis Company) serving Polk, Hardee and Highlands County, Subdistrict 6B had its license revoked due to a paperwork error. Continuum Care comments that this provider was forced to immediately cease operations and transfer all patients to another hospice program in that subdistrict. The applicant maintains that for families and patients suffering through some of the most stressful circumstances possible, forcing them to start anew, somewhere else and with new caregivers, particularly in the last days of a patient's life is terrible. However, Continuum Care points out that there was at least another hospice provider, licensed to serve that market, which was willing and able to accept Compassionate Care Hospice's patients.

The applicant asserts that should either of these scenarios or similar occur in Sarasota County, there would be no alternative hospice program available to accept transferred patients. Continuum Care contends that there is no back up to Tidewell because Tidewell Hospice Inc. has a regional monopoly. The applicant asserts that this clearly presents a programmatic access barrier. Continuum Care contends that the fact Florida statute requires adequate network capacity, encourages choice and allows the managed care plan to exclude a hospice provider (or other), based on failure to meet quality or performance criteria, is a positive measure that raises the bar statewide. However, the applicant asserts that this is a significant issue and pitfall in a regional market where there is no alternate choice for the managed care providers with which to contract; this created a Not Normal & Special Circumstance.

Circumstance #5:

The applicant asserts that monopolistic hospice environments result in a high level of complacency for the existing provider; this leads to hampered access to hospice services. Continuum Care comments that economic theory suggests that competition can enhance quality in markets with regulated prices because providers will compete for patients by improving quality. The applicant notes that the bulk of

empirical evidence for Medicare patients show that quality is higher in competitive markets (Gaynor, 2006). Continuum Care cites this study titled *What Do We Know about Competition and Quality in Health Care Markets*, by Martin Gaynor, and a copy is supplied in CON application #10607, Volume 2, Tab 7 of the Supporting Documents. Continuum Care points out that the reliance on market mechanisms to improve quality increases as quality reporting and pay-for-performance programs are adopted in diverse settings.

The applicant indicates that Continuum Care representatives have been present in SA 8D for an extended period of time. The applicant notes that representatives of Continuum have met virtually all 86 ALFs, 29 nursing homes, hospitals, physicians, clinicians and community leaders. The applicant maintains that Continuum has received an outpouring of support from nursing home and assisted living owners and operators, administrators, clinical leadership, clinical staff, and community leaders in favor of its project. The applicant comments that Continuum Care Hospice representatives have informed constituents of the many hospice enhancements and unique programs it would offer in this market, in addition to the standard hospice platform. Continuum Care contends that the underlying message that was relayed by all supporters of Continuum Care's initiative is that there is a total lack of competition in this market, and there is a demand for choice in hospice providers to enhance the standard of hospice quality this community deserves.

The applicant states that the following is a series of excerpts from the many letters of support on behalf of Continuum Care of Sarasota LLC. The applicant notes that all of these excerpts focus on the need for a second hospice program in this county to foster competition because competition enhances quality of care (letters in their entirety can be found in CON application #10607, Volume 1, Tab 5, excerpts are found in Volume 1, Tab 2, Pages 29 and 30):

- “Electing to seek hospice care is a difficult choice for a patient and family at a challenging time. The inability to seek and/or compare counsel, philosophy, approach and clinical team from more than one hospice is archaic and unfortunate.”
- “Providers normally offer contrasting service programs, different approaches to disease and pain management, differing staffing levels and commitments and potentially differing levels of quality and quality initiatives.”
- “Choice in selecting end-of-life care is such an important facet for our seniors; unfortunately Sarasota County does not offer choice in hospice providers.”
- “The concept of a single hospice provider serving an entire county, much less four counties in a contiguous region is virtually unheard of outside the State of Florida, and even in Florida.”

- “Competition and choice are so very important. But when it comes to hospice in our county, there is a complete void of competition because we only have a single operator. I believe that if a second provider was introduced, our residents and their loved ones would benefit from healthy competition.”
- “My residents in need to end-of-life care and their families will certainly appreciate making their own choice in providers rather than having only a single option.”
- “Our County is unique in that approximately 35 percent of our residents are seniors which is amongst the highest concentration of seniors within a single county in the State of Florida. Despite this high concentration of seniors, who are the most common utilizers of hospice care, there is only a single hospice provider serving the entire county. While that provider is a vital community partner, healthy competition only fosters quality and cost-effectiveness. Our county has grown remarkably in recent years, and we must have a second quality hospice operator.”
- “Our county desperately needs a choice in hospice providers. Currently, when someone has a bad experience with the only hospice provider, they are unable to choose another provider for a future need that may arise for end-of-life care”
- “The single most important feature that seniors demand when it comes to any type of post-acute care, physicians and programming, is CHOICE. Seniors should be able to choose which providers and programs care for them and their loved ones each step of the way. I am appalled that Sarasota County, Florida, a county with such an exorbitant retiree population, does not have a choice in hospice programs.”
- “While I have no qualms with our County existing hospice, I absolutely support healthy competition. We are a county with several choices when it comes to assisted living facilities, nursing homes, home health agencies and even physicians. We should have multiple choices in hospice programs. After all, competition fosters quality.”

The anticipated volume (admissions) by quarter for the Continuum Care for the first two years of operation is as follows:

Continuum Care of Sarasota Projected Admissions Years One & Two			
Year One		Year Two	
Quarter	Admissions	Quarter	Admissions
1	10	5	87
2	39	6	95
3	62	7	102
4	79	8	111
Year 1	190	Year 2	395

Source: CON application #10607, Volume 1, Tab 2, Page 83, Table 1

Continuum Cares forecasted market penetration and market share projected by the applicant in its volume projections in the above table are reasonable and realistically attainable. Of the 190 admissions in year one, the absorption period is also reasonable as only 49 admissions (26 percent) are anticipated in the first six months of operation. This includes the licensure period beginning of month one and anticipated certification by month six.

The projected disease and age mix during the first two years of Continuum Cares operations are as follows:

Continuum Care Hospice Admissions by Terminal Illness Years One and Two		
Disease	Year One Admissions	Year Two Admissions
Cancer	48	99
Cardiac	37	79
Respiratory	29	59
Other	76	158
Total	190	395
Under 65	19	40
Over 65	171	355

Source: CON application #10607, Volume 1, Tab 2, Page 84, Table 1

The applicant has projected the mix of hospice patients under the age of 65 to hospice patients over the age of 65 is 10:90. As illustrated in the previous table, the mix of cancer to non-cancer programs is projected at a ratio of 25:75. Continuum Care disease mix is based on analysis of patient by disease at the existing hospice, downward trend of non-cancer patients at Tidewell and the annual deaths by disease category.

Continuum Care asserts that it is the appropriate applicant to address the Not Normal & Special Circumstances identified herein this Agency report, Continuum Care of Sarasota LLC will accept upon approval of this CON application the conditions detailed in Schedule C (CON application #10607, Volume 1, Tab 4, Page 2).

Reflective of its commitment to serve any and all terminally-ill residents of Subdistrict 8D, Continuum Care of Sarasota LLC indicates its willingness to accept any such conditions on its Certificate of Need based on any representations made throughout CON application #10607. 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.

Based on the information, assertions and conditions of within CON application #10607, supported by information in the application and information provided in Supporting Documents, Continuum Care of Sarasota LLC asserts that Not Normal & Special Circumstances exist in the SA 8D. Continuum Care of Sarasota LLC asserts that it is well situated and fully dedicated to ameliorating both the Not Normal & Special Circumstances in SA 8D, Sarasota County, Florida. Continuum Care of Sarasota LLC maintains that it should be awarded approval of this CON application #10607 to establish a hospice program in Subdistrict 8D, Sarasota County, Florida.

2. Agency Rule Criteria and Preferences

a. 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.

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

Continuum Care of Sarasota LLC (CON application #10607) is committed to meeting the needs of all patients and their families in need of end-of-life care in Sarasota County, SA 8D. The applicant states it will admit patients of all diagnoses as defined by AHCA in its October 4, 2019 publication of Florida Need Projections for Hospice Programs that includes all age groups and all diagnoses. The applicant states it provided a detailed explanation of these underserved patient populations as well the applicant's strategy and plan for enhancing accessibility to hospice amongst these groups (see items E.1.a-b. of this report, CON application #10607).

- (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 Sarasota LLC (CON application #10607) will have contractual agreements with Sarasota County nursing homes and hospitals, as well as other healthcare providers designed to meet patient needs in Sarasota County, including inpatient care. The applicant states that by collaborating with hospitals and nursing homes to provide hospice inpatient care, the applicant will fulfill its goal to expand awareness and utilization of hospice.

The applicant points out that it has been in the Sarasota County market for months meeting with hospitals, SNFs, ALFs and community and business leaders. CHH indicates the facilities that have already voiced their willingness to work with Continuum Care if CON application #10607 is approved by the Agency include:

Hospitals: - the Bayfront hospitals are in Charlotte County (SA 8A)

- Bayfront Health Port Charlotte
- Bayfront Health Punta Gorda
- United States Department of Veterans Affairs (Sarasota has a community based outpatient clinic and the Sarasota Vet Center)

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Skilled Nursing Facilities:

- Consulate Health Care of Sarasota
- Glenridge on Palmer Ranch Skilled Nursing Facility
- HarborChase of Sarasota
- Hawthorne Village Healthcare and Rehabilitation
- Heartland Health Care Center – North Sarasota
- ManorCare Health Services – Sarasota
- Pines of Sarasota Rehabilitation & Senior Care Community
- Sunset Lake Health & Rehabilitation Center

Assisted Living Facilities:

- Alderman Oaks Retirement Center
- Heron House Assisted Living Facility
- Angels Senior Living
- Ashton Place
- Brookdale Deer Creek
- Glenridge on Palmer Ranch ALF
- The Springs at South Biscayne

- Arden Courts of Sarasota
- Cabot Reserve on the Green
- Poet's Walk
- Arden Courts of Sarasota
- Fruitville Holdings Oppidan Assisted Living
- Sunshine Meadows Assisted Living Facility
- Bradenton Palms Assisted Living

The applicant comments that some of the other hospitals and SNFs in SA 8D currently have contracts with the existing hospice provider, and therefore some of them were reluctant to provide letters of support to a new provider until a CON is issued by the Agency. The applicant asserts that despite this reluctance, Continuum Care is confident that it will be able to enter into other contractual agreements to have inpatient beds (scatter beds) available at hospitals well distributed in SA 8D.

- (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 Sarasota LLC (CON application #10607) maintains it is committed to serving all SA 8D patients including those who do not have primary caregivers at home, the homeless and patients with AIDS.

The applicant asserts that it will serve homeless patients in Sarasota County and will admit patients to its hospice service even if the patient does not have a caregiver at home. The applicant indicates if the patient is not able to care for him/herself and has no caregiver support group, then Continuum Care may recommend placement in an ALF or SNF, in which the hospice program will be able to provide residential care. Continuum Care states that social workers will assist patients without financial resources to obtain residential care in a hospice unit within an ALF or SNF, as determined by their medical condition. The applicant asserts that, to serve patients appropriately in this situation, Continuum Care proposes to either establish relationships with area SNFs and ALFs, or enter into per diem contracts or developing hospice units, as the need arises.

Continuum Care states that in 2018 there were six AIDS-related deaths in Sarasota County and affirms it is committed to serving those with AIDS.

The reviewer notes that a copy of sample contracts to be used in this effort are included in the Supporting Documents Section of CON application #10607, Volume 3, Tabs 16 and 17.

- (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.**

SA 8D is comprised of a single county – Sarasota County, Florida. This preference is not applicable.

- (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 Sarasota LLC (CON application #10607) asserts that it is committed to providing only the highest quality services. The applicant indicates that to carry out its mission and commitment, Continuum Care will offer a host of special programs and services that are not specifically covered by private insurance, Medicaid or Medicare. Continuum Care’s unique services and programs, along with its distinguishing attributes are summarized in CON application #10607, and will be extended to Sarasota County residents if approved. Continuum Care indicates that it will provide the Non-Core Services, described herein, as a condition of the approval of CON application #10607.

Service Intensity

The applicant states there are several characteristics of Continuum Care Programs that distinguish them from the other hospice programs. The applicant maintains that the most significant attribute of Continuum Care is that the staff prides themselves on the intensity of service that far surpasses NHPCO minimum requirements for staffing.

The applicant indicates every new patient is seen at Continuum Care within two hours of referral, seven days a week. The two-hour turnaround time is a testament to Continuum Care’s dedication to serving the needs of any and all hospice appropriate patients. The applicant points out that most hospice organizations will tell a caller on Saturday that someone will be out to see the patient Monday. The applicant asserts Continuum Care will see that patient within two hours.

Continuum Care indicates patients are visited by a home health aide five to seven days per week, which allows Continuum Care to recognize changes in the patient ahead of the curve, and to be proactive, rather than reactive. The applicant indicates this helps to provide outcomes that are more comfortable for the patient and prevent unnecessary hospitalizations as well. The applicant states five to seven weekly visits are an enormous benefit for the patient and for facilities where the patients reside, because it helps their staffing levels. Another feature of CCH's high service intensity is RN visits for every patient twice weekly, daily if the patient is actively passing, to provide symptom management and proper planning.

The applicant asserts that as a reflection of the commitment to provide a service intense program, Continuum Care conditioned this CON application on the provision it will provide the following minimum core staffing:

- The applicant will assure each patient has five to seven HHA visits per week, provided this is acceptable to the IDT, patient and family.
- 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.
- 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 and the patient/family selecting the hospice option.

The applicant indicates receiving an outpouring of support for CON application #10607 from a number of healthcare providers in Sarasota County including hospitals, ALF administrators, SNF administrators, clinicians, physicians, business and community leaders. The applicant asserts that in addition to choice and/or dissatisfaction with the sole hospice provider in SA 8D, many SNF and ALF operators in Sarasota County mentioned Continuum Care's service intensity as one of the reasons they are in support of CON application #10607. Continuum Care maintains it is committed to serving Sarasota County with a service intense approach to enhance the quality of care every patient deserves at the end-of-life.

Additional Therapies

- Music Therapy – The applicant comments that music therapy is clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic

relationship by a board-certified music therapist (MT-BC). Continuum Care conditions approval of this CON application on the provision that it will offer music therapy to its patients initiating on the first day of the program's operation, and will have a fulltime-equivalent MT-BC available to provide this therapy. The applicant asserts the following benefits from this therapy:

- Pain Management
- Anxiety Reduction
- Improving Comfort
- Expression of Emotion (both Verbally and Non-Verbally)
- Increasing Feelings of Meaning & Purpose
- Resolving Family Conflict/Relational Stress
- Processing Grief-Related Feelings and Experiences
- Increasing Self-Esteem/Self-Acceptance
- Increasing Range of Coping Mechanisms
- Enhancing Quality of Life
- Gaining a Sense of Spiritual Support
- Fostering Meaningful Sensory Engagement
- Creating Positive Memories at the End-of-Life
- Virtual Reality Program – The applicant states virtual reality (VR) program was deployed at Continuum as a result of the organization's culture and mission to provide non-pharmacological interventions to ease patients and families experiences. Continuum Care conditions approval of this CON application on the provision that it will offer its VR Program to its patients initiating on the first day of the program's operation. VR Program materials are found in the application's Volume 3, Tab 19.
- Equine Therapy –Continuum Care conditions approval of this CON application on the provision that it will offer equine therapy to its patients initiating in the first year of the program's operation. Equine therapy information is located in Volume 2, Tab 4 of CON application #10607.
- Veterans Programming – The applicant indicates it will serve and support Veterans through its We Honor Veterans Program; the We Honor Veterans Program is recognized by NHPCO and the DVA. Continuum Care states it will offer the We Honor Veterans Program once certified. Veteran's program information is located in Volume 3, Tab 18 of CON application #10607.
- Continuum Palliative Resources – The applicant states that this is an advanced disease management program for patients who are at a maximum therapy level and approximately 24 months from the end-of-life. Continuum Care conditions approval of

this CON application on the provision that it will offer its Continuum Palliative Resources program to its patients initiating within the first six months of receiving its Medicare certification. Continuum Palliative Resources are located in Volume 2, Tab 2 of CON application #10607. Continuum Care states that 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** – The applicant indicates that this program particularly stresses the need for improved hospice access in Sarasota County among Black and Hispanic residents. The applicant includes - *Racial Disparities in Hospice Utilization* in Volume 3, Tab 13 of CON application #10607.

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 Sarasota LLC (CON application #10607) indicates in Schedule 6A of the application a total of 18.99 FTEs for year one (ending September 30, 2021) and a total of 41.67 FTEs for year two (ending September 30, 2022). The applicant’s staffing pattern is shown below.

**Continuum Care Sarasota LLC (CON application #10607)
Projected Year One and Year Two FTE Staffing Units**

	Total FTEs Year One ending 2021	Total FTEs Year Two ending 2022
Administration		
Administrator	1.00	1.00
Hospice Liaison/Educator	2.00	2.50
Hospice Support	3.12	6.00
Physician		
Physician	0.25	0.30
Nurse Practitioner	0.00	0.50
Nursing		
Clinical Director	1.00	1.00
Clinical Manager	0.00	0.25
RNs	1.85	5.41
LPNs	1.85	5.41
Nurses’ Aides	3.20	9.30
Other: On-Call Representative	1.00	3.00
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	0.96	2.50
Volunteer/Bereavement Manager	0.92	1.00
Chaplain	0.96	2.50
Total	18.99	41.67

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

Continuum Care of Sarasota LLC (CON application #10607) states having been networking in the Sarasota County health care referral community for quite some time and that its level of support from area providers is evidence of this. Continuum Care 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). Other expected sources are stated to be physicians, family members and patients themselves.

- (c) **Projected number of admissions, by payer type, including Medicare, Medicaid, private insurance, self-pay and indigent care patients for the first two years of operation.**

Continuum Care of Sarasota LLC (CON application #10601) provides the following projected number of admissions by payer source for the first two years of operations.

Continuum Care Hospice Admissions by Payer Source Years One and Two		
Payor Source	Year One Admissions	Year Two Admissions
Medicare	174	363
Medicaid	4	8
Charity	7	14
Self-Pay	1	2
Insurance	4	8
Total	190	395

Source: CON application #10607, Tab 2, Page 111, Table 1

The applicant expects 3.5 percent charity patients and 2.0 percent Medicaid. In addition, it expects not to collect any funds on the patients it treats during the first three months of operation between licensure and certification dates.

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

Continuum Care of Sarasota LLC (CON application #10607) provides the following projected number of admissions by terminal illness for the first two years of operations.

Continuum Care Hospice Admissions by Terminal Illness Years One and Two		
Disease	Year One Admissions	Year Two Admissions
Cancer	48	99
Cardiac	37	79
Respiratory	29	59
Other	76	158
Total	190	395

Source: CON application #10607, Tab 2, Page 111, Table 2

- (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 Sarasota LLC (CON application #10607) 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 Hospice Admissions by Terminal Illness		
Years One and Two		
Age Cohort	Year One Admissions	Year Two Admissions
Under 65	19	40
Over 65	171	355
Total	190	395

Source: CON application #10607, Tab 2, Page 112, Table 1

(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 Sarasota LLC (CON application #10607) 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 Sarasota LLC 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.

Continuum Care 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. Continuum Care states that equine therapy will be provided by a therapist at the contracted stable.

(g) Proposed arrangements for providing inpatient care.

Continuum Care of Sarasota LLC (CON application #10607) states it will contract with Sarasota County nursing homes and hospitals to meet the needs of its patients and will not build freestanding hospice facilities (see Schedule C – Condition #9). Continuum Care states that when representatives were in the market meeting with SNF and ALF leadership, it was frequently voiced by leadership that the current hospice provider will relocate their patients/residents to one of their many hospice houses throughout the region, and often outside Sarasota County, SA 8D. The applicant asserts families often prefer their

loved ones 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.

Continuum Care provides sample nursing home and hospital inpatient agreements used by Continuum in Volume 3, Tabs 16 and 17 of CON application #10607.

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

Continuum Care of Sarasota LLC (CON application #10607) will develop relationships with existing ALFs, SNFs and hospitals to use their existing infrastructure to provide the residential and inpatient component of hospice care. The applicant has already met with representatives of the following SNFs and ALFs that have relayed their willingness to work with Continuum Care, if awarded CON application #10607 to operate in SA 8D.

No new beds will be added as a result of this proposal. The applicant will not be constructing beds and will contract for existing beds on an as needed basis; it has no intent of increasing the total number of beds available by facility (both hospital and nursing home). Continuum Care states a high confidence in being able to enter into sufficient contracts with existing facilities for beds to meet its needs.

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

Continuum Care of Sarasota LLC (CON application #10607) indicates that general inpatient care will be provided in a contractual hospital or nursing home within Subdistrict 8D, 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 Sarasota patient needs hospitalization for any reason unrelated to the terminal diagnosis, traditional Medicare Part A would be utilized.

Continuum Care indicates that in addition to general inpatient care, Continuum Care 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. The applicant comments that for patients covered under other insurance, the duration of respite services may be longer. The applicant maintains this benefit may be used to give the family/ caretaker a rest and the patient does not need to meet acute care standards.

Continuum Care asserts an aim to assure the continuity of care between inpatient and outpatient settings by developing a specific policy focused on communication among team members, hospital staff, physicians and others services. The applicant comments that the aim is to assure there are no gaps in treatment and patient needs through the transitions in levels of care.

Continuum Care provides sample Policies & Procedures for Inpatient Services (General Inpatient & Respite) in Volume 2, Tab 10 of CON application #10607.

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

Continuum Care of Sarasota LLC (CON application #10607) states Continuum Care is committed to serving all patients including those who do not have primary caregivers at home. The applicant comments that this is evidenced by Continuum Care's history of serving these patient populations in its existing markets. Continuum Care indicates it 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 his/herself and has no caregiver support group, the applicant comments that it may recommend placement in an ALF or SNF where the hospice program will be able to provide residential care. The applicant asserts social workers will assist patients without financial resources to obtain residential care in a hospice unit within an ALF or SNF, as determined by their medical condition. Continuum Care maintains that it will establish relationships with area SNFs and ALFs with per diem contracts or develop hospice units as the need arise.

Continuum Care previously cited sample contracts to accomplish these goals in Volume 3, Tabs 16 and 17 of CON application #10607.

(k) Arrangements for the provision of bereavement services.

Continuum Care of Sarasota LLC (CON application #10607) contends that bereavement services are an integral part of the hospice program; Continuum Care will have a social worker and spiritual counselor 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 will continue to provide bereavement support to grieving families for one year. Continuum Care notes that 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 comments that a bereavement plan of care is developed based on an assessment of the patient/family needs at the time of admission and provision of hospice care, and again when the patient dies. The applicant states 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.

Continuum Care indicates it 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 death of the individual hospice patient. Sample Continuum Care Policies & Procedures for Inpatient Services (General Inpatient & Respite) are included in Volume 2, Tab 10 of CON application #10607.

(l) Proposed community education activities concerning hospice programs.

Continuum Care of Sarasota LLC (CON application #10607) indicates it will provide extensive community education activities surrounding the benefits of hospice to increase hospice awareness and utilization. Additionally,

Continuum Care comments its minority team will be involved in educating and assessing minority populations within SA 8D. The applicant maintains 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 Sarasota County community. Continuum Care indicates that it will host hospice educational events at senior organizations, African American organizations, religious affiliated groups, Hispanic organizations, Veterans organizations and health fairs, all in effort to educate the community at large on the benefits of holistic end-of-life care through hospice. Continuum Care addresses outreach to veterans in Condition 10, Schedule C, Volume 1, Tab 4, Page 2 of CON application #10607.

(m) Fundraising activities.

Continuum Care of Sarasota LLC (CON application #10601) states that it has an independent 501(c)(3) charitable organization—Continuum Care Hospice Foundation 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. Continuum Care Foundation provides funding for the extraordinary needs of Continuum Care patients and families that extend beyond the borders of the traditional hospice benefit. The applicant comments that funding interventions can range from fulfilling a final wish for a quiet anniversary celebration, to helping pay for utility bills or covering travel costs to bring a distant family member to a patient's bedside; specific programs include Continuum Make a Wish program, special bereavement programs and educational programs in the community

Continuum Care points out that the vast majority of the funds the foundation has are from the generous gifts from former patients and their families. Continuum Care 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.

- 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 Sarasota LLC (CON application #10607) states that Continuum Care will comply with all reporting requirements, reporting results to the Agency or its designee, by the required timeframes.

3. Statutory Review Criteria

- a. **Is need for the project evidenced by the availability, quality of care, accessibility and extent of utilization of existing health care facilities and health services in the applicant's service area? ss. 408.035(1)(a) and (b), Florida Statutes.**

In Volume 45, Number 194, of the Florida Administrative Register, dated October 4, 2019, zero need was published for a hospice program in Service Area 8D (Sarasota County) for the January 2021 hospice planning horizon. However, Continuum Care indicates that Not Normal & Special Circumstances exist in SA 8D constitute a net need for it proposed hospice program.

As previously stated, Continuum Care cites the following:

1. Tidewell Hospice, Inc. operates a regional monopoly that includes Subdistrict 8D and two other contiguous hospice subdistricts.
2. Tidewell's hospice house model of care breaks the continuity of care for the patient and adversely impacts Subdistrict 8D nursing homes and ALFs.
3. Admissions and readmissions to the regional monopoly provider have resulted in an artificial suppression of fixed need.
4. Florida's Medicaid managed care statute requires "hospice choice" to maintain network adequacy and health plans have the right to terminate hospice providers based on quality metrics.
5. The lack of Competition & Need for Choice in hospice programs has been voiced by the community.

Tidewell Hospice Penetration Rate Three Subdistricts Aggregated Current Utilization and 2018 Deaths					
Tidewell	U65C⁽¹⁾	65C⁽²⁾	U65NC⁽³⁾	65NC⁽⁴⁾	Total
Hospice Admissions ⁽⁵⁾	642	2,504	411	6,203	9,763
2018 Resident Deaths	624	2,408	1,751	8,383	13,166
Tidewell Hospice Penetration Rate	102.88%	103.99%	23.47%	74.03%	74.15%

Source: CON application #10607, Volume 1, Tab 2, Page 118, Table 1, from AHCA Florida Need Projections for Hospice Programs October 4, 2019, and NHA Analysis

Notes:

- (1) U65C – under the age of 65 with cancer as the primary diagnosis
- (2) 65C – older than 65 with cancer as the primary diagnosis
- (3) U65NC – under the age of 65 with a non-cancer diagnosis
- (4) 65NC – older than 65 with a non-cancer diagnosis
- (5) Total to Tidewell in its three subdistricts

The reviewer notes that Continuum Care contends that in SA 8D the existing hospice provider has a total penetration rate of 74.15 percent, as shown in the previous table.

Tidewell Hospice Penetration Rate Subdistrict 8D Current Utilization and 2018 Deaths					
Tidewell	U65C⁽¹⁾	65C⁽²⁾	U65NC⁽³⁾	65NC⁽⁴⁾	Total
Hospice Admissions ⁽⁵⁾	295	1,150	199	2,767	4,410
2018 Resident Deaths	257	1,091	652	3,873	5,873
Tidewell Hospice Penetration Rate	114.8%	105.4%	30.5%	71.4%	75.1%

Source: Florida Need Projections for Hospice Programs, AHCA, October 4, 2019 and NHA Analysis

- (1) U65C – under the age of 65 with cancer as the primary diagnosis
- (2) 65C – older than 65 with cancer as the primary diagnosis
- (3) U65NC – under the age of 65 with a non-cancer diagnosis
- (4) 65NC – older than 65 with a non-cancer diagnosis
- (5) Derived from proportionately extrapolating Tidewell admissions by category

Source: CON application #10607, Volume 1, Tab 2, Page 119, Table 1

The applicant states that Tidewell’s Subdistrict 8D hospice penetration rate for residents with cancer, under 65 years of age is 115 percent and its penetration rate for those 65+ with cancer is 105.4 percent. Continuum Care indicates that serving in excess of 100 percent of the patients with cancer in an entire county demonstrates that there is a great deal of readmissions in this market. The applicant states that there were reportedly 4,410 unique admissions to Tidewell originating from Subdistrict 8D, of which 1,445 were cancer diagnoses. The applicant contends that there were only 1,348 cancer deaths in 2018. Continuum Care notes that this disparity suggests this provider is shifting patients from one subdistrict to another, resulting in the artificial suppression of need, and is presented as Not Normal & Special Circumstance #2.

The applicant notes that Tidewell's potentially overstated admissions are artificially suppressing the need for an additional hospice provider, thus propagating a never-ending monopolistic environment where terminally ill residents are never provided a choice in hospice provider. Continuum Care contends that it is important that AHCA approve a second hospice provider to serve this region to enhance competition, resulting programs and appropriate reporting.

The applicant points out that CON application #10607 is being submitted in the absence of published need by the Agency in its Florida Need Projections for Hospice Programs publication dated October 4, 2019 for the January 2021 Hospice Planning Horizon. Continuum Care maintains that despite lack of numeric need as computed by Agency Rule, Continuum Care of Sarasota demonstrates Not Normal & Special Circumstances exist in SA 8D. The applicant comments that in accordance with Rule 59C-1.0355(4)(d), Florida Administrative Code approval under Special Circumstances is defined. Continuum Care notes that the Rule states: *"...In the absence of numeric need identified in paragraph (4)(a), the applicant must demonstrate that circumstances exist to justify the approval of a new hospice. Evidence submitted by the applicant must document one or more of the following: 1. That a specific terminally ill population is not being served..."* The applicant indicates that, per the AHCA Rule 59C-1.008(2)(e)2, Florida Administrative Code for Certificate of Need Procedures: *"Not Normal Circumstances may also be demonstrated by evidence of programmatic, geographic, financial and/or cultural access problems in a given planning area."* The applicant contends that these Not Normal & Special Circumstances that are so evident in the market warrant approval of this applicant both individually on their merits, and in aggregate.

The applicant's arguments (five specific 'criteria) are presented in great detail in sections E(1)(a) and (b) of this report.

SA 8D is currently served by the following provider:

- Tidewell Hospice, Inc.

- 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.**

Continuum Care of Sarasota LLC (CON application #10607) 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 Continuum Care identifies as unique programs and services in Volume 1, Tab 2, Pages 123 to 126 of the application:

- Service Intensity (noting Schedule C, Condition #s 4 to 8) – This program is described in greater detail in Volume 1, Tab 2, Pages 31 to 32 of CON application #10607 and in section 2((a)(5) of this report.
- Music Therapy (noting Schedule C, Condition #2) – This program is described in greater detail in Support Documents, Volume 2, Tab 8 of CON application #10607.
- Virtual Reality Program (non-pharmacological interventions to help with the experience of its patients and families, noted in Schedule C, Condition #1) – This program is described in greater detail in Supporting Documents, Volume 3, Tab 19 of CON application #10607.
- Equine Therapy (noting Schedule C, Condition #3) – This program is described in greater detail in Supporting Documents, Volume 3, Tab 5 of CON application #10607.
- 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 #8) – This program is described in greater detail in Supporting Documents, Volume 2, Tab 2 of CON application #10607.
- Minority Outreach (stressing the need for improved hospice access in Sarasota County among Black and Hispanic residents)

The reviewer notes that Continuum Care unique programs and services are also discussed section 2(a)(5) of this report.

Continuum Care indicates that, if approved it will have staffing levels that exceed minimum requirements for hospice, as determined by NHPCO. The applicant states that Continuum Care will develop and maintain a Quality Assurance Performance Improvement (QAPI) Plan similar to those that are already utilized by its affiliated programs. The applicant further states that objectives of the Continuum Care QAPI plan are as follows:

- To show measurable improvement in indicators that demonstrate an improvement in patient outcomes
- 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 who is responsible for QAPI, the composition of the QAPI Committee and the QAPI Committee responsibilities, as well as Performance Improvement overall are discussed in Volume 1, Tab 2, Pages 127 and 128 of CON application #10607. The reviewer notes that the following major topics are discussed in Volume 1, Tab 2, Pages 129 to 131 of CON application #10607:

- 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 Volume 3, Tabs 11 and 12 of CON application #10607.

CCH provided a detailed narrative of the parents' experience in serving lower income and medically underserved communities in response to E(1)(a) and (b) of this report.

The applicant comments that in addition to community support for this project, Continuum Care also garnered significant support from representatives of key organizations in other states that Continuum Care Hospice affiliate programs work; representatives of these organizations have provided an attestation to the quality care that Continuum Care has provided in these various markets. The Applicant points out that it has provided a sampling of the many former patient families who have written thank you notes and letters in support of its affiliate programs; these letters speak to the quality initiatives and compassionate care Continuum provides on a regular basis. These letters are provided in Volume 1, Tab 5 of CON application #10607.

The applicant indicates that in addressing Rule 59C-1.030, one of the major criteria used in the evaluation of Certificate of Need applications is the extent to which a proposed service will be accessible. Continuum

Care asserts that it will admit all eligible patients without regard to their ability to pay; this is Continuum's policy and also a requirement of Conditions of Medicare Participation. The applicant states that this will be measured by Continuum Care continued Medicare certification.

The applicant has conditioned this CON application on the provision it will provide the following minimum core staffing:

- 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.
- 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.
- 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 on hand and the patient/family selecting the hospice option.

- 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 Sarasota LLC (CON application #10607): 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 \$334,650, which includes this project of \$324,650, 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.

d. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035 (1)(f), Florida Statutes

Analysis:

The immediate and long-term financial feasibility of the project is tied to expected profitability. Profitability for hospice is driven by two factors, volume of patients and length of stay/condition of the patient. A new hospice program in a service area with published need is more likely than not to be financial feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

The vast majority of hospice days are paid by Medicare (Medicaid is the next largest payer with similar reimbursement rates). As such, revenue is predictable by day and service type. Schedule 7 includes revenue by service type. We have divided the applicant's projected revenues by the estimated Medicare reimbursement rates for each level of service in year two to estimate the total patient days that would be generated by that level of revenue. The results were then compared to the applicant's estimated number of patient days. Calculated patient days that approximate the applicant's 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.

HOSPICE REVENUE (Year Two) TABLE 1

CON 10607	Continuum Care of Sarasota LLC				
Sarasota	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.04	0.9341	\$122.40	\$59.67	\$182.07
Routine Home Care 61+ days	\$103.56	0.9341	\$96.74	\$47.16	\$143.90
Continuous Home Care	\$940.24	0.9341	\$878.28	\$428.18	\$1,306.46
Inpatient Respite	\$238.89	0.9341	\$223.15	\$202.43	\$425.58
General Inpatient	\$640.96	0.9341	\$598.72	\$360.39	\$959.11
Year Two Comparison Sept. 22	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.093	\$198.94	\$1,676,086		8,425
Routine Home Care 61+ days	1.093	\$157.22	\$1,676,086		10,661
Continuous Home Care	1.093	\$1,427.45	\$333,772	10	97
Inpatient Respite	1.093	\$464.99	\$189,820		408
General Inpatient	1.093	\$1,047.94	\$414,476		396
		Total	\$4,290,240		19,987
		Days from Schedule 7			20,640
		Difference			653
		Percentage Difference			3.16%

The applicant’s projected patient days are 3.16 percent or 653 days more 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 have a loss the first year of \$603,034 but increase in year two, to a profit of \$225,861.

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) & (g), Florida Statutes.**

Analysis:

Strictly, from a financial perspective, the type of price-based competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost-effectiveness through competition is typically achieved via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in hospice, price based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited.

Conclusion:

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.**

The applicant is seeking to establish a new hospice program. There are no construction costs and methods associated with any of the applicant's proposals.

- g. Does the applicant have a history of providing health services to Medicaid patients and the medically indigent? Does the applicant propose to provide health services to Medicaid patients and the medically indigent? ss. 408.035(1)(i), Florida Statutes.**

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal Regulations 418.108). Hospice care also must be provided regardless of ability to pay and regardless of age, race, religion, sexual orientation, diagnosis, payer source or financial status.

Continuum Care of Sarasota LLC (CON application #10607) asserts that historically, Continuum on average provides approximately 3.5 percent patient days for charity patients and an additional two percent for Medicaid patients; this excludes the Medicaid beneficiaries who receive hospice services under the Medicare benefit.

Continuum Care contends that it will admit patients to the program, regardless of their ability to pay. Continuum Care 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. Continuum Care asserts that Continuum Palliative Resources (Schedule C – Condition #8) reduces hospital readmission rates by actively managing the symptoms of the patient.

The applicant projects two percent of the facility's total annual patient days will be provided to Medicaid patients during both years one and two. The applicant projects 3.5 percent of the facility's total annual patient days will be provided to charity care patients during both years one and two.

F. SUMMARY

A hospice program net need of zero was published for a new hospice program in Hospice Service Area 8D, Sarasota County. Therefore, the applicant is applying to establish a new hospice program in the absence of published numeric need.

Continuum Care of Sarasota LLC (CON application #10607) is a newly formed, development stage entity with no operating history, is proposing to establish a new hospice program in Hospice Service Area 8D, Sarasota County. Tidewell Hospice, Inc. is currently the sole hospice provider in Subdistrict 8D.

The applicant is proposing total project costs of \$324,650.

The applicant's Schedule C includes 10 conditions.

Need/Access:

The Agency's need methodology resulted in no numeric published need for a new program in Hospice Service Area 8D.

Continuum Care of Sarasota LLC indicates that the following special circumstances exist to justify the approval of a new hospice program in the proposed area:

1. Tidewell Hospice, Inc. operates a regional monopoly that includes Subdistrict 8D and two other contiguous hospice subdistricts.

2. Tidewell's hospice house model of care breaks the continuity of care for the patient and adversely impacts Subdistrict 8D nursing homes and ALFs.
3. Admissions and readmissions to the regional monopoly provider have resulted in an artificial suppression of fixed need.
4. Florida's Medicaid managed care statute requires "hospice choice" to maintain network adequacy and health plans have the right to terminate hospice providers based on quality metrics.
5. The lack of Competition & Need for Choice in hospice programs has been voiced by the community.

Other contentions presented by the applicant include:

- There is a calculated net numeric need for an additional provider when using Medicare data of 641 patients
- Continuum Care projects that it will serve 395 Sarasota County resident admissions by year two of operation (2022).
- Continuum Care intends to enter Sarasota County with the same dedication to meeting the unique needs of the community as it currently does in its facilities throughout the nation
- Continuum Care will bring new programs and approaches that it has used successfully in other states (California, New Hampshire, Massachusetts, Rhode Island and Washington) to SA 8D
- Continuum Care will provide services that are not currently being adequately delivered by the existing provider in the subdistrict – 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
- Continuum Cares skill and experience in innovative quality hospice programs and services
- The ability to respond to a request for hospice care and services within one hour, initiate the assessment process within two hours, and expedite admission to the hospice subject to having a physician order at hand, and the patient/family selecting the hospice option (Schedule C, condition 7)

- The commitment that Continuum Care has made with this application to meet the specific needs of the subdistrict
- National reputation of Continuum Care as an industry leader of hospice services
- Demonstrated financial feasibility of the proposed Continuum Care hospice application
- Continuum will not implement hospice houses in Sarasota County and will rather allow patients to remain in their respective facility, receiving end-of-life care in place without disruption

Continuum Care expects 190 admissions in year one (2021) and 395 admissions in year two (2022).

CON application # 10607 (Continuum Care of Sarasota LLC), on balance, satisfied the statutory and rule criteria for a new hospice provider in SA 8D – this included identifying the proposed populations that are being underserved for hospice, services proposed to make hospice accessible and available to underserved populations which will enhance access to hospice services to residents, proposing services not presently offered in SA 8D and support for a second hospice provider from many Sarasota County healthcare providers.

Quality of Care:

Continuum Care is a newly formed, development stage entity with no operating history in Florida.

The applicant offered evidence of its ability to provide quality care.

Quality features described by Continuum Care 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

Financial Feasibility/Availability of Funds:

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, this project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

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 Sarasota LLC (CON application #10607) proposes the following total annual patient days:

- 0.5 percent self-pay (year one and year two)
- 2.0 percent Medicaid (year one and year two)
- 3.5 percent charity patient care (year one and year two)

The applicant offers no Medicaid/self-pay/charity condition.

Hospice programs are required by federal and state law to provide services to everyone requesting them and therefore the Agency would not place Medicaid and charity care patient conditions on the project.

G. Recommendation

Approve CON #10607 to establish a new hospice program in Hospice Service Area 8D. The total project cost is \$324,650.

CONDITIONS:

1. The applicant will implement its Virtual Reality Program at the onset of its program. It will be made available to all eligible Continuum Sarasota 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 Sarasota 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 Sarasota 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.
4. The applicant will become accredited by Community Health Accreditation Partner (CHAP) once certified. This will be measured by the applicant's submission of its accreditation certificate to AHCA upon receipt.
5. 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.
6. 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.
7. 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 at hand, and the patient/family selecting the hospice option. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
8. 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.
9. The applicant will not build or operate freestanding hospice houses in Sarasota County, Subdistrict 8D. This will be measured by a signed declaratory statement submitted to AHCA.
10. 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.

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 & Management Consultant Manager
Certificate of Need