

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

**A. PROJECT IDENTIFICATION**

1. Applicant/CON Action Number

**Amedisys Hospice, LLC/CON #10608**

3854 American Way, Suite A  
Baton Rouge, Louisiana 70816

Authorized Representative: Paul Kusserow  
Chief Executive Officer (CEO)  
(225) 229-3198

**Continuum Care of Broward LLC/CON #10609**

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

Authorized Representative: Samuel Stern  
CEO  
(510) 499-9977

**Family Pillars Palliative Hospice Care, LLC/CON #10610**

2625 Weston Road  
Weston, Florida 33331

Authorized Representative: Denis Tighe, Jr., RN, MSN  
Managing Partner  
(201) 218-1447

**Odyssey Healthcare of Marion County, LLC/CON #10611**

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

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

2. Service District/Subdistrict

Hospice Service Area (SA) 10 – Broward County

**B. PUBLIC HEARING**

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

**Letters of Support**

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

**Amedisys Hospice, LLC (CON application #10608):** Dante Valdivieso, President – Lightstream Medical, 12515 Orange Drive, Suite 801, Davie, Florida 33330

**Continuum Care of Broward LLC (CON application #10609)** provides a large number of excerpts (pages 42-75, Volume 1, Tab 2) and complete letters of support in Volume 1, Tab 5 of CON application #10609, respectively). These letters are from healthcare organizations, social service organizations, businesses leaders, other entities and personal testimonials, largely within but in some cases outside SA 10. The applicant divides its letters of support into the following categories:

- Hospitals/ Health Systems & Hospital Organizations – six letters (all in Broward County, Florida)
  - Memorial Healthcare System
  - Kindred Hospital Hollywood
  - Kindred Hospital Fort Lauderdale
  - Kindred Hospital Coral Gables
  - South Florida Hospital & Healthcare Association
  - Colonel Joanne S. Martindale, BCC, Chaplain, United States Veterans Army & United States Department of Veterans Affairs<sup>1</sup>
- Skilled Nursing Facilities (SNFs) – seven letters (all in Broward County, Florida)
  - Wilton Manors Health and Rehabilitation Center, Greystone Health Network
  - West Broward Rehabilitation and Healthcare
  - Glades West Rehabilitation & Nursing Center
  - Palms Care Center
  - Fort Lauderdale Health and Rehabilitation (has a VITAS inpatient unit)

<sup>1</sup> There are four community based VA Outpatient Clinics in Broward County, the closest VA hospitals are in Palm Beach and Miami-Dade Counties.

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- Assisted Living Facilities (ALFs) – 20 letters (all in Broward County, Florida)
  - North Lake Retirement Home
  - Azalea Gardens Assisted Living
  - Colonial Assisted Living at Fort Lauderdale
  - All Dunn Assisted Living
  - Christallis Manor
  - Cypress Manor Assisted Living Facility
  - The Garden of Health
  - Gentle Touch Assisted Living
  - Golden Age Manor
  - Gracious Living
  - HarborChase of Coral Springs
  - Havencrest Assisted Living Facilities
  - Lindy Care at Coral Springs
  - Margate Manor
  - Eastside Active Living
  - Extended Care ALF
  - Newport Home Care, Inc.
  - Ranmar Gardens
  - Villa Rio Vista
  - Belmont Village Senior Living, Fort Lauderdale
- Physicians, Home Health Agencies, Nurse Registries and Other Healthcare Organizations – 22 letters
  - Nada Bosckovic, M.D., Board Certified, Internal Medicine & Palliative Care, Broward Health North, Broward County, Florida
  - Moises Issa, M.D., F.A.C.S.G., Internal Medicine, Primary Care Physicians of Florida, Broward County, Florida
  - Rodolfo Guevara, M.D., Internal Medicine, Medical Specialists of South Florida, Deerfield Beach, Broward County, Florida
  - Jennifer L. Fichera, D.O., Family Practice, Healthy Partners Primary Care, Memorial Health Network, Pembroke Pines, Broward County, Florida
  - Tatiana Mais, ARNP, Medical Specialists of South Florida, Broward County, Florida
  - Joseph Bornstein, ARNP, Medical Specialists of South Florida, Broward County, Florida
  - Marlene Lieberman, MSW, NHA, CSA, CMC, Owner & Operator, Senior Care Planning, Broward County, Florida
  - Philip Burke, Account Executive, Senior Nannies Home Care, Fort Lauderdale, Broward County, Florida
  - Joy Monica Bouza, ARNP, Medical Specialists of South Florida, Broward County, Florida

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- Carolina Galleguillos, Counselor & Coordinator, Memorial Senior Center, Hollywood, Broward County, Florida
- Melanie McMillion, Licensed Mental Health Counselor, Center for Creative Living, Coral Springs, Broward County, Florida
- Brett Feldman, Vice President of Business Development and Client Services, Senior Advantages/Senior Nannies, Fort Lauderdale, Broward County, Florida
- Tracey Codling, Home Health Aide, Broward County, Florida
- Jennifer Smith, Director of Marketing, Trilogy Home Services, Coral Springs, Broward County, Florida
- Cristie Guerra, ARNP, Medical Specialists of South Florida
- Alina Prouty, Pompano Beach, Broward County, Florida
- Judi Allman, ARNP, Medical Specialists of South Florida, Pompano Beach, Broward County, Florida
- Equine Therapy & Virtual Reality Partners – three letters
  - Bit by Bit Medical Therapeutic Riding Center, Davie, Broward County, Florida
  - Kyle Rand, Cofounder and CEO, Rendeever, Inc., Somerville, Massachusetts
  - Kristen Bouchard, Owner & Operator, Washington County Stables, Richmond, Rhode Island
- Community Organizations, Business Leaders and Religious Leaders – five letters
  - Rabbi David Gold, MHA, No Jew Should Die Alone and Hospice Chaplain, Fort Lauderdale, Broward County, Florida
  - Cremation Society of America, Hollywood, Broward County, Florida
- Out of State Support – five letters
  - Jenelyn C. Lim, MD, FACP, Medical Director, Quality Improvement & Care Coordination Program, Stanford Healthcare's University HealthCare Alliance - Accountable Care Division
  - Larry Varela, RN, MS, Hospice Director, Kaiser Permanente Medical Center
  - John A. Stoukides, MD, ScD, Chief, Division of Geriatrics and Palliative Medicine & Senior Medical Director, CharterCare Provider Group RI
  - Michelle Schneidermann, Medical Director, Care Coordination and Special Projects, Alameda Alliance for Health
  - Suzi K. Johnson, MPH, RN, Vice President, Sharp Hospice Care

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Selected excerpts of support letters are located on pages 40 & 41, Volume 1, Tab 2, Schedule 2 in CON application #10609. A comprehensive list of entire letters of support is found in Volume 1, Tab 5 of CON application #10609.

Continuum Care of Broward LLC provided excerpts of its letters of support that are included as part of the corroborating evidence for arguments in favor of approving CON application #10609 in Broward County, Florida (SA 10). The reviewer reproduced some of these excerpts in the applicable portions of this report.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** letters of support are located in Appendix 2 of CON application #10610. Selected excerpts of support letters are located on pages 16 - 23, 34 - 41, 74 and 75 in CON application #10610.

Letters of support are noted from the following SA 10 providers:

- Stacia Senkel LPN, Resident Director of Services – Five Star Senior Living, The Forum at Deer Creek, Deerfield Beach, Broward County, Florida
- Mary Christersson, Director of Client Care – Respite Home Care, Coral Springs, Broward County, Florida
- Rosemary Cruz, Resident Services Manager – Park Summit Five Star Senior Living Community, Coral Springs, Broward County, Florida
- Amy Seigel RN CCM, Director – Advocare, Ind., Coral Springs, Broward County, Florida
- Cory Hoffman OTR/L RAC-CT CAPS, VP of Operations – Solaris Rehab, Broward County, Florida
- Doris Haas RN CCM CMC QDCS, Geriatric Care Manager & Aging Life Care Professional – Atlas Aging Life Care Management, Fort Lauderdale, Broward County, Florida
- Dorothy Morrison, Community Social Worker, Elderly & Veteran Services, Broward County, Florida
- Michael Shen MD MS FACC, Chief Medical Officer – Duxlink Health, Sunrise, Broward County, Florida
- Eric Townes BSW MBS-HC, Executive Director – Emerald Park of Hollywood Assisted Living, Hollywood, Broward County, Florida
- Maria Dominguez, Director of Resident Services – Premier Residences of Plantation, Plantation, Broward County, Florida
- Michelle Shipley RN GCM, Home Health Nurse & Geriatric Care Manager, Broward County, Florida
- Mykelle Henry, Healthcare Administrator – Covenant Living of Florida, Plantation, Broward County, Florida

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- Alex Cruz, Director of Rehab – Genesis Rehab Services, Orange City, Volusia County, Florida
- Linda Bruns RN, Resident Health Coordinator – Covenant Living of Florida, Plantation, Broward County, Florida
- Marlene Lieberman MSW NHA CSA CMC, Certified Care Manager & Aging Life Care Professional – Senior Care Planning, Inc., Deerfield Beach, Broward County, Florida
- Nerlyn Jestine ARNP, Customized Care Health Management, Broward County, Florida
- Pablo Doria, Practice Business Manager – Duxlink Health, Sunrise, Broward County, Florida
- Zach Desmond, Executive Director – Alternative Home Health, Kindred at Home, Broward County, Florida
- Derek Byerly, Professional Guardian ad Litem, Broward County, Florida

The applicant provided excerpts of its letters of support that are included as part of the corroborating evidence for arguments in favor of approving CON application #10610 in Broward County (SA 10). The reviewer reproduced some of these excerpts in the applicable portions of this report.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** letters of support are located in Appendices FFF through ZZZ of CON application #10611. These include:

- Peter Mason – Executive Director – Tamarac North Lauderdale Chamber of Commerce, Tamarac, Broward County, Florida
- William C. McCormick MBA, CEO – Americlaims Billing, Tamarac, Broward County, Florida
- Dinah Pickett, Franchise Owner – Home Instead Senior Care, Hollywood, Broward County, Florida
- Myra Perez Fliegler, Administrator – Active Senior Living Residence, Tamarac, Broward County, Florida
- Allen Masconi, Business Office Manager – Colonial Assisted Living, Miami Gardens, Miami-Dade, Florida
- Belinda Davis MHA, Resident Services Director, The Horizon Club-Five Star Senior Living, Deerfield Beach, Broward County, Florida
- Nicola Chandler Byam, Administrator – Tamarac Rehabilitation & Health Center, Tamarac, Broward County, Florida
- Eduardo D. Gruvmar, Partner – Nutrition Smart Natural Organic Grocery & Vitamins, Pembroke Pines, Broward County, Florida

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Letters of support are noted from the following physicians:

- Steve Lee MD, Conviva Physicians Group PLLC, Miami, Miami-Dade County, Florida
- Lidia R. Bermudez MD, LRB Medical Services, Miami, Miami-Dade, Florida
- Scott R. English MD, Westside Regional Medical Center, North Miami Beach, Miami-Dade, Florida

Letters of support are noted from the following hospital/IP & Respite providers:

- Doug Oinson NHA, Executive Director Kindred SAU, Hollywood, Broward County, Florida
- David Wagner, South Florida Market CEO – Kindred Hospital South Florida, Hollywood, Broward County, Florida
- Theodore L. Welding, CEO – Kindred Hospital South Florida, Fort Lauderdale, Broward County, Florida
- Tamika Singh MD, Aspire Health, Plantation, Broward County, Florida
- Robert V. Barbarite MD, Internal Medicine, Parkland, Broward County, Florida
- Kim Miller ARNP CMC, Associate Director – SeniorBridge, Fort Lauderdale, Broward County, Florida
- Jennifer Smith, Director of Marketing – Trilogy Home Healthcare, Coral Springs, Broward County, Florida
- Dinah Pickett, Franchise Owner – Home Instead Senior Care, Hollywood, Broward County, Florida
- Kate Hagberg, Administrator – SeniorBridge Home Care, Melbourne, Broward County, Florida
- James Buscemi, Owner & CEO – Home Care Assistance, Parkland, Broward County, Florida
- Abiodun Adeagbo RN MSN, Director of Clinical Management – Kindred at Home, Sunrise, Broward County, Florida
- Javonne Young, Managing Partner – Senior Social Club, Margate, Broward County, Florida
- Lynda H. Smith, Hollywood Hills United Methodist Church, Hollywood, Broward County, Florida
- Rev. Thomas M. Spear, First Baptist Church of Pompano, Pompano Beach, Broward County, Florida

The applicant include 25 letters of support from employees of Odyssey and its affiliates.

**C. PROJECT SUMMARY**

**Amedisys Hospice, LLC (CON application #10608)** referenced as AH, or the applicant, is a for-profit limited liability company formed in the State of Louisiana on January 26, 2004 and authorized to do business in the State of Florida on October 21, 2019. The applicant is applying to establish a hospice program in SA 10 – Broward County. AH’s parent, Amedisys, Inc. (AI), acquired Compassionate Care Hospice (Compassionate Care) in February 2019. Compassionate Care provides hospice services in SAs 3E, 6B & 11.

Amedisys, Inc. is a post-acute healthcare service company with three operating divisions: home health, hospice and personal care. AI is focused on care in the home and owns/operates 471 care centers in 38 states in the United States and the District of Columbia. *Summary and individual lists of Amedisys, Inc. Care Centers in Florida* are found on pages 3 and 4 of CON application #10608.

In this batching cycle, Amedisys also proposes to establish new hospice programs in SAs 2A and 3A.

The applicant expects issuance of license and initiation of service in February 2021. AH proposes \$755,760 in total project costs.

Pursuant to project approval, Amedisys offers the following Schedule C conditions (24 conditions):

Clinical Programs and Related Services to Enhance Programmatic Access

- 1) The applicant will implement its Cardiac & Pulmonary Connections program upon licensure and commencement of services and will make it available to all eligible patients with a qualifying cardiovascular or pulmonary disease.  
*Measurement: Documentation will be included in the annual CON condition compliance report including:*
  - a. *Program policies and procedures and resumes/CVs of advanced nurse practitioners and the Program Medical Director*
  - b. *Calendar of Events and/or Meetings, letters of invitation, etc. for area cardiologists regarding the time and place of quarterly meetings*
  - c. *Confirmation of meetings or conference calls with staff of local hospitals to review the Program*
- 2) The applicant will implement its End-stage program for Alzheimer’s/Dementia upon licensure and commencement of operations.



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

- a. Program policies and procedures
  - b. The number of patients served by disease condition
- 3) The applicant will implement a Palliative program upon commencement of services in year one.
- Measurement: Documentation will be included in the annual CON condition compliance report identifying the number of patients served.*
- 4) The applicant will offer Alternative Therapy Services, beyond the core hospice benefit, including, but not limited to, Companion Therapy (Pet therapy), Music Therapy, Reiki, Aromatherapy and Massage Therapy upon commencement of services in year one.
- Measurement: Documentation will be included in the annual CON condition compliance report including:*
- a. Program policies and procedures
  - b. The number of patients and patient visits
- 5) The applicant will implement its Haircuts for Hospice program, led by an Amedisys Volunteer Coordinator, upon commencement of services in year one.
- Measurement: Documentation will be included in the annual CON condition compliance report including:*
- a. Program policies and procedures
  - b. The number of patients and treatments (e.g. haircuts, shampoos and shaves)
- 6) The applicant will implement its Sitting Vigil program, led by an Amedisys Volunteer Coordinator, upon licensure and commencement of operations so that “No One Dies Alone.”
- Measurement: Documentation will be included in the annual CON condition compliance report including:*
- a. Program policies and procedures
  - b. The number of volunteers, patients and patient visits

**Staffing and Staff Development**

- 7) Registered Nurses (RNs) will be encouraged to become Certified Hospice and Palliative Nurse (CHPN) certified.
- Measurement: Documentation will be included in the annual CON condition compliance report with the number and percent of supervisory RN’s who are CHPN certified.*
- 8) All Social Workers will either have a Master’s Degree in Social Work (MSW) or be a Licensed Clinical Social Worker (LCSW) upon the date of hire or within six months of hire.
- Measurement: Documentation will be included in the annual CON condition compliance report with resumes/CV’s and/or licensure numbers and date of issuance.*

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- 9) Within year one and thereafter, the applicant commits to providing Continuing Education Units (CEU) offerings for **Amedisys-employed** registered nurses, licensed practical nurses, occupational therapists, physical therapists, and licensed social workers at no charge through the applicant's CEU courses accredited by the American Nurses Credentialing Center, Florida State Board of Physical Therapy Association, American Occupational Therapy association and the National Association of Social Workers.  
*Measurement: Documentation will be included in the annual CON condition compliance report including:*
- a. *Policies and procedures*
  - b. *A list of the number of employees receiving CEU credits by skill position, the number of credits and the accrediting agency*
- 10) The applicant will provide all eligible employees the opportunity to complete educational courses that will support the hospice's efforts of providing the highest level of quality care and achieve operational excellence. A Tuition Reimbursement Award of up to \$2,000 annually will be available to all eligible and approved full-time hospice employees. No employees are required to apply for financial assistance but have the opportunity available to them if they choose.  
*Measurement:*
- a. *The Human Resource Policy for Tuition Reimbursement will be provided in the annual compliance report*
  - b. *Documentation will be provided in the annual compliance report with the number of employees receiving the tuition reimbursement benefits, the amount received, current positions within the applicant's hospice, and the degree or training the employee is working towards*
- 11) The applicant will offer its LPN to RN Internship Program within one year of licensure and commencement of services.  
*Measurement: Documentation will be included in the annual CON condition compliance report including:*
- a. *Policies and Procedures*
  - b. *A list of the number of enrolled LPNs in the program, if any*
- 12) At least 25 percent of all interdisciplinary team (IDT) members consisting of physicians, registered nurses, home health aides, social workers, chaplains and volunteers, will be bilingual (English and Spanish).  
*Measurement: Documentation will be included in the annual CON condition compliance report including:*
- a. *Program policies and procedures and resumes/CVs of staff*
  - b. *A signed declaratory statement submitted to the Agency*

Quality of Care

- 13) The applicant will provide a 24/7 telephone answering service for patients and families that is jointly operated by TeleMed, Inc. and Amedisys Triage Nurses.  
*Measurement: Documentation will be included in the annual CON condition compliance report including:*
- a. Program policies and procedures
  - b. Copies of publications and materials with information about the 24-hour service
  - c. A list of the number of calls by date
- 14) Caregivers will utilize bedside tablets in order to promote and document evidence of continuity and quality of care.  
*Measurement: Documentation will be provided in the annual compliance report with a list of purchased equipment.*
- 15) The applicant has conditioned approval of this application on the provision it will become accredited by the Accreditation Commission for Health Care (ACHC) upon licensure and certification.  
*Measurement: Documentation will be included in the annual CON condition compliance report.*
- 16) The applicant will exceed the national average in the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Satisfaction Survey based on the most recent available data in terms of:
- a. Getting timely help;
  - b. Getting help for symptoms; and,
  - c. Rating of Hospice.
- Measurement: Documentation will be provided in the annual compliance report with the Applicant's ratings in comparison to the national averages.*
- 17) The applicant will exceed the national average in the Hospice Item Set (HIS) Survey based on the most recent available data in terms of at Least one Hospice Visit when Death is Imminent in the Last three Days of Life from Registered Nurses, Physicians, Nurse Practitioners or Physician Assistants.  
*Measurement: Documentation will be provided in the annual compliance report with the Applicant's ratings in comparison to the national averages.*
- Community Education and Outreach
- 18) The applicant will implement its "We Honor Veterans" program upon licensure.  
*Measurement: Documentation will be included in the annual CON condition compliance report including:*
- a. A list of Veterans Administration (VA) facilities visited by provider type, date and contact person

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- b. Examples of educational information and related materials for staff, patients and families*
  - c. Copies of correspondence, as applicable, between the Applicant's Medical Director and the Medical Directors of the area's VA Hospitals regarding hospice services*
  - d. A list of veteran's organizations, clubs, and social organizations (e.g. Amvets, VFW, American Legion, etc.) visited or contacted by name, date, and contact person*
- 19) The applicant will implement a Comprehensive outreach program to Assisted Living Facilities (ALFs) and Skilled Nursing Facilities (SNFs) and will visit licensed ALF and SNF providers in the Hospice Service Area upon commencement of operations.  
*Measurement: Documentation will be included in the annual CON condition compliance report including:*
  - a. A list of facilities visited by provider type, date and contact person*
  - b. Examples of educational information and related materials for staff, residents or patients and families*
- 20) The applicant will implement its Trees in Memory program upon licensure and commencement of operations.  
*Measurement: Documentation will be included in the annual CON condition compliance report including:*
  - a. Program policies and procedures*
  - b. The number of trees planted in honor of patients deceased*
- 21) The applicant will implement a Hispanic/Latino outreach program upon licensure and commencement of operations.  
*Measurement: Documentation will be included in the annual CON condition compliance report including:*
  - a. Program policies & procedures and resumes/CVs of staff*
  - b. Calendar of Events and/or Meetings, letters of invitation, etc. with area wide organizations such as: Hispanic Unity of Florida, the Borinquen Health Care Center, Latinos Salud, the Broward Chapter of the National Association of Hispanic Nurses, the Broward County Hispanic Bar Association and the South Florida Hispanic Chamber of Commerce*

**Finance Commitments to Enhance Financial Access**

- 22) The applicant will apply for participation in Florida's Medicaid program within six months after receiving Medicare certification as a hospice provider.  
*Measurement: Documentation will be included in the annual CON condition report.*

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

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

- a. *Policies and procedures*
  - b. *A list of the employees and patients receiving financial assistance*
- 24) The applicant will provide a combination of at least five percent annually of total patient days to patients who are reimbursed under Traditional Medicaid, or Managed Medicaid or Uncompensated care.

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

**Continuum Care of Broward LLC (CON application #10609),** referenced as CCB or the applicant, is a developmental stage corporation formed for the purpose of initiating hospice services in SA 10, Broward County, Florida. CCB's parent corporation, Continuum Care Hospice (CCH) was founded in 2013 and has six hospice programs providing services in five states. These include two in California - Continuum Care Hospice LLC & Continuum Care North Bay LLC, and 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).

Continuum Care also proposes to establish new hospice programs in SAs 6A and 8D in this batching cycle.

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

The applicant proposes \$304,350 in total project costs.

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Pursuant to project approval, CCB offers the following Schedule C<sup>2</sup> conditions (11 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 Broward 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 Broward 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 Broward 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 implement a minority outreach program for the black and Hispanic population assembling an appropriate care team for assessment and treatment of this population. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
- 5) The applicant will become accredited by CHAP once certified. This will be measured by the applicant's submission of its accreditation certificate to AHCA upon receipt.
- 6) The applicant will assure each patient has five to seven Home Health Aide (HHA or aid) visits per week, provided this is acceptable to the IDT, patient and family. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
- 7) The applicant will assure each patient has a minimum of two RN visits per week, provided this is acceptable to the IDT, patient and family. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
- 8) The applicant will seek to respond to all 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. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
- 9) The applicant will implement its Continuum Palliative Resources program within six months of receiving its Medicare certification. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.

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- 10) The applicant will not build or operate freestanding hospice houses in Broward County, SA 10. This will be measured by a signed declaratory statement submitted to AHCA.
- 11) The applicant will implement its Veterans outreach program, "We Honor Veterans," once certified. This will be measured by a signed declaratory statement submitted to AHCA.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)**, referenced as FPPH or the applicant, is a newly formed for-profit entity for the purpose of initiating hospice services in SA 10, Broward County, Florida. The ownership structure of the FPPH has three principle owners Denis J. Tighe, Jr., RN, MSN, Patrick Grogan and Ralph Feldmann. Mr. Tighe is part owner and has operational control of Family Pillars Hospice, Inc. in Bethlehem, Pennsylvania. Mr. Grogan is the current Director of Business Development for Complete Home Care, a Florida based home health care company. Mr. Feldmann is a partner in two Assisted Living Campuses in Lehigh Valley, PA and has also invested and collaborated in the successful Family Pillars Hospice. Family Pillars Hospice serves over 160 patients in 32 different ALF/Personal Care Homes throughout the Lehigh Valley area in Pennsylvania.

The applicant expects issuance of license in August 2020 and initiation of service in September 2020. The applicant proposes \$432,694 in total project costs.

Pursuant to project approval, FPPH offers the following Schedule C conditions (two conditions):

- 1) FTE of community liaison service will be provided in support of expanding and enhancing hospice care within the Broward County African American/Hispanic and Creole/homeless/dementia populations during Year one of the proposed Family Pillars Broward County operation. This condition is expanded to a commitment to provide 1.5 FTEs of community liaison service in support of expanding and enhancing hospice care within the Broward County African American/Hispanic and Creole/homeless/dementia populations during Year two of the proposed Family Pillars Broward County operation.  
*Compliance with this condition will be provided yearly to AHCA in the form of a letter documenting the actual FTEs provided annually in support of these community liaison activities.*
- 2) Family Pillars Palliative Care Hospice conditions this project such that \$10,000 year one, \$20,000 year two and \$30,000 year three will be provided in support of Broward County's homeless populations and an expansion of hospice support services within this homeless group.

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*Compliance with this condition will be provided yearly to AHCA in the form of a letter documenting the actual resources invested annually in support of this Broward County homeless population.*

**Odyssey Healthcare of Marion County, LLC (CON application #10611)**, referenced as OHMC, Odyssey or the applicant, is a wholly owned subsidiary of Gentiva Health Services, Inc., which also owns Kindred at Home (Kindred). Kindred operates 372 hospice sites located in 34 states. Kindred provides hospice services in SAs 1, 2A, 3B, 4B, 7B and 11.

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

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

The applicant proposes \$411,940 in total project costs.

Pursuant to project approval, OHMC offers the following 16 Schedule C conditions:

- 1) Establishment and maintenance of two offices to serve the needs of Broward County at start-up of the hospice program. Initially, it is expected that one of its offices will be located at 510 Shotgun Road in Sunrise 33326 or in close proximity. The first office will become operational January 2021 (pending necessary approvals) and will be followed by opening the second office in 2022. The second will be located in the central or northern portion of the County depending on the demonstrated need.

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

- 2) Odyssey Healthcare of Marion County, LLC commits to minimum of 25 percent of its employees being bi-lingual and to provide translated forms and literature as needed.

*Compliance with this condition will be documented by annual submission of a declaratory statement to AHCA that the condition has been met. Odyssey Healthcare of Marion County, LLC will maintain statistics which demonstrates the total number of employees and the number of individuals who speak languages other than English. This will be made available to the Agency upon request with names redacted to protect the privacy of the employee. This condition will also be measured by an annual report to AHCA providing a summary of the translated documents.*



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- 3) To meet the cultural needs of the underserved African American and Hispanic communities, Odyssey Healthcare of Marion County, LLC will commit to at least 25 percent being a minority workforce. *Compliance with this condition will be documented by annual submission of a declaratory statement to AHCA that the condition has been met. Odyssey Healthcare of Marion County, LLC will maintain statistics which demonstrates the total number of employees and the number of minority individuals. This will be made available to the Agency upon request with names redacted to protect the privacy of the employee.*
- 4) Odyssey Healthcare of Marion County, LLC commits to seek accreditation by the Community Health Accreditation Program (CHAP) or the Accreditation Commission for Health Care (ACHC) at the earliest date possible but no later than within the second year following the commencement of operations. *Compliance with this condition will be documented by annual submission of a declaratory statement to AHCA that the condition has been met. This will include copies of accreditation application and letter of accreditation.*
- 5) Implementation of an educational outreach program to better serve the Hispanic, African American and other underserved population groups identified by the program personnel in conjunction with community leaders. This will include a mobile hospice capability which will travel as appropriate to many of the following: community centers, health care facilities, churches and ALF meetings to provide hospice outreach and education. The outreach program will provide pamphlets, brochures and firsthand information about hospice services. The applicant is committing \$100,000 to this program. *Compliance with this condition will be measured by an annual report to AHCA providing a summary of the Hispanic education and outreach program.*
- 6) Odyssey Healthcare of Marion County, LLC conditions this application to develop a program for “End-Stage Cardiac” patients which includes telehealth. *Compliance with this condition will be documented by Odyssey Healthcare of Marion County, LLC providing the Agency supporting documentation that a program has been developed. Additional information will include financial records and any written agreements in relation to the telehealth equipment such as leases.*
- 7) Implementation of Homecare Homebase electronic medical records (or equivalent) system at start-up, including the use of mobile point-of-care devices. *Compliance with this condition will be measured by a report to AHCA documenting the implementation at start-up.*

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- 8) Expansion of Odyssey Healthcare of Marion County, LLC's Veterans Program upon initiation of the hospice program in SA 10. *Compliance with this condition will be measured by a report to AHCA documenting the Veteran's Program has been implemented in SA 10.*
- 9) Expansion of Odyssey Healthcare of Marion County, LLC's Vigil Volunteer Program into SA 10, equipped with a team of specifically trained volunteers available to respond on short notice to provide presence during the last few hours of life to patients without family support or patients and families who need additional support. Vigil volunteers also provide support to family members who need a break from the bedside of their loved ones during the dying process. *Compliance with this condition will be documented by an annual report to AHCA summarizing the accomplishments of the Vigil Volunteer Program.*
- 10) Offering of internship experiences for positions such as social workers, bereavement counselors, chaplains, nursing students and medical students. We will seek contracts with local universities, colleges and technical schools as Odyssey Healthcare of Marion County, LLC has done in other markets. *Compliance with this condition will be measured by an annual report to AHCA summarizing the number of interns taking advantage of the program in SA 10.*
- 11) The applicant will agree to forgo fundraising solicitations for a minimum of two years in SA10 to be sensitive to the needs and relationships of the existing providers. However, it is likely that patients and families who have benefitted from the care provided by the applicant might wish to make a donation. They will be provided a list of local charities and foundations to encourage the funds remain in the community. *Compliance with this condition will be documented by providing an annual report to AHCA demonstrating that donations have not been received.*
- 12) Recruitment of a minimum of 25 percent bilingual volunteers. Patients' demographic information, including other languages spoken, is collected so that the most compatible volunteer can be assigned to fill each patient's visiting request. *Compliance with this condition will be measured by an annual report to AHCA summarizing the number of bilingual volunteers who have been recruited and retained.*
- 13) Provision of alternative therapies beyond the core hospice benefit, such as massage therapy, pet therapy, music therapy, art, or other such alternative therapies when eligible and needed. *Compliance with this condition will be measured by an annual report to AHCA summarizing the alternative therapies provided.*

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- 14) Odyssey Healthcare of Marion County, LLC commits to provide up to \$2,500 per employee and up to \$20,000 annually for tuition reimbursement for employees to continue education in hospice or end-of-life care. This includes tuition reimbursement for Odyssey Healthcare of Marion County, LLC staff to obtain Hospice Certification, further enhancing the quality of care for hospice patients/residents, as well as supporting staff ability to advance professionally.  
*Compliance with this condition will be documented by an annual affirmative statement to AHCA that a tuition reimbursement process is in place. In addition, the applicant will provide a listing of hospice certified staff.*
- 15) Offering of specific programs and targeted outreach efforts to serve patients with non-cancer diagnoses.  
*Compliance with this condition will be measured by a signed declaratory statement by Odyssey Healthcare of Marion County, LLC which may be supported by review of admission reports by patient diagnosis produced by Odyssey Healthcare of Marion County, LLC.*
- 16) 4.5 percent of the admissions will be Medicaid/Uncompensated (Existing providers in SA 10 average 4.4percent)

*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 applicants' proposed conditions are as previously stated. However, Section 408.043(3) Florida Statutes states "Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under Section 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 healthcare 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 (Section 408.031-408.045, Florida Statutes) and applicable rule criteria within Chapters 59C-1 and 59C-2, Florida Administrative Code. An approved CON does not guarantee licensure of the proposed project. Meeting the applicable licensure requirements and licensure of the proposed project is the sole responsibility of the applicant.*

**D. REVIEW PROCEDURE**

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

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

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

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

**E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA**

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

**1. Fixed Need Pool**

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

In Volume 45, Number 194, of the Florida Administrative Register, dated October 4, 2019, the Agency published need for one hospice program in SA 10 for the January 2021 Hospice-planning horizon. Therefore, the **co-batched applicants** are applying in response to published need.

Population and Death estimates for Broward County (SA 10) and the State of Florida are shown in the following table:

**Population Estimates for Broward County (SA 10) &  
State of Florida Hospice Population  
January 2020 to January 2025**

<b>Broward County (SA 10)</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>Jan 2020</b>	<b>Jan 2025</b>	<b>Number</b>	<b>Percent</b>
Under 65	1,524,114	1,519,115	-4,999	-0.33
65+	329,228	380,794	51,566	15.66%
<b>Broward County (SA 10) Total</b>	<b>1,853,342</b>	<b>1,899,909</b>	<b>46,567</b>	<b>2.51%</b>
<b>State of Florida Total</b>				
<b>Age Group</b>	<b>Year</b>		<b>Change</b>	
	<b>Jan 2020</b>	<b>Jan 2025</b>	<b>Number</b>	<b>Percent</b>
Under 65	16,804,097	17,493,971	689,874	4.11%
65+	4,277,046	4,887,558	610,512	14.27%
<b>State Total</b>	<b>21,081,143</b>	<b>22,381,529</b>	<b>1,300,386</b>	<b>6.17%</b>

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

SA 10 is currently served by the following providers:

- Catholic Hospice, Inc.
- Heartland Hospice Services
- Hospice by the Sea, Inc.
- Hospice of Gold Coast Home Health Services
- Hospice of Palm Beach County, Inc.
- Seasons Hospice & Palliative Care of Broward County, Florida, LLC
- VITAS Healthcare Corporation of Florida

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Hospice admissions in SA 10 from July 2018 through June 2019 are shown in the following table:

**Hospice Admissions in Hospice SA 10**

<b>Hospice Provider</b>	<b>Admissions July 1<sup>st</sup>, 2018 to June 30<sup>th</sup>, 2019</b>
Catholic Hospice, Inc. †	908
Heartland Hospice Services †	342
Hospice by the Sea, Inc. †	1,294
Hospice of Gold Coast Home Health Services	260
Hospice of Palm Beach County, Inc. †	65
Seasons Hospice & Palliative Care of Broward County, Florida, LLC	1,310
VITAS Healthcare Corporation of Florida †	5,914
<b>Total</b>	<b>10,093</b>

† Also serves an adjacent service area(s).

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

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

**Amedisys Hospice, LLC (CON application #10608)** provides a 10 bulleted rationale for the project and for approval of CON application #10608 on pages 35 and 36 of Schedule B.

The reviewer notes that through narrative and exhibits (Exhibits 2 through 5), AH confirms results of the Agency’s Fixed Need Pool calculations showing need for an additional hospice program in SA 10, for the January 2021 hospice planning horizon, pages 38 through 43 of CON application #10608.

AH indicates having performed a more detailed and substantive analysis to identify hospice need in SA 10, stating that in addition to cancer/malignant neoplasms it has identified the following programmatic needs in Broward County. These are shown below:

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

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*Regarding unmet hospice need for persons in SA 10 with end-stage heart, pulmonary, dementia and Alzheimer’s diseases*

AH states on page 56 of CON application #10608:

*“...the variance of Hospice Service Area 10 to Florida in terms of the percentage discharged to hospice, or the “Alternative P Value”, is a key factor in understanding unmet needs. Positive variances indicate that hospice services are well utilized and that additional programs are needed. Concomitantly, negative variances of Hospice Service Area 10 to the State norms also represent unmet need in terms of lack of available and accessible hospice and palliative care services.”*

The reviewer notes that based on the applicant’s positive and negative variance determinations regarding hospice need in SA 10, both positive variances and negative variances identify unmet need.

AH references Condition #s 1, 2 and 3 concerning Cardiac & Pulmonary care, End-Stage Alzheimer’s/Dementia care and palliative care. AH contends that the need for these conditions are supported by SA 10 discharges from hospitals and discharges to hospice when compared to Florida overall, in CY 2018<sup>3</sup>. See the exhibit below.

**Summary of Discharges from Hospitals to Hospices for Residents of (CON #10608)  
Hospice Service Area  
10 By Disease Group/Condition CY 2018**

Disease Group/Condition	Hospice Service Area 10			Florida		
	Rank	Discharges	% of Total Discharges	Rank	Discharges	% of Total Discharges
Chronic Kidney Disease	6	191	3.4	6	2,380	3.5%
Debility	8	6	0.1	8	72	0.1%
Heart Disease	3	603	10.7	2	8,009	11.6%
Malignant Neoplasms	2	712	12.7	3	7,966	11.6%
Mental Health	7	33	0.6	7	359	0.5%
Neurological Diseases	5	282	5.0	5	3,817	5.5%
Pulmonary Disease	4	399	7.1	4	5,329	7.7%
All Other	1	3,385	60.3	1	40,881	59.4%
<b>Total</b>		<b>5,611</b>	<b>100.0%</b>		<b>68,813</b>	<b>100.0%</b>

Source: CON application #10608, Exhibit 10, page 60

AH continues its analysis of the fixed need by examining underserved populations-see Section 2(a)(1) of this Agency report.

**Continuum Care of Broward LC (CON application #10609)** states in the Executive Summary on page 4, Volume 1, Tab 2, and reiterated on page 35, Volume 1, Tab 2, of the CON application#10609:

- Hospice affirms life
- Hospice recognizes dying as a process and so our care provides comfort rather than cure

<sup>3</sup> Source: CY 2018 Agency Hospital Inpatient Data File, November 2019.

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- Hospice neither hastens nor postpones death
- Hospice provides physical, emotional and spiritual care to terminally ill persons and their families
- Hospice helps the terminally ill person maintain quality of life and helps family members through an extremely stressful time in their lives

CCB indicates and supports the use of the Agency's Florida Need Projections for Hospice Programs, Florida Office of Vital Statistics and NHA Analysis in the presentation of tables, line graphs & bar graphs to discuss SA 10. The applicant includes this on pages 7-11 and 113-117 of CON application #10609, Volume 1, Tab 2 it is as follows:

- Current Utilization and Projected Need for January 2021 Planning Horizon
- Admissions by Hospice Program for Batching Cycle 2015-2019
- Admissions by Hospice Program – 12 Months Ending June 30, 2015-2019
- Resident Deaths 2014 to 2018
- Resident Deaths and Hospice Admissions for fiscal years (FY) 2015 to 2019
- Hospice Penetration Rate – 12 Months Ending June 30, 2015-2019
- Hospice Penetration Rate Versus Florida for FY 2017 to 2019
- Population per Hospice Program by Subdistrict Licensed and Approved Hospice Program for calendar year (CY) 2018
- Deaths per Hospice Program by Subdistrict Licensed and Approved Hospice Programs for CY 2018

CCB emphasizes that primary underserved populations in SA 10 include Black and Hispanic ethnicities and residents with non-cancer diseases on pages 11-14 and 17 of CON application #10609, Volume 1, Tab 2, discussed in detail in Section 2(a)(1) of this Agency report.

CCB states the use of Florida Office of Vital Statistics and NHA Analysis to indicate Broward County resident deaths by cause (2013-2018), with five-year sum totals for those years and the death percentage by cause for the five-year period on page 18 of CON application #10609, Volume 1, Tab 2. This table is reproduced below:



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**Broward County Resident Deaths by Cause (CON #10609)  
Five-Year Trend**

Cause of Death	Resident Deaths				
	2014	2015	2016	2017	2018
Cardiovascular Diseases	5,149	5,531	5,603	5,485	5,599
Malignant Neoplasm (Cancer)	3,391	3,348	3,439	3,514	3,497
Other Causes (Residual)	1,306	1,230	1,254	1,400	1,398
External Causes	934	1,093	1,450	1,413	1,336
Respiratory Diseases	1,165	1,139	1,174	1,280	1,218
Nervous System Diseases	539	611	578	611	549
Nutritional and Metabolic Diseases	339	384	396	457	420
Infectious Diseases	412	368	411	306	323
Urinary Tract Diseases	320	309	306	295	274
Digestive Diseases	242	240	305	260	249
Symptoms, Signs & Abnormal Findings	282	121	92	127	92
In Situ, Benign, Uncert Neoplasms	109	115	104	91	84
Perinatal Period Conditions	55	66	61	47	51
Congenital & Chromosomal Anomalies	41	48	42	54	33
Anemias	35	34	35	42	25
Sudden Unexpected Infant Deaths	20	10	18	18	12
Pregnancy, Childbirth, Puerperium Complications	1	7	4	6	4
<b>Total</b>	<b>14,344</b>	<b>14,654</b>	<b>15,272</b>	<b>15,406</b>	<b>15,164</b>

Note: The applicant cites Florida Office of Vital Statistics and NHA Analysis  
Source: CON application #10609, Volume 1, Tab 2, Table 2, page 18

The applicant indicates that cardiovascular disease is the number one cause of death in Broward County, with 27,367 deaths in the last five years, and 5,599 in 2018; cardiovascular disease-related deaths represent 37 percent of all deaths. CCB indicates that cancers are the second leading cause of death, representing 23 percent of all deaths, and more than 17,000 deaths in the past five years; in 2018, 3,497 residents died of cancers. CCB indicates that respiratory disease is the third leading disease grouping causing death representing eight percent of all deaths in the last five years; in 2018, 1,218 deaths were caused by respiratory diseases. The applicant maintains that in 2018, 549 residents died of nervous system diseases, 420 of nutritional and metabolic diseases and 323 of infectious diseases.

CCB asserts that to address the significance of cardiovascular-related deaths in Broward County, and to lower the 30-day readmission rates for Broward County hospitals by patients with heart failure, CCB will implement disease specific care plans aimed to reduce the hospital readmission rate of patients with cardiovascular disease.

CCB indicates that the national readmission rate for heart failure patients (within 30 days of discharge) is 21.6 percent for the period collected between July 1, 2015 and June 30, 2018. CCB comments that hospitals in Broward County have a 30-day readmission rate for heart failure patients greater than the national average. CCB notes that for heart failure patients admitted to the palliative program, its 30-day readmission rate for heart failure patients is only 2.89 percent.

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The applicant contends that its investment in a palliative care program will greatly benefit Broward County, SA 10. CCB maintains palliative care programs are linked with hospitals and managed care providers; therefore, there are frequent meetings, often weekly, to discuss the patient's care plan and identify risks and/or needed changes to keep patients at home. CCB indicates examples of medication adjustments, introduction of therapy and addressing social service needs faster that result in better medical management.

The applicant comments that its palliative care initiative reflects a current objective and strategy of AHCA in its quest to reduce potentially preventable healthcare events including readmissions. CCB indicates that Broward County is identified as having one of the higher preventable event Regions; Broward is coded in the highest group >95 of preventable readmissions.

The reviewer notes that hospice care is a transition from curative care to palliative/hospice care, not a transition from palliative care to hospice care, considering that hospice care is already palliative in nature.

The reviewer notes the inclusion of the Agency's "*Analysis of Potentially Preventable Events of Florida Medicaid Enrollees 2015-2016 and 2016-2017*" Winter 2018 Quarterly Statewide Medicaid Managed Care Report in CON application #10609, Volume 2, Tab 2. The reviewer notes Continuum Palliative Resources (a home-based palliative care program flyer) in CON application #10609, Volume 2, Tab 3.

The reviewer notes Condition #9 – *The applicant will implement its Continuum Palliative Resources program within six months of receiving its Medicare certification.*

CCB maintains that by comparing data collected from July 1, 2015 through June 30, 2018 from the website [Medicare.gov](http://www.Medicare.gov) concerning hospice vs. Continuum's 30-day readmission rate for heart failure patients, is 2.89 percent compared to the national 30-day readmission rate of 21.6 percent. CCB asserts that using the same stated source, the applicant indicates that SA 10 hospitals have 30-day readmission rates for heart failure ranging from 20.6 percent (Broward Health North) to 24.4 percent (Broward Health Coral Springs) for this same July 1, 2015 thru June 30, 2018 time frame. The Agency reproduces the table below.

**Area Hospital 30-Day Readmission Rates (CON #10609)  
Continuum Care’s Palliative Care Readmission Rate  
Heart Failure and Total Unplanned Readmissions**

<b>Hospital</b>	<b>Heart Failure Readmission Rate</b>
<i>Continuum’s Palliative Care Program</i>	2.9%
Broward Health Coral Springs	24.4
Broward Heath Imperial Point	22.5
Broward Heath Medical Center	22.0
Broward Heath North	20.6
Cleveland Clinic Hospital	23.9
Holy Cross Hospital	21.9
Memorial Hospital Miramar	22.5
Memorial Hospital Pembroke	24.2
Memorial Hospital West	22.2
Memorial Regional Hospital	21.8
Northwest Medical Center	22.2
Plantation General Hospital	24.0
University Hospital & Medical Center	26.6
Westside Regional Medical Center	23.6
<b>National Rate</b>	<b>21.6</b>

Source: CON application #10609, Volume 1, Tab 2, page 19

CCB asserts that its palliative care initiative reflects a current objective and strategy of the Agency in its quest to reduce potentially preventable healthcare events including readmissions. CCB stresses collaborating with hospitals, SNFs and ALFs to provide the appropriate level of inpatient care and aims to serve patients in their home when possible.

The reviewer notes Condition #10 – *The applicant will not build or operate freestanding hospice houses in Broward County, SA 10.*

The applicant offers a summative narrative description of what CCB identifies as unique programs and services on pages 21 to 38 of CON application #10609, Volume 1, Tab 2. CCB provides individual narratives regarding each of the following:

- Service Intensity – reviewer notes Conditions 6, 7 & 8
  - (6) – *The applicant will assure each patient has five to seven Home Health Aide (HHA or aid) visits per week, provided this is acceptable to the IDT, patient and family.*
  - (7) – *The applicant will assure each patient has a minimum of two RN visits per week, provided this is acceptable to the IDT, patient and family.*
  - (8) – *The applicant will seek to respond to all 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.*

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- Music Therapy – reviewer notes Condition #2
  - (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.*
  - CCB states this unique program/service has the following benefits:
    - Pain Management
    - Anxiety Reduction
    - Improving Comfort
    - Expression of Emotion (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 – non-pharmacological interventions to help with the experience of its patients and families. The reviewer notes Condition #1.
  - (1) – *The applicant will implement its Virtual Reality Program at the onset of its program. It will be made available to all eligible Continuum Broward patients.*
  - Excerpt... from a letter from Rendever’s Cofounder and CEO, Kyle Rand, the letter in its entirety is found in Volume 1, Tab 5, of CON application #10609....

*“Through this virtual reality platform, we are able to offer ways to facilitate life review, allowing patients to take a stroll down memory lane by revisiting their childhood home, locations where they were married, or anywhere else from their past that brings them to a place of peace” Continuum focuses on preparing the patient and their family for the passing and also caring for the life that’s left to live. Virtual reality allows patients to take a vacation that they always wanted to take almost anywhere in the world and to have experiences they never thought possible such as scuba diving, driving a race car, or, simply, watching a beautiful sunset, all of which can be shared together with a loved one. These experiences spark conversations, decrease depression and allow new memories...” This technology in hospice is also*

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*quite effective in assisting with symptom management with non-pharmacological methods, decreasing anxiety and depression., and decreased need for and use of narcotics.*

- Equine Therapy – the reviewer notes Condition #3
  - (3) – *The applicant will implement its Equine Therapy Program at the onset of its program.*
  - Excerpt from a letter from the owner of Washington County Stables, Kristin Bouchard, who writes she “has been partnering with Continuum Hospice on their Equine Assisted Healing Program since its inception. Through my work with Continuum Care, I witnessed first-hand the benefits of healing, peace and joy that this service brings to end-of-life patients, and their loved ones...”
  - Excerpt from a letter from Susan March, Executive Director and Founder of Bit-by-Bit, states that “*Bit-By-Bit Medical Therapeutic Riding Center is a PATH Accredited Therapeutic Riding Center and an American Hippotherapy Association Registered Facility, specializing in speech, occupational and physical therapies. Our farm is in the city of Davie in Broward County. During my exchange with Continuum Care, I learned about all of the wonderful end-of-life care they provide.. and.. their Equine- Assisted Healing Program in other states. As we provide Physical, Occupational and Speech therapies to people with disabilities using the horse as part of the treatment, we certainly recognize the benefits that this service would bring to end-of-life patients. I am not aware of any other hospice program in our area that utilizes this type of service. As a stable owner, I am passionate about horses and the effects that these animals can have on a patient. I believe Continuum Care would provide an unparalleled benefit to its end-of-life patients who participate in this therapeutic approach.*”
- Veterans Programming – the reviewer notes Condition #11
  - (11) – *The applicant will implement its Veterans outreach program, “We Honor Veterans,” once certified.*
  - CCB requires:
    - All patients are assessed during the initial onboarding process for past or present military service.
    - Social worker provides information regarding the Veterans program for inclusion in the Plan of Care.

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- Volunteers and members of the patient's care team provide information on Veterans programs, provide support and recognize Veterans for their service.
- Excerpt from a letter by Colonel Joanne S. Martindale, BCC, Chaplain, United States Department of Veterans Affairs & United States Army; the letter in its entirety is found in Volume 1, Tab 5 of CON application #10609.

*"I am writing today to lend my support for Continuum Care Hospice's application to establish a new hospice program in Broward County, Florida. As a practitioner with the United States Department of Veterans Affairs, I can say, without a doubt, that Continuum Care Hospice will be a great support to the Veterans and families in Broward County. To that end, our Veteran resources in South Florida are significant, and we serve so many Veterans. In Miami-Dade County, we have the Miami VA Healthcare System. And in Palm Beach County, we have the West Palm Beach VA Medical Center and two outpatient clinics in Boca Raton and Delray Beach. Each of these resources serve significant numbers of Broward County Veterans given the nearly 80,000 Veterans residing in Broward County. As the VA representative for services and partnering with private enterprises, I can say, without a doubt, that Continuum Care Hospice will be a great support to the Veterans and families in Broward County. Continuum's steadfast commitment to ensure and increase Veterans' access to compassionate high quality hospice care when facing serious and life-limiting illness is commendable and a commitment we would love to see across the nation. One example is our Joint Commission-Accredited teaching hospital, David Grant USAF Medical Centers; it is the Air Force Medical Service's flagship medical treatment facility in the United States. It provides a full spectrum of healthcare and patient-centered treatment to a prime service area population of over 500,000. DGMC is committed to exceptional patient service, always putting the patient's needs first, respecting each patient and family and exceeding expectations daily. Our partnership with Continuum Care Hospice helps us uphold this commitment. Continuum consistently demonstrates a commitment to serving our Veterans and providing needed support to them and their families. Through direct contact with DGMC physicians, social workers, nurses and discharge staff, Continuum is able to be immediately accessible and available to meet the unique needs of our patients. They also work closely with local VA clinics and other VA hospital*

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*campuses and serve Veterans and their families in their homes, assisted living residences and nursing facilities throughout California. Through their relationships with Veteran service organizations, facilities and community groups, Continuum is also able to go beyond providing direct care to providing multiple opportunities for respectful inquiry, compassionate listening and grateful acknowledgment. The Continuum Hospice team provides holiday events and pinning ceremonies for Veterans throughout the community. These are special events that include live music, refreshments, and thank you certificates and pins to honor each Veteran's service to our country. Pinning ceremonies acknowledge the military service and sacrifices made by the Veteran and their family. The ceremony gives an opportunity for each Veteran to share part of their story. By doing so, a sense of meaning and purpose can be gained by the Veteran. Continuum is an active member of the East Bay Veteran's Partnership (EBVP), a partnership between hospice, other community partners and the VA campus. They attend meetings once per month and attend workshops offered by EBVP including specific relevant topics (i.e.: addressing PTSD for Veterans at end-of-life). Continuum is also involved in the We Honor Veterans program and through that program have provide additional education to staff regarding VA resources and improving their clinical competency in caring for Veterans. They also provide a We Honor Veterans newsletter to staff that provide additional opportunities for online workshops and events. And finally, and perhaps most importantly, Continuum's music therapist also works directly with Veteran's to provide individual music therapy and to develop Legacy Projects, an opportunity for patients to record the stories and memories of their lives. It has been found that the benefits of reminiscing and creating something beautiful to leave with family and friends helps reduce loneliness and depression, helps with grief issue, provides catharsis through remembering joy and pain, and is an excellent way to guide Veterans through their life stories toward a more peaceful ending. Continuum has been such a phenomenal partner that the Office of the Secretary of Defense recently awarded Continuum as a "Patriotic Employer" for contributing to national security and protecting liberty and freedom by supporting employer participation in America's National Guard and Reserve Force. As you can see, by approving Continuum, Veterans in Broward County - which are substantial in number, who have given so selflessly, will receive the support and compassionate care they deserve at end-of-life. Broward is home to nearly 79,000 Veterans, most*

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*of whom use the VA resources locally. With that substantial population segment, Broward County needs and deserves Continuum to support its Veterans.”*

- 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. The reviewer notes Condition #9 – *the applicant will implement its Continuum Palliative Resources program within six months of receiving its Medicare certification.* CCB states this unique program/service has the following benefits:
  - Improves communication between hospitals, SNFs, primary care physicians and specialists that result in positive outcomes for patients
  - Improved 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 and knowing when to call the physician
  - Identifying goals of care and decreasing patient and caregiver anxiety by encouraging difficult conversations 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 and spiritual care
  - Reduces the patient’s propensity to use hospital and/or the emergency department as their medical manager, and reinforce better options
  - Decreases cost of care as patients near end-of-life
- Minority Outreach– the reviewer notes Condition #4
  - (4) – The applicant will implement a minority outreach program for the black and Hispanic population assembling an appropriate care team for assessment and treatment of this population.
- Low Income and Homeless Initiatives
- Community Collaboration
- Commitment to Quality Services
- The Interdisciplinary Team (IDT) Approach



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CCB provides a diagram on page 38 of CON application #10609, Volume 1, Tab 2, indicating that CCB is superlative when compared with a traditional hospice-staffing model. CCB emphasizes the provision of a service intensity that sets it “above and beyond” traditional hospice programs.

CCB maintains that its projected admission estimates are reasonable and realistic, estimating a total of 158 admissions in year one and a total of 510 admissions in year two. See the tables below.

**Projected Admissions (CON #10609)  
Years One and Two**

Year One		Year Two	
Quarter	Admissions	Quarter	Admissions
1	11	5	95
2	32	6	118
3	50	7	137
4	65	8	160
<b>Year One</b>	<b>158</b>	<b>Year Two</b>	<b>510</b>

Source: CON application #10609, Volume 1, Tab 2, Table 1, page 77

**Admissions by Terminal Illness (CON #10609)  
Years One and Two**

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

Source: CON application #10609, Volume 1, Tab 2, Table 2, page 77

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** will provide nursing care, physical therapy, occupational therapy, speech-language pathology (SLP) therapy, music therapy, massage therapy, medical social services, home health aide (HHA) services, physician services, homemaker services, medical supplies (drugs and biologicals), medical appliances and counseling services (including dietary). On page 5 of CON application #10610, FPPH states that its goal is to “improve the quality of life and time the patients’ have with their families.”

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FPPH indicates that patients dealing with chronic, incurable diseases deal with the following issues that lead to a debilitating quality of life:

- Caregiver stress
- Physical distress
- Unanswered medical questions
- Difficulty coping
- Financial issues
- Spiritual issues

FPPH indicates that portions of the community believe that agreeing to start hospice care is just a decision to 'give up,' a major education and communication initiative of FPPH is to inform the local communities of the benefits of, and reasons for utilizing hospice care and support services; one example of this education approach is FPPH's produced materials describing the Myths about Hospice Care. The reviewer notes the pamphlet, "Top Five Myths about Hospice," found on page 7 of Schedule B in CON application #10610.

FPPH provides care via an interdisciplinary team approach of experienced and dedicated healthcare professionals including:

- Physician services provided by either the patient's personal physician or a physician affiliated with a hospice program
- Regular home care visits by RNs and LPNs to monitor the patient's condition and to provide appropriate care and maintain patient comfort
- HHA and homemaker services, attending to the patient's personal needs
- Chaplain services for the patient and/or loved ones
- Social work and counseling services
- Bereavement counseling to help patients and their loved ones with grief and loss
- Medical equipment (i.e., hospital beds)
- Medical supplies (i.e., bandages and catheters)
- Medications for symptom control and pain relief
- Volunteer support to assist loved ones
- Physical, speech, occupational, music, pet and massage therapy including lymphatic massage
- Dietary counseling
- Short-term in-patient care in the hospital, including "respite care," which is a service designed to provide family members a short break from caring for their loved one at home

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The reviewer notes the FPPH Palliative Hospice Care Patient and Family Handbook in Appendix 1 of CON application #10610.

FPPH confirms the Agency's calculation for fixed need of an additional hospice program in SA 10. FPPH comments that there is an expected 13.68 percent growth in the 65+ cohort, which is more than five times the total growth rate for Broward County.

FPPH indicates that access to hospice care is primarily a function of the availability of locally needed services, a given population's awareness and knowledge of available hospice services and the population's willingness to seek and accept hospice services in a timely manner based on unique medical, psychological and cultural factors; unlike other healthcare services, physical capacity constraints are not particularly relevant, which is different than the situation observed in facility-based health care situations. FPPH comments that even financial access issues (Medicaid/charity/indigent) are less important in this hospice situation due to the legal mandate that hospices must provide care to all appropriate patients without regard to ability to pay.

FPPH asserts that based on a comparison of actual Broward County (SA 10) hospice utilization to actual Broward County resident deaths, data show that 66.6 percent of all Broward County deaths were supported by hospice care; this is below the Florida average of 68.1 percent of deaths supported by hospice care, this documents that there is potential to expand the volume of hospice care provided in SA 10 at a minimum to the Florida average level, and that there is a need for expansion of hospice services within SA 10 to support this population.

FPPH points out that the SA 10 percentage of deaths supported by hospice care is among the lowest percentages observed in Florida (17<sup>th</sup> out of the 27 SAs); it is clear that there is a significant pool of hospice patients in SA 10 that would benefit from hospice support, and that an additional hospice provider is necessary. The reviewer notes the table comparing SA 10's hospice coverage to other SAs on page 14 of CON application #10610.

The reviewer notes applicant-selected excerpts from letters of support from Broward County, Florida healthcare providers on pages 16 through 23, of CON application #10610.

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*Maria Dominguez, Director of Resident Services, Five Star Premier Residences of Plantation*

“I am the Director of Resident Services at Five Star Premier Residences of Plantation. Hospice is an essential service in our community. We believe in hospice care and utilize it frequently, although I see where care could be delivered more effectively. Family Pillars Hospice will bring expertise and knowledge to the Senior Living communities of Broward County. We need some smaller ‘Mom and Pop’ hospice providers in this market. Their philosophy of providing education and services for patients at the 6-month mark will be very helpful to our residents and their families. I am looking forward for the day that Family Pillars can provide care to the residents of our community. I hope that you will issue a Certificate of Need to Family Pillars. I think they will bring a positive change to our seniors in their time of need.”

*Michelle Shipley, RN, GCM, Home Health Nurse and Geriatric Manager*

“My name is Michelle Shipley and I have lived and worked in Broward County as a Registered Nurse in both the Home Health field as well as a Geriatric Care Manager. Over the years I have noticed an increasing need for patients to have access to Hospice care services earlier in the dying process. Unfortunately, I find it is very rare that families and patients are learning about the benefits of hospice and palliative care services until they are days or moments away from death. Additionally, introducing these services during the last 6 months of life will not only help individuals remain comfortable but also greatly lessen the stress and financial burdens on the family members and healthcare system across the board. I feel that it is worth noting, not only have I experienced these issues in my professional career, but also in my personal life my own family members. For that reason, I strongly support Family Pillars Hospice and Palliative Care for the open position in Broward County. From my conversations with their leadership, I am confident they will improve the overall care that is being provided the sick and aging population in our community. I ask that you please award this certificate of need to Family Pillars. Thank you.”

*Mykelle Henry, Administrator, Covenant Living of Florida, Plantation*

“I am the Healthcare Administrator of Covenant Living of Florida. I am responsible for the care of our residents while admitted to our facility. Many of these residents receive hospice care during or following their stay with us. In my role, I have seen both great and lackluster examples of hospice care firsthand. As a facility, we recommend hospice to patients and families at first sign of a need. We rely on companies that remove the fear associated with end-of-

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life care by taking the time to clearly articulate the benefits of hospice care. Family Pillars has proven to be a compassionate group dedicated to providing the highest quality of hospice care. I know that they will solve this and many other problems associated with hospice care in our community. I hope that you grant Family Pillars a Certificate of Need and allow them to serve individuals needing hospice care in our market.”

*Alex Cruz, Director of Rehab, Genesis Rehab Services, Broward County*

“I am a Director of Rehab at a Skilled Nursing Facility in Broward County, FL. I provide direct care and oversee care for patients in our facility. I have experience in inpatient, outpatient and home health care settings. In my experience, I see a lack of care coordination by hospice companies with a patient’s other providers. Care coordination is vital to a patient’s quality of life while on hospice care. I also see where doctors are referring patients to hospice care too late. I think this is due to a lack of education that could be provided by the hospice agency. Lastly, I have seen where physical, occupational and speech therapy were under-utilized or not utilized at all during a patient’s hospice episode. If utilized correctly, physical, occupational and speech therapy can improve quality of life to certain hospice patients. I know that Family Pillars will be able to improve on all of these issues if given a Certificate of Need to operate in Broward County. I ask that you please issue them this Certificate so they may begin delivering care to the people who need their service.”

*Linda Bruns, RN, Resident Health Coordinator at Covenant Living of Florida, Plantation*

“I am a Registered Nurse and work as the Resident Health Coordinator at Covenant Living of Florida. I have experience in senior living and worked as a nurse in the hospital setting for many years. As a result, I have been directly involved in the care of countless patients on hospice care. I can tell you that there are unmet hospice needs in the Broward County market. I have often seen where other hospice agencies fail to make an effort to educate the patient and family of the benefits of hospice. I’ve also seen where hospice companies are admitting patients far too late in a patient’s life which is a disservice to the patient and family. I know that Family Pillars will make every effort to educate patients and their families. Please allow them a Certificate of Need so they may begin caring for those who need their expertise.”

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*Doris Haas RN, CCM, CMC, ODCS, Geriatric Care Manager, Aging Life Care Professional, Owner – Atlas Aging Life Care Management*

“I have been a Registered Nurse and healthcare advocate in Broward County for many years, currently operating my own Geriatric Care Management organization. Helping patients and families during the last few months of life is something I am constantly involved with due to the nature of my business. I understand the benefits of hospice and try to convey these to my clients. Unfortunately, I do not feel the current providers have done enough to bring education and awareness to the community on the services available under hospice and often times overcome the negative stigma that is associated with it. I would like to see Family Pillars be award the open position in Broward County. I feel we need more smaller organizations here in our community versus the large corporate groups. In my experience, the larger groups are more ‘business focused’ and have lost touch with the patients they serve. I feel more confident that a private locally run organization will do a better job managing the day to day service delivered, along with spending more time educating the community. I know a smaller group like Family Pillars will be more appreciative of the award and chance to serve the dying community and their families. Thank you.”

*Eric Townes, BSW, MBA-HC Executive Director, Emerald Park of Hollywood Assisted Living*

“I have spent most of my professional career working in the senior care market in South Florida. As the Executive Director of an Assisted Living Facility, I am tasked with helping families access the proper resources to help their loved ones age in place. Some of the most difficult conversations I need to have surround end-of-life planning during the last few months of a resident’s life. With the addition of another hospice organization in Broward County, I would like to see more education for the community on the benefits of hospice services and when it is appropriate to enroll. It is very common that families are only accessing these services at the very end versus introducing care earlier to help maintain a better quality of life. The other area of focus in Broward County should be providing dedicated bilingual staff members that are able to work closely with the minority communities to help build trust and a better understanding of the services that are available. I am very happy to hear the above needs will be addressed if Family Pillars is awarded the Certificate of Need for our area. In speaking with members of Family Pillars, I appreciated their initiatives on community education and the fact that they will employ specific

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community outreach people to help the minority community, such as Spanish and Creole speaking. I fully support Family Pillars and hope you give them the position in Broward County.”

*Dorothy Morrison, Community Social Worker specializing in Elderly and Veteran Services*

“As a long time healthcare professional and community Social Worker, I have worked with many clients during the end-of-life. Often, despite my recommendations, families and patients opt to not take advantage of hospice services for the better part of the dying process. While I obviously understand the clinical benefits to have nursing or medical components of the program, I also believe there is a great need for the non-medical or alternative measures. Respite care for the loved ones so they can take care of themselves for a few hours, pet and music therapy, massage therapy, etc. are all services that should be offered to help the more psychological battles that come during the final months of someone’s life. Family Pillars is committed to providing these services. I believe the Team at Family Pillars will deliver a more well-rounded product to our seniors during this difficult time. I was excited to hear that they are having a lot of success in Pennsylvania due to their approach to the business and how they best serve their community. I can say with confidence that they will do all they can to provide the highest quality, customer focused, and honest service to the residents of Broward County. Please award Family Pillars with the certificate of need for our area.”

*Dr. Michael Shen, MD, FACC, Chief Medical Officer, Duxlink Health*

“I work with hospice patients daily and as a Cardiologist and the Chief Medical Officer at Duxlink Health. Often the most challenging aspect of hospice care is inadequate communication between medical providers, hospice agency, and patient. Family Pillars Palliative Hospice Care promises to bring around-the-clock communication to the Broward County hospice marketplace. I fully support their goals of becoming our county’s next hospice provider and feel that they will serve unmet needs. Family Pillars has my strongest recommendation to receive a Condition of Need in Broward County. My patients deserve the highest level of care and I believe they are well suited to provide just that.”

*Marlene Lieberman, MSW, NHA, CSA, CMC, Certified Care Manager, Aging Life Care Professional, Senior Care Planning, Inc.*

“I am an MSW and Certified Care Manager in Broward County. Recently I learned that there will be an additional hospice provider introduced in Broward next year. I am happy to hear this news as

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I feel there is a great need for additional education and resources delivered to the aging and dying community. While I am happy to hear we are getting another provider, I would also like to express some of the concerns I have experienced when one of my clients needs hospice level of care. I feel customer service and response time to questions or concerns is vital in the industry, especially with a situation as delicate as a loved one on hospice. I find it difficult at time to get a hold of people after hours, either staying on hold forever or not getting a call back timely. While I know everyone is busy, I feel the large organizations have difficulty managing the high volume of calls or tend to be under staffed, which leads to increased frustration on the part of families and loved ones. I would like to see a smaller company get the open position because I know they will bring that higher level of customer service and family satisfaction despite a very uncomfortable time in everyone's lives. Please take this letter as my recommendation of Family Pillars to be awarded the new agency in Broward."

*Nerlyn Jestine, ARNP, Customized Care Health Management*

"I have been a Nurse Practitioner in the South Florida market for many years. Over the past few years I have started and operate a visiting practitioner group here in Broward County. I often find that when referring patients to hospice care, families are reluctant to move forward due to the stigma associated with this service. I can only do so much as the provider to encourage them based on my knowledge of what additional resources the patient and families can receive. I find the larger companies are not equipped or willing to offer adequate efforts to help educate the community and possible referrals on the benefits of hospice. After speaking with the team from Family Pillars and working with them in other areas of the healthcare world, I'm confident they will dedicate the time and attention needed to increase awareness and overall comfort level our community when it comes to hospice care services. I think the smaller organization will have a better chance of staying in touch with the patients and surrounding community. Please award Family Pillars the open opportunity for Broward County."

*Nicole Sutton, Regional Executive Director Grand Villa*

"I have worked in the senior living industry in Broward County for many years, currently holding the position of Regional Executive Director for Grand Villa Family of Assisted, Independent and Memory Care Communities. I am absolutely in favor of a smaller locally owned and operated hospice provider being added to our area versus another large corporate run entity. In my experience,



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the larger organizations fall short on the personal connection with the community and most importantly their patients. It is very clear to our staff that many times resources are not being provided by the larger companies due to ‘business decisions’ rather than doing what is right for the client. I am confident that Family Pillars will be able to deliver a more genuine service in our community. Families will feel more comfortable working with a smaller company that truly has the best interest of their loved one in mind. I fully support Family Pillars in their efforts to win the open position and hope you make the right decision in awarding them as our new and much needed hospice care provider.”

*Pablo Doria, Practice Business Manager Duxlink Health*

“I have been in the physician practice management space for many years. Currently I oversee the operations for a multispecialty group in Broward County. Due to the nature of our practice, we see many patients with chronic diseases of the cardiac, pulmonary and endocrine systems. My staff often approaches me for advice as to what we can offer patients and families during the final few months of life. It has been difficult for my staff and our patients to properly navigate the resources available at this difficult time. After speaking with Family Pillars, I appreciate their approach to providing quality education to our community about the benefits of hospice care services and when it is appropriate to refer. Additionally, I have experienced that some of our minority population such as Spanish and Creole speaking tend to be more underserved than others. Family Pillars identified this need as well and plans to employ Spanish and Creole speaking community outreach staff to help bring awareness and build trust among these groups in our area. Please take my recommendation to award Family Pillars with the open position here in Broward County.”

*Zach Desmond, Executive Director, Alternative Home Health*

“As the Executive Director of a Private Duty Home Health Agency, I have extensive experience working alongside hospice care providers. I understand the many benefits patients and families receive through the hospice program. However, we are finding that in most instances they are waiting far too long to engage a hospice care provider. I have overseen the sales and operations for home health care organizations in six states during my professional career, and I can honestly say the lack of education on this topic is far greater here in South Florida than anywhere else I have worked. Additionally, I feel the care coordination between hospice providers and other services families are receiving can be drastically improved. I have successfully worked closely with

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members of the Family Pillars Leadership Team for several years on unrelated matters. I am confident that they will bring a higher level of service to our community and welcome a more collaborative approach to working with other resources families are utilizing during this difficult time. I am asking that you award Family Pillars the open Certificate of Need for Broward County.”

*Rosemary Cruz, Resident Services Manager, Park Summit Five Star Senior Living Community*

“I am the Resident Services Manager for Park Summit Five Star Senior Living Community in Broward County. We have Independent, Assisted and a Skilled Nursing Unit here on campus. I have seen first hand in both my personal and professional life how beneficial Hospice care is for patients in the last few days, weeks, or months of life. That being said, I notice that most individuals are not getting access to the services until the very end-of-life, making those last few months extremely taxing on the patient and their loved ones. I feel there is a great need in our community to provide better education on the benefits of Hospice and help the medical professionals in our area determine when it is appropriate to consult a hospice company for continued support. After speaking with the representatives of Family Pillars, I would like to encourage you to grant them the open Certificate of Need for Broward County. I feel they will bring the additional resources and community education into our area that will result in better all around care for our elderly and dying population. I like their approach to this difficult topic and ask that they be awarded the open position.”

*Mary Christersson, Director of Client Care, Responsive Home Care, Broward County*

“I am the Director of Client Care for Responsive Home Care in Broward County, FL. We are a private duty home care agency. I am tasked with overseeing the in-home care delivered to our clients, with many of our clients residing in an ALF or Memory Care. Naturally, some of our clients are on hospice care while receiving care from our agency. While we do see an overlap between our services and a hospice agency, I feel there are far too many missed opportunities for patients to be enrolled in hospice care services. Unfortunately, patients and family members are not aware of the benefits available to them when they are appropriate for hospice level of service. Our community can benefit from additional training and information on when it is appropriate to offer someone hospice care and more importantly how to explain it in a manner that doesn't give the impression of 'giving up.' Family Pillars Hospice and their proactive approach to hospice would certainly help our clients in their time of need. I fully support

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Family Pillars in their goal of becoming a hospice provider in Broward County. Please do issue them a Condition of Need for hospice care in our market.”

*Derek Byerly, Professional Guardian*

“Please find this letter as my recommendation to approve Family Pillars as the new hospice provider in Broward County. As a court appointed professional guardian, I have had many experiences working with hospice care providers over the years. I feel there is a great need in our community to help educate everyone on the benefits of hospice services and when it is appropriate to begin that process for a loved one. I believe Family Pillars will be proactive in their approach to educating our community on this widely underutilized program. Additionally, I feel there is a great deal of education that needs to be provided to the hospice organizations as well. As a professional guardian, I am often being borderline harassed by hospice organizations for additional documentation on my clients, such as a DNR Order. I feel that these larger hospice organizations do not provide the adequate level of training for their employees on how different areas of the health care system work. I find myself having the same conversation with multiple people in the same day from the hospice agency regarding the process for providing updated paperwork. I do my best to help educate them on the laws that govern the Professional Guardianship field, and that in most circumstances I can only make changes to a client’s care plan with a signed court order which doesn’t happen overnight. While I understand their need to keep in compliance or follow certain care path programs, I also need to follow the rules and regulations that are handed down in my profession. I believe a smaller organization such as Family Pillars will take the necessary time and attention to educate their own staff on the hospice and ancillary provider world, as well as a proper education for the community on the benefits of such care as these difficult times. Please award Family Pillars the open position in Broward County.”

FPPH forecasts to begin operations during fall of 2020, with year one operations the 12 months ending September 2021, and year two operations the 12 months ending September 2022; year one is forecast to have 225 admissions and 14,063 patient days, year two is forecast to have 450 admissions and 28,125 patient days. FPPH asserts that a 62.5-day average length of hospice service was assumed in these forecasts; these projections of SA 10 admissions have been based on the following factors:

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- The published net need (the difference between projected and actual admissions) for SA 10
- The experience and expectations of the most recently approved providers in Florida
- Utilization of hospice services within the SA
- The applicant's capabilities and readiness to begin operations

FPPH indicates that along with leveraging current relationships with home health care organizations in the Broward County community, it will also be important for the Family Pillars operation to improve communications between providers due to the upcoming Medicare Home Health program changes; on January 1, 2020, the Medicare Home Health industry will roll out its biggest change to the reimbursement model in 20 years. The applicant asserts that the implementation of the Patient-Driven Grouping Model (PDGM) will require home health agencies to look at specific reasons for admitting/keeping patients on home health services. FPPH points out that agencies will be required to re-evaluate the appropriateness of continuing care every 30 days versus every 60 days, used currently. FPPH asserts that due to these changes, agencies will have to work closely with third-party providers such as outpatient therapy clinics and hospice organizations to safely transition patients to another level of care once a home health episode is no longer appropriate.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** contends issues that should be considered in determining the best applicant include the following provider characteristics:

- One who already provides services to the residents of a county in the State of Florida – Odyssey is the only provider that would receive this preference as an existing provider of home health services.
- One with established referral patterns in the State of Florida with hospitals, physicians, home health agencies, hospices, SNFs, ALFs, etc. – Odyssey is the only provider that would receive this preference as an existing provider of home health services.
- One who will, as a condition of its approval, become accredited by JCAHO, CHAP or ACHC (Condition #4 – *Odyssey Healthcare of Marion County, LLC commits to seek accreditation by the Community Health Accreditation Program (CHAP) or the Accreditation Commission for Health Care (ACHC) at the earliest date possible but no later than within the second year following the commencement of operations.*)

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- One who has strong financial resources – The applicant has revenues of more than \$4 billion dollars. *The reviewer notes item E(3)(c) of this report for the Agency’s review of **all co-batched applicant’s** financial feasibility.*
- One who is willing to provide charitable contributions to the community – The applicant will provide \$100,000 to implement the educational outreach program (Condition #5 – *Implementation of an educational outreach program...The applicant is committing \$100,000 to this program.*) *The reviewer notes item E(2)(b)(1)(c) of this report for the Agency’s review of **all co-batched applicant’s** charity and care of the indigent.*
- One who will serve the community as a whole and not selectively choose patients. The provider must commit to serving all individuals in need including but not limited to: Hispanics, African Americans, and the indigent/homeless (Condition #s 2, 3, 5, 8, 12 & 13). *The reviewer notes item E(2)(a)(3) & E(2)(b)(1)(c) of this report for the Agency’s review of **all co-batched applicant’s** care of the indigent, homeless, AIDS and charity populations, respectively.*
- One whose entry as the eighth hospice serving Broward County, Florida is not likely to adversely impact the number of patients the existing providers

Odyssey contends additional strengths that should be considered for consideration of approval for the project include but are not limited to the following:

1. The existing knowledge of available resources, community ties and referral base of its affiliated home health providers
2. The continuum of service from home care to hospice
3. Patient-focused education (Condition #s 5 and 15)
4. Outreach to African American and Hispanic communities (Condition #s 2, 3, 5 and 12)
5. Internship and tuition reimbursement for employees (Condition #s 10 and 14)
6. Charity and indigent care (Condition #16)

Odyssey offers a summary of the factors considered by the Agency in the issuance of need in the current batching cycle for a new hospice program in SA 10 on pages 34 - 57 of CON application #10611. This summary includes the most currently available data regarding such factors as the following:

- Percentage of death in hospice for Florida excluding Broward (Table 11)
- Penetration rates in hospice by District compared with the state (Table 12)

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- Population Projections for age, race and Hispanic origin for Broward (Table 14)
- Population Projections for age, race and Hispanic origin for Florida (Table 15)
- Speak language other than English (Table 22)
- Hospice Race by Hospice Admits (Table 26)
- Patient Diagnosis Data for Hospice Applicants (Table 27)

Odyssey states that its representatives spoke with many individuals in Broward County and received support letters that are included as Appendices EEE to LLL, NNN to QQQ & SSS to ZZZ of CON application #10611. Odyssey states that a common concern is the low percentage of deaths in hospice that are attributed to the following:

- The failure to educate the large Hispanic population to the merits of hospice and thus not fully serve this population
- The failure to educate the African American population to the merits of hospice and thus not fully serve this population
- The failure to educate the homeless and near homeless population to the merits of hospice and thus not fully serve this population
- The failure to make the indigent population living in some of the smaller ALFs aware of the merits of hospice and thus not fully serve this population

Odyssey asserts that it will take the necessary steps to remedy these factors by implementing the following:

- Development of an educational outreach program with dedicated person(s) to go into the communities listed above and work with individuals who would assist in reaching these individuals
- Meetings at homeless organizations, African American & Latino community centers or other similar facilities
- Marketing to the smaller boarding homes and ALFs in addition to other marketing efforts
- Meetings with spiritual and community leaders of both the African American and Hispanic Communities

Odyssey also offers other discussion and tables regarding population estimates for SA 10, as it related to the Fixed Need Pool on pages 39 to 51 of CON application #10611):

- Population Projections for Hispanic Elderly 2018-2021, Broward vs. State (Table 17)
- Non-Hispanic black population characteristics of SA 10 by age group (Table 20)

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Odyssey then offers further discussion and tables regarding population estimates for Broward County and Florida overall on pages 46 to 49 of CON application #10611, using data from the UF BEBR, FL Population Studies, Bulletin:

- Population Projections for Elderly 2018-2021 Comparing Broward County to Florida (Table 16)
- Non-Hispanic white population characteristics of SA 10 by age group (Table 19)

The reviewer summarizes the applicant’s data from prior tables in CON application #10611 below.

**Population Growth Projections for Elderly Comparing Hispanic with Non-Hispanic White and Non-Hispanic Black for 2018-2025**

<b>Description</b>	<b>Entire Population</b>	<b>Hispanic</b>	<b>Non-Hispanic White</b>	<b>Non-Hispanic Black</b>
Population 2018	20,840,568	5,388,506	707,770	553,091
Population Growth 2018-2025	2,210,252	1,204,772	-119,069	138,354
% Population Growth 2018-2025	10.6%	22.4%	-16.8%	25.0%
Population 2018 65+	4,134,536	627,407	184,905	57,299
Population Growth 2018-2025 65+	1,030,348	254,569	20,717	47,700
% Population Growth 2018-2025 65+	24.9%	40.6%	11.2%	83.2%

Source: CON application #10611, pages 46 to 494, Tables 14 to 24

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

Odyssey states a commitment to provide hospice care oriented to the language, cultural and religious beliefs of the Hispanic community. The reviewer notes Condition #s 2, 3, 5 and 12.

Odyssey states it reviewed Broward County by Zip Code and has determined that there are specific areas of the county with far greater percentage of Hispanics and African Americans than the county as a whole. Odyssey asserts that special attention has been given to these areas, and the applicant will meet with additional individuals from these areas to develop the necessary programs to reach the underserved, if approved. The reviewer notes that no specific Zip Code is referenced by the applicant.

Odyssey states having determined that Zip Code-based data could reliably be replaced by area data available from the Bureau of the Census via “Quick facts.” Odyssey goes on to state that it is important to note

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that there are specific areas of Broward County where the African American and Hispanic populations are more prevalent; not all areas are evenly dispersed and there will be areas where there is a far higher percentage of a specific group than the average for the county. Odyssey points out that it is important to review the charts that provide average and medium household income as consideration is made for the most accurate method for associating indigent status to a particular group. Additionally, Odyssey maintains that these charts form the basis of their marketing to these subgroups and targeted contacts.

CON application #10611, page 3, Table 23 *Map of District 10*, shows defined distribution of these subpopulations throughout Broward County, Florida. The reviewer notes that CON application #10611 also includes:

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

Odyssey states the use of DOEA Hospice Demographic and Outreach Measures, CY 2018 (Appendix Q of CON application #10611), for each of the existing seven hospice providers and for each of the **co-batched applicants**, to assess:

- Race data for applicants to the Florida statistics (Table 24)
- Hospice Race by Hospice Admits (Table 25)
- Patient Diagnosis Data for Hospice Applicants (Table 26)

Based on the above tables, Odyssey states that historically, African Americans exhibit high death rates from cardiac disease and that Odyssey will encourage the African American community to use hospice for end-stage heart disease. Odyssey further states plans to provide education programs related to hospice in general and end-stage heart disease specifically. Odyssey again asserts that outreach will be geared to those members of the community traditionally underserved:

- African Americans
- Hispanics
- Homeless and near homes
- Indigents
- Small ALFs

The applicant, as Schedule C Condition #1, specifies the location of its initial office in Broward County: *510 Shotgun Road, Sunrise, Florida 33326*. Furthermore, OHMC specifies the opening of a second office in Condition #1 located in the central or northern portion of Broward County, Florida.



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

1. The AHCA Hospice projection of a Projected minus Current of 556 for Broward County, Florida
2. The applicant having an existing home health agency in the SA with the health care infrastructure and individual relationships already in place (Hospitals, Physicians, nursing homes, clinics, insurance companies, schools, churches and medical clinics)
3. The applicant having an experienced hospice executive heading up the program (Appendix V provides short bios of many of the corporate and area administrators)
4. The applicant recognizes underserved patients including, Hispanics, African Americans, homeless and near homeless individuals
5. The applicant will be creating outreach educational programs to complement those already provided within the community
6. The applicant recognizing the significant difference between the end-stage heart disease diagnosis for Broward County when compared to the statewide average, willingness to meet with cardiologists and to educate the public
7. The applicant having a “Hospice Startup team” come to Broward County to help develop the Hospice program and assist with staffing
8. The applicant has met with many community leaders, educators and individuals who are expected to support the program

Odyssey stresses extreme concern that the Agency remains cognizant of the possible adverse impact on existing SA 10 providers and offers discussion on the likely adverse impact on pages 55 to 58 of CON application #10611. The applicant also briefly discusses characteristics of the co-batched applicants on page 57. Odyssey maintains that approval of CON application #10611 would have the least adverse impact of all the co-batched applicants on the existing SA 10 hospice providers and therefore believes Odyssey should be approved.

**2. Agency Rule Criteria and Preferences**

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

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

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

**Amedisys Hospice, LLC (CON application #10608):**

*Regarding unmet hospice need for persons in SA 10 of Hispanic/Latino Ethnicity*

The applicant comments that Hospice of Gold Coast Home Health Services (Gold Coast) and Seasons Hospice & Palliative Care of Broward Florida (Seasons) are the only hospice agencies in SA 10 that are licensed exclusively to serve Broward County, Florida. The other two hospice agencies with main offices in Broward County (Heartland Hospice Services and VITAS Healthcare Corporation of Florida) also serve Miami-Dade County, Florida; these two hospices with exclusive service within Broward County are considered in AH's initial analysis of ethnic variations in hospice utilization and need.

The applicant indicates that Hispanic/Latinos represent 16.5 percent of the total discharges to hospice with a diagnosis within the End-Stage Pulmonary Disease product line; these rates are higher than the comparable statewide values of 7.6 percent and 15.5 percent, respectively.

The applicant comments that Mental Health ranks seventh, and next to last in terms of a cause of admission to hospice for Hispanic/Latinos and the general population for both SA 10 and Florida; within the hospice service line of Mental Health, Hispanic/Latinos represented 21.2 percent in Broward County and 72.9 percent statewide. The reviewer notes Figure 8 showing these comparisons on page 70 of CON application #10608.

The applicant comments that examination of the hospice admissions by race and ethnicity for Gold Coast and Seasons for CY 2018 shows that 14.3 percent of their total admissions were by Hispanics, which compares favorably to the statewide average of

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12.3 percent; these percentages for both areas are significantly less than the percent of total population represented by the Hispanic cohort. The reviewer notes Figure 4, page 62, showing a 16.3 percent difference between admissions for ethnically Hispanic patients. AH indicates that Hispanics account for 30.6 percent of SA 10's population and 26.3 percent of Florida's total population. The reviewer notes the underlying data for Figure 4 is provided as Exhibit 11 of page 63 of CON application #10608.

The reviewer notes Exhibit 12, shown below, in page 65 of CON application #10608.

**Discharges from Hospitals by Ethnicity and Discharge (CON #10608)  
Status for Residents of Hospice Service Area 10: CY 2016-2018**

Area/Ethnicity & Discharge Status	2016-2018			2017-2018	
	2016	2017	2018	Annual Change Net	Annual Change Percent
<b>Service Area 10 Hispanic/Latino Discharge Status</b>					
Hospice	734	782	814	27	3.6%
All Other	37,585	38,171	38,896	437	1.2%
Total Discharges	38,319	39,953	39,710	464	1.2%

<b>Service Area 10 Total Population Discharge Status</b>					
	2016	2017	2018	Annual Change Net	Annual Change Percent
Hospice	5,621	5,813	5,611	-3	-0.1%
All Other	233,827	299,304	221,084	-4,248	-1.8%
Total Discharges	239,448	235,117	226,695	-4,251	-1.8%

<b>Florida Hispanic/Latino Discharge Status</b>					
	2016	2017	2018	Annual Change Net	Annual Change Percent
Hospice	9,181	10,121	10,807	542	5.9%
All Other	479,358	481,832	493,070	4,571	1.0%
Total Discharges	488,539	491,953	503,877	5,113	1.0%

<b>Florida Total Population Discharge Status</b>					
	2016	2017	2018	Annual Change Net	Annual Change Percent
Hospice	61,112	65,642	68,813	2,567	4.2%
All Other	2,776,633	2,779,861	2,783,994	2,454	0.1%
Total Discharges	2,837,745	2,845,503	2,852,807	5,021	0.2%

Source: CON application #10608, Exhibit 12, page 65

Note: The applicant uses Florida AHCA Hospital Inpatient Data File, November 2019.

The applicant states that using the data in Exhibit 12, Exhibit 13 on page 67 presents these 'Alternate P Values' for SA 10 residents discharged from hospitals to hospices by ethnicity with comparative values for Florida for CY 2018; the salient observations of the data analysis are listed below:

- Hispanic/Latino patients residing in Service Area 10 were discharged from hospitals to hospice at a rate of 2.0 percent whereas All Other Ethnicities and the All Ethnicities Total reflected percentages of 2.6 percent and 2.5 percent, respectively.
- In comparison, Florida's Hispanic/Latino patients were discharged to hospice from hospitals at a rate of 2.1 percent.

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- Hispanic/Latino patients residing in Service Area 10 were discharged from hospitals to hospice at a rate -4.6 percent lower than Hispanic/Latinos statewide.

The reviewer notes the 'Alternate P Values' in Exhibit 13, CON application #10608, page 67.

The applicant indicates another level of analysis was performed for hospice service/product lines to identify the degree to which Cancer and non-Cancer hospice services were used by Hispanic/Latinos and needed in the future; the results of this analysis can be summarized as follows with the supporting data in Exhibit 14 on page 69:

- End-Stage Heart Disease represented 13.9 percent of all Hispanic/Latino admissions to hospice and 10.3 percent of the admissions to hospice by All Ethnicities for this Service/Product Line. These rates are slightly lower than State figures and suggest an area of unmet need.
- End-Stage Pulmonary Disease is another service line that indicates a well-utilized hospice service by Hispanic/Latinos when compared to statewide use patterns. Of all Hispanic/Latino admissions to hospice in SA 10, End-Stage Pulmonary Disease accounted for 8.1 percent of the total. Hispanic/Latinos represented 16.5 percent of the total discharges to hospice with a diagnosis within the End-Stage Pulmonary Disease product line. These rates were higher than the comparable statewide values of 7.6 percent and 15.5 percent, respectively.
- The data array in Exhibit 14 and Figures 8 and 9 also provide insight into the utilization of another hospice service line -Mental Health Diseases, such as Dementia and Alzheimer's disease. On an overall basis, Mental Health ranks seventh and next to last in terms of a cause of admission to hospice for Hispanic/Latinos and the general population for both Service Area 10 and Florida (Figure 8). However, within the hospice service line of Mental Health, Hispanic/Latinos represented 21.2 percent in Broward County and 72.9 percent statewide. Although the number of discharges is relatively small, this finding may be related to the well-known high incidence rates of diabetes among Hispanic/Latinos and contemporary references to Dementia and Alzheimer's as "Type 3 Diabetes."

The reviewer notes the 'Alternate P Values' in Exhibit 14, CON application #10608, page 69.

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The applicant states that the Case Mix Index (CMI) is the average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing the total by the number of discharges; the CMI reflects the diversity, clinical complexity and resource needs of all the patients in the hospital. The applicant comments that a higher CMI indicates a more complex and resource-intensive case load. Although the MS-DRG weights, provided by the Centers for Medicare & Medicaid Services (CMS), were initially designed for the Medicare population, they are applied to all discharges regardless of payer.

AH indicates that an analysis of utilization and response to this Agency Rule Preference concerning unmet need for hospice services involved an examination of the CMI of patients discharged from hospitals to hospice; this analysis was performed for the general population (All Ethnicities) and the Hispanic/Latino community in Broward County and in Florida.

The applicant's Figures 10 - 12 and Exhibits 15 and 16 on pages 72-75 of CON application #10608 support the arguments for unmet needs within the Hispanic/Latino community.

AH indicates the following major observations from the analysis of this data:

- The CMI for patients discharged from hospitals to hospice declined slightly during the three-year period for all cohorts except the total Florida population, which reflected in increase of 0.4 percent.
- However, over the last two-year period of 2017-2018, the CMI for Hispanic/Latino patients in SA 10 increased by 4.6 percent compared to the following:
  - 1.3 percent for all Hispanic/Latinos in Florida;
  - 0.0 percent increase for All Ethnicities in Broward County; and,
  - 1.6 percent increase of the overall State rate.
- The CMI values for Hispanic/Latinos in Broward County who were discharged from hospitals to hospices in CY 2018 are:
  - 9.8 percent higher than all Florida Hispanic/Latinos
  - 3.3 percent higher than the total Florida population (All Ethnicities)

The reviewer notes the applicant states the following Amedisys Hospice Plan to address the above stated unmet hospice need in the area:

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Amedisys will implement a community outreach and education program specifically tailored to Hispanic/Latino and Haitian/Haitian American patients in the Broward County hospice service area. This program will include:

- Bi-lingual staff, including, but not limited to, physicians, referral and admission staff
- Translation of all educational materials, especially hospice benefits and services to provide hospice education to the Latino and Haitian communities in their native language
- Upon hire and annually staff training on cultural differences and cultural heritage
- Building partnerships with community groups to include the Haitian Medical Association Abroad
- Sponsorship of local community outreach efforts directed towards the Latino and Haitian population with culturally sensitive health information in their native language
- Involvement of churches and pastors in the Latino and Haitian community
- Education programs focused on Latino and Haitian physicians and nurses about the role of hospice in end-of-life care
- Development of volunteer programs with cultural and linguistic diversity

Special efforts will be undertaken to enhance the availability and utilization of hospice services by Latino and Haitian persons who are believed to be an underserved patient group in Broward County:

- One FTE to be employed in the marketing department of the proposed hospice will be devoted to outreach and education efforts in the Haitian community in Broward County. An additional FTE employed in the marketing department of the proposed hospice will be dedicated to education and marketing in the Latino community.
- If this CON is approved, the staff personal from the Amedisys hospice in Miami-Dade County will assist in creating a similar culturally sensitive program in SA 10, Broward County.

The reviewer notes Condition #12 – *at least 25 percent of all interdisciplinary team (IDT) members consisting of physicians, registered nurses, home health aides, social workers, chaplains and volunteers, will be bilingual (English and Spanish).*

**Continuum Care of Broward LLC (CON application #10609):**

*Regarding unmet hospice need for persons in SA 10 of Black, Hispanic & Latino Ethnicity*

The applicant notes there is a significant disparity in access to hospice services amongst Blacks and Hispanics compared to all others. CCB indicates Broward County’s Black population is growing fast, currently representing 30.9 percent of total population; in 2018, there was an estimated 585,920 Black residents in Broward County, which is anticipated to increase 16.2 percent to 2025 to more than 681,000 residents. The applicant notes that by 2025, the Black demographic will represent 33.4 percent of total residents; in 2018, there were 2,927 Black deaths in Broward County, of which 1,717 were 65+ cohort. CCB indicates that Black seniors account 15.1 percent of total senior deaths in the County.

The applicant points out that Hospice Medicare claim data by resident’s county reveals that in 2018 there were 1,148 Black Broward County residents admitted to hospice; because this is Medicare claims data, the vast majority of all admissions are seniors, 65+ cohort. The applicant maintains that approximately 66.9 percent of Black seniors who died in 2018 were admitted to hospice. CCB points out that 73.4 percent of “all other races” were on hospice who died in 2018. CCB asserts this is evidence of an underserved minority group; had 73.4 percent of Black seniors’ deaths been admitted to hospice in 2018, there would have been 1,260 Black hospice admissions, or 112 more than actual. CCB summarized this data, and the Agency reproduces this table below:

**Broward County Hospice Admissions as Percent (CON #10609)  
of Deaths by Race Calendar Year 2018**

	<b>Blacks</b>	<b>All Other Races</b>
Medicare Admissions	1,148	7,075
65+ Deaths	1,717	9,636
Admissions as a Percent of Deaths	66.9%	73.4%

Source CON application #10609, Volume 1, Tab 2, Table 1, page 12

Notes: The applicant uses Medicare Claims Data 2018, Florida Office of Vital Statistics and NHA Analysis  
The majority of Medicare Claims are ages 65+ but there is some unknown number of Black patients under 65.

The applicant indicates that a similar analysis revealed that Hispanics in Broward County are significantly underserved compared to their non-Hispanic counterpart; in 2018, there were an estimated 555,116 Hispanics in Broward County. CCB indicates that by 2025, the Hispanic population will increase to 670,630 people; this demographic represents 21 percent of

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Broward County’s total population and by 2025, it will account for 33 percent. CCB asserts that this demographic will experience a continued and enormous growth; in 2018, there were 414 Broward County Hispanic Medicare admissions and 1,670 senior Hispanic deaths. CCB points out that 24.8 percent of all Hispanics who died in 2018 were admitted to hospice; in contrast, 80.6 percent of non-Hispanic Broward County senior deaths were admitted to hospice. The applicant points out that this is a huge disparity -as presented below:

**Broward County Hospice Admissions as Percent of Deaths (CON #10609)  
by Ethnicity Calendar Year 2018**

	<b>Hispanics</b>	<b>All Other Races</b>
Medicare Admissions	404	7,809
65+ Deaths	1,670	9,683
Admissions as a Percent of Deaths	24.8%	80.6%

Source CON application #10609, Volume 1, Tab 2, page 12, Table 2.

Notes: The applicant uses Medicare Claims Data 2018, Florida Office of Vital Statistics and NHA Analysis  
The majority of Medicare Claims are ages 65+ but there is some unknown number of Hispanic patients under 65.

The applicant asserts that underserved Black and Hispanic ethnic communities for hospice services are evident in the above data, and also identified as an underserved population group during CCB’s outreach conducted in the community.

CCB provides excerpts from its letters of support in CON application #10609, Volume 1, pages 42-76 and the entire letters in Volume 1, Tab 5.

CCB contends that constituents from the community that are in support of CCB CON application #10609 have relayed the need for a hospice provider to serve minority populations, within their facilities and within the broader County. The Agency reproduces an excerpt from a letter of support from pages 71 through 73, Volume 1, Tab 2 of CON application #10609 below:

Dr. Denis Cortes, M.D., Internal Medicine, Memorial Healthcare Services writes Continuum ... “plans to dedicate an entire team of hospice workers to the underserved, Hispanic and African American populations..(including) educational services to empower choice..(and) strive to institute a bi-lingual and diverse bedside team. This is a service that our community desperately needs”.

CCB comments that it will have the wherewithal and experience from with to draw to successfully enhance hospice utilization amongst minority groups in SA 10, just as it has in its various



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markets. CCB also comments that examples of common barriers to accessibility include an insensitivity to cultural variations in attitudes toward death and dying, the difficulties that clinicians face when communicating about end-of-life issues, and the lack of culturally appropriate sources of information and resources within the community. CCB asserts that (with modifications to the specific area), CCB will introduce these same learned proficiencies in SA 10, Broward County.

CCB discusses its successful minority outreach efforts in the states of California and Rhode Island, that it will make the same efforts to enhance hospice utilization Black demographic and the Hispanic cohort in Broward County. CCB reiterates its Condition #4 to achieve the same or similar efforts in SA 10.

The reviewer notes Condition #4 – *The applicant will implement a minority outreach program for the black and Hispanic population assembling an appropriate care team for assessment and treatment of this population.*

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** states that this proposed project is being filed in response to a need for one additional hospice program in SA 10, Broward County, as published by AHCA in its Florida Need Projections for Hospice Programs, Background Information For Use in Conjunction with the October 2019 Batching Cycle for the January 2021 Hospice Planning Horizon, the applicable fixed need pool.

FPPH cites Broward County economic data for 2018, taken from the US Census, showing that the County had a percentage of persons in poverty (12.6 percent) slightly below that observed in Florida overall (13.6 percent) but slightly higher than observed in United States (11.8 percent); data profiling the percentage of persons without health insurance show that Broward County has a slightly higher level persons uninsured (16.9 percent) than observed statewide (16.0 percent), a level well above the lack of health insurance observed in the United States (10.0 percent).

**Broward County Demographic Profile (CON #10610)**

	<b>Population Per Square Mile</b>	<b>Percent Persons in Poverty</b>	<b>Persons Under 65 Without Health Insurance</b>
Broward County	1,444.9	12.6%	16.9%
Florida	350.6	13.6%	16.0%
United States	87.4	11.8%	10.0%

Source: CON application #10610, Table 1, page 28

Note: The applicant uses US Census 'QuickFacts,' December 2019

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FPPH indicates that a review of Broward County’s racial and ethnic characteristics shows that the County has a 30 percent African American population, well above the level observed in Florida (17 percent) or the United States (14 percent). FPPH indicates the Broward County population that identifies as Hispanic or Latino is 30 percent, above that observed statewide (26 percent) and higher than that observed in the United States (18 percent). FPPH points out that 40 percent of the Broward County population (age 5+) has a language other than English spoken at home, a level of non-English language well above that observed in Florida (29 percent) or observed in the United States (21 percent). FPPH’s program will utilize existing program expertise and experience, as well as local market expertise brought into the Family Pillars operation, in defining and when operating the proposed SA 10 programs and services to meet the end-of-life needs of these racial and ethnic population subgroups.

**Broward County Racial/Ethnic Profile (CON #10610)**

	<b>Population Pop Black or African American</b>	<b>Percent Pop Hispanic or Latino</b>	<b>Percent Pop with Non- English Language at Home</b>
Broward County	30.1%	30.4%	40.0%
Florida	16.9%	26.1%	28.7%
United States	13.4%	18.3%	21.3%

Source: CON application #10610, Table 1, page 29

Note: The applicant uses US Census ‘QuickFacts,’ December 2019

FPPH indicates a profile of Veterans living within SA 10 was prepared, with data from the US Census showing that there are more than 78,500 Veterans living within Broward County, accounting for four percent of the 2018 county population. FPPH asserts that because it has a well-developed hospice program in support of Veteran patients at its existing operation, including participation in the We Honor Veterans programs, FPPH would be able to provide targeted needed care and services to the Veterans population; data for the 10-month period ending October 2019 show that 23 percent of the existing program’s patients are Veterans patients. The reviewer notes Appendix 3 of CON application #10610 concerning the “We Honor Veterans” support programs.

FPPH indicates that SA 10/Broward County’s estimated total population was 1,848,159 during 2019; SA 10/Broward County’s total population forecast to 2024 (five years into the future) is expected to grow to 1,895,495. FPPH comments that this is a total population growth of +2.6 percent or a growth of +47,336 persons.

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The reviewer notes Table 2 on page 29 of CON application #10610 supporting this data.

FPPH indicates that it undertook a variety of activities and investigations in its effort to identify and understand the hospice care needs encountered by residents of SA 10; one of those was an analysis of the historic and projected utilization in the SA based upon available utilization and population data. FPPH indicates that research into hospice utilization by patient race/ethnicity, age and diagnosis, as well as an analysis of area wide and county mortality rates and trends were performed. Based on these analyses, FPPH asserts there are unmet hospice needs that will increase over time as the population of the SA increases and ages, and as the composition of the SA population changes. FPPH notes that the total pool of Broward County hospice patients accessing care is below optimal levels thus documenting an overall unmet need. The applicant asserts an additional unmet need was identified in the county's African American and Hispanic/Creole populations.

FPPH conducted interviews that confirmed the need to expand the Broward County provision of hospice services throughout the total underserved County population to reach optimal levels of hospice usage, and to expand hospice care within the underserved African American and Hispanic populations; these interviews also identified the need to initiate hospice care for County residents much sooner, where the typical patient begins hospice support within the last few days of life. FPPH asserts that these interviews also identified the need to expand hospice care within the county's homeless population and to expand the provision of hospice services for patients experiencing dementia or Alzheimer disease.

Family Pillar's community assessment documented a number of unmet needs to be served by the proposed new Broward County hospice program including:

- Expansion of Broward County overall use rates to reach and exceed Florida usage levels and to expand the percentage and number of Broward County end-of-life patients who access this important service
- Expansion of hospice care services for the County's homeless population
- Expansion of the provision of hospice care to the Hispanic and African American populations
- Expansion of hospice care services for patients with dementia

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- Expansion of the length of time end-of-life patients are supported by hospice care - increasing the typical time supported by hospice care from support for the last days of life (Broward today) to hospice support for the full last six months of life

The reviewer notes the two Conditions of FHHP's CON application #10610:

- 1) *FTE of community liaison service will be provided in support of expanding and enhancing hospice care within the Broward County African American / Hispanic and Creole / homeless / dementia populations during year one of the proposed Family Pillars Broward County operation. This condition is expanded to a commitment to provide 1.5 FTEs of community liaison service in support of expanding and enhancing hospice care within the Broward County African American/ Hispanic and Creole/ homeless/ dementia populations during year two of the proposed Family Pillars Broward County operation.*
- 2) *Family Pillars Palliative Care Hospice conditions this project such that \$10,000 year one, \$20,000 year two and \$30,000 year three will be provided in support of Broward County's homeless populations and an expansion of hospice support services within his homeless group.*

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** states having previously documented populations in SA 10 that experience unmet hospice need. Odyssey indicates that no segment is totally underserved but that the following groups require additional services:

- Homeless and near homeless individuals
- End-stage Cardiac patients
- African Americans
- Hispanics, specifically those whom are concerned that hospice care is not consistent with the views of Catholicism
- Individuals living in the more remote sections of the County
- Individuals residing in one of the smaller ALFs

The applicant provides narrative descriptions of these groups (pages 59 - 63 of CON application #10611).

- (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.**

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**Amedisys Hospice, LLC (CON application #10608)** states that if awarded the CON, it will establish a Medicare-certified hospice agency that contracts with local hospitals, inpatient units or SNFs throughout SA 10 to provide inpatient care as necessary for the patient's terminal diagnosis.

The reviewer notes procedures for general inpatient care in Attachment 6 of CON application #10608. The reviewer notes the applicant's General Inpatient (GIP) Service Addendum with hospitals and SNFs is provided as Attachment 18 of CON application #10608.

**Continuum Care of Broward LLC (CON application #10609)** will have contractual agreements with Broward County nursing homes and hospitals, as well as other health care providers designed to meet patient needs in Broward 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. CCB asserts that a hospice inpatient unit located within a hospital or other facility brings physicians, nurses, aides, administrators, patients and their visitors into daily contact with hospice. Such contact expands opportunities for learning and helps break down the myths surrounding hospice and end-of-life care. CCB asserts that by providing inpatient care it also helps the host facility with its staffing levels.

The applicant points out that it has been in the Broward County market for months meeting with hospitals, SNFs, ALFs and community and business leaders. The applicant indicates it has informed clinical and administrative leaders of the benefits CCB will bring to the market, and has relayed all of the unique features that set it apart from other hospice programs. The applicant contends that because of its unique programming and service intensity, CCB has been able to garner a wide array of support, including from those facilities with whom CCB intends to work with to provide inpatient care component of hospice, if approved.

The applicant indicates the facilities that have already voiced their willingness to work with CCB if CON application #10609 is approved by the Agency and lists them here (see CCB's letters of support starting on page 2 of this report).

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CCB is confident that it will be able to enter into other contractual agreements to have inpatient beds available at hospitals and nursing homes in SA 10. The applicant indicates that CCB will work cooperatively with each hospital's discharge planning department as a resource for patients in need of hospice care.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** will provide the inpatient care component of the Broward County hospice program through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs located throughout SA 10.

FPPH indicates that it has initiated discussions with area providers to support the program's inpatient needs. FPPH asserts that by the time a new hospice program is operational, it is expected that FPPH will have an adequate number of contracts with Broward County providers to support the hospice program's inpatient care needs; FPPH comments that a similar approach has been used in Family Pillar's operations in Pennsylvania. FPPH will build on this experience to ensure that adequate Broward County inpatient care capacity is available to meet program inpatient needs.

The reviewer notes that it is FPPH's philosophy that the hospice patients it serves remain in their home setting for as long as possible, if medically appropriate. FPPH indicates that this is unlike other hospice programs that shift hospice patients to inpatient settings at the first indication of patient distress.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** states an expectation that 1.0 percent of its total patient days will require inpatient care during the first two years in SA 10. Odyssey also states that it would expect to develop contractual arrangements with SNFs, local hospitals and local hospices providing inpatient care once the CON is approved. Depending upon the patient's location, the availability of caregivers and the needs of the patient Odyssey's Hospice will determine the most appropriate location for these inpatient services. Odyssey states it will develop all necessary policy and procedures needed to become a licensed Florida Hospice once this application is approved.

- (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.**

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**Amedisys Hospice, LLC (CON application #10608)** states that it will not discriminate against any person on the basis of diagnosis/infectious disease, race, color, ancestry, national origin, sex, sexual orientation, religion, veteran status, disability, age, ability to pay, Do Not Resuscitate (DNR) status, disability or age in admission, treatment or participation in its programs, services and activities or in employment. AH comments that it will admit patients who are Hospice-appropriate whether or not they have an identified caregiver; the IDT will assist in identifying a caregiver and a reasonable plan for caregiver arrangement when appropriate.

**Continuum Care of Broward LLC (CON application #10609)** maintains it is committed to serving all SA 10 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 Broward 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 CCB may recommend placement in an ALF or SNF, in which the hospice program will be able to provide residential care. CCB 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, CCB proposes to either establish relationships with area SNFs and ALFs, or enter into per diem contracts or developing hospice units, as the need arises.

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 #10609, Volume 3, Tabs 16 and 17.

The applicant points out that the intent is to serve all residents of Broward County who elect the hospice benefit and want services provided by CCB. The applicant notes that in 2018 there were six AIDS-related deaths in Broward County. The Applicant affirms it is committed to serving those with AIDS.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** serves patients without primary caregivers at home, the homeless and patients with AIDS at its existing operation, it will do so at its proposed Broward County program. FPPH indicates that

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appropriate plans of care are developed that address the issues of limited caregiver availability in order for patients to receive care that is safe and consistent with their values and preferences.

FPPH states that the proposed Broward County program will have a caregiver replacement program designed to resolve the situations when a patient has no or inadequate caregiver services available.

Specific to providing hospice care and support to the Broward County homeless populations, FPPH the proposed a Broward County program to work with area hospitals, shelters and community organizations to identify potential persons in need of hospice care and to find appropriate solutions.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** states a commitment to provide care to all individuals who meet the criteria of terminal illness and reside within Odyssey's service area, regardless of their living status and diagnosis and that additionally, Odyssey will meet the need of the individuals without a caregiver whatever their need. Odyssey maintains a belief that it is critical that the patient will never feel alone.

Odyssey indicates provided a preliminary admission policy in Appendix A reflecting its commitment to serve individuals without primary caregivers within their residence as long as safely possible which assures patients receive quality care and services.

Odyssey indicates the need for care for the homeless or near homeless, as well as those with AIDS. Odyssey asserts that HIV disease continues to affect certain segments of the population including the homeless, substance abusers and individuals in/about to be released from correctional facilities. Odyssey maintains that it will reach out to correctional facilities to provide service to inmates.

- (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 10 is comprised of a single county – Broward 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.**

**Amedisys Hospice, LLC (CON application #10608)** states that it will not discriminate against any person on the basis of diagnosis/infectious disease, race, color, ancestry, national origin, sex, sexual orientation, religion, veteran status, disability, age, ability to pay, Do Not Resuscitate (DNR) status, disability or age in admission, treatment or participation in its programs, services and activities or in employment. AH indicates that hospice services will be available to all patients regardless of his or her ability to pay.

The reviewer notes that the applicant conditioned approval of this application to provide care to indigent and medically indigent patients by a combination of at least five percent annually of total patient days to patients who are reimbursed under Traditional Medicaid, or Managed Medicaid, or Uncompensated care, as specified in Schedule C – Condition #24. The reviewer notes CON application #10608's Attachment 19 – Indigent and Charity Care policy.

**Continuum Care of Broward LLC (CON application #10609)** asserts that it is committed to providing only the highest quality services. The applicant maintains there is a promise to work continuously to provide the patient and family with the very best service, friendliest staff and most innovative care possible. CCB maintains that each day team members promise to keep each patient and their family informed and comfortable and promises the most up-to-date technology and the best of each team member's ability.

The applicant indicates that to carry out its mission and commitment, CCB will offer a host of special programs and services that are not specifically covered by private insurance, Medicaid or Medicare. CCB's unique services and programs, along with its distinguishing attributes are summarized in this section of CON application #10609, and will be extended to Broward County residents if approved. CCB indicates that it will provide the Non-Core Services, described herein, as a condition of the approval of CON application #10609.

Service Intensity

The applicant states there are several characteristics of CCB Programs that distinguish them from the other hospice programs. The applicant maintains that the most significant attribute of CCB 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 CCB within two hours of referral, seven days a week. The applicant comments the two-hour turnaround time is a testament to CCB'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 CCB will see that patient within two hours.

*The review notes Condition #8 – The applicant will seek to respond to all 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.*

The applicant indicates patients are visited by a home health aide five to seven days per week, which allows CCB 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.

*The review notes Condition #6 – The applicant will assure each patient has five to seven Home Health Aide (HHA or aid) visits per week, provided this is acceptable to the IDT, patient and family.*

The applicant asserts that a feature of this 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 review notes Condition #7 – The applicant will assure each patient has a minimum of two RN visits per week, provided this is acceptable to the IDT, patient and family.*

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CCB provides a social worker and chaplain weekly (if the patient/family desire), which helps to keep families and loved ones well supported. The applicant comments that support can be a preventative measure, so as not to have a crisis at the end-of-life resulting in a hospitalization or movement to an inpatient unit by the patient. CCB maintains the social worker and chaplain work vigorously to support the family so they are adequately prepared.

The applicant asserts that as a reflection of the commitment to provide a service intense program, CCB 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. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
- 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.
- 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. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.

CBB indicates receiving an outpouring of support for CON application #10609 from a number of healthcare providers in Broward 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 10, many SNF and ALF operators in Broward County mentioned CCB's service intensity as one of the reasons they are in support of CON application #10609. CCB maintains it is committed to serving Broward 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). CCB conditions approval of this CON application on the provision

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that it will offer music therapy to its patients. This will be measured by a signed declaratory statement submitted by the applicant to AHCA. The reviewer notes the music therapy materials in Volume 3, Tab 8 of CON application #10609. 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. CCB 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. This will be measured by a signed declaratory statement to AHCA. The reviewer notes the letter of support from Kyle Rand, Rendevers’ Cofounder and CEO found in Volume 1, Tab 5.

VR Program materials and CNet.com article titled How Families Are Giving a Fantastic Trip to Loved Ones in Hospice provided in Volume 3, Tab 19. The reviewer notes the USB drive with two video clips, one concerning the Continuum Care Hospice VR Program, and the other a clip from PBS broadcast highlighting Continuum Care of Massachusetts’ use of VR, that are attached to the back panel in Volume 3 of CON application #10609.

- Equine Therapy – The applicant states that equine therapy is an experiential therapy that combines the power of the human-horse relationship and Gestalt Therapy. CCB 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. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.

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Equine therapy information located in Volume 2, Tab 4 of CON application #10609.

- 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. CCB states it will offer the We Honor Veterans Program once certified. This will be measured by a signed declaratory statement submitted by the applicant to AHCA. The reviewer notes Veteran’s program information located in Volume 3, Tab 18 of CON application #10609.
- 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. CCB 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. This will be measured by a signed declaratory statement submitted by the applicant to AHCA. Continuum Palliative Resources are located in Volume 2, Tab 2 of CON application #10609. CCB states that this unique program and service is stated to have the following benefits:
  - 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

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- Minority Outreach – The applicant indicates that this program particularly stresses the need for improved hospice access in Broward County among Black and Hispanic residents. CCB conditions approval of this CON application on the provision that it will implement a minority outreach program for the Black and Hispanic population assembling an appropriate care team for assessment and treatment of this population. This will be measured by a signed declaratory statement submitted by the applicant to AHCA. An article entitled *Racial Disparities in Hospice Utilization* is located in Volume 3, Tab 13 of CON application #10609.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** provides a variety of services that are not specifically covered by private insurance, Medicaid or Medicare at its existing Pennsylvania hospice operations and will do so in the proposed Broward County program; examples of a provision of services not specifically covered by private insurance, Medicaid or Medicare include:

- Serve uninsured/underinsured hospice patients at no cost
- Provide non-reimbursed supportive care services ( outside of the Medicare Hospice Benefit) to hospice patients
- Provide non-reimbursed complementary services such as pet, art and music supportive services
- Provide non-reimbursed bereavement and grief support services for individuals/ families and adults/ children to all area residents, regardless of a linkage Family Pillars operations
- Provide caregiver or other supportive services that permit patients to remain in their homes (wherever that may be) as long as possible
- Provide numerous education programs regarding end-of-life and hospice care as well as grief/bereavement issues to community groups, facilities and staff
- Provided a wedding for the daughter of a patient who was dying and not able to support the ceremony
- On-going Veteran training at every staff meeting
- Frequent volunteer presentations – including programs at the local AARP and at the local YMCA,
- Participate in and raised money for the local Alzheimer’s Walk and other local fund-raising programs

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- Donate to the local ALS society and other local charitable organizations
- Participated in the local area “Vet fest”
- Provide Trilogy machines when needed, and
- Provide Lift chairs as needed by program patients

FPPH comments that a review of Family Pillars Hospice (affiliate) existing utilization for the 10-month period ending October 2019 shows that five percent of its program volume was provided to charity/non-reimbursable services, and that an additional one percent of program volume was provided to Pennsylvania Medicaid patients. FPPH notes that this is a combined six percent of total program volume to the Medicaid and medically indigent population.

FPPH indicates that it will provide the following:

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

The following patient care services will be provided via contractual arrangement.

- Infusion
- Pharmacy
- DME/Medical Supplies
- Therapy Services (PT, ST, OT)
- Infection Control
- Integrative Therapies

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FPPH indicates that it also pays for chemotherapy/radiation treatments, dialysis, feeding tube supplements and other DME support that is over and above standard formulary items.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** maintains that it will provide a broad range of services that are not covered by private insurance, Medicaid or Medicare. Odyssey states that its home health agency is already providing services to the residents of Broward County.

Odyssey states the following specific non-covered and/or partially covered services that it will provide include:

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

Odyssey provided a narrative description of these services on pages 70 - 73 of CON application #10611.

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

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

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

**Amedisys Hospice, LLC (CON application #10608)**

indicates in Schedule 6 of the application a total of 22.55 FTEs for year one (ending month 12/no year indicated) and a total of 35.83 FTEs for year two (ending month 24/no year indicated). The applicant's staffing pattern is shown below.



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**Amedisys Hospice, LLC (CON #10608)  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending Month 12</b>	<b>Year Two Ending Month 24</b>
<b>Administration</b>		
Director of Operations	1.00	1.00
Business Office Manager	1.00	1.00
Business Office Specialist	0.50	1.50
Clinical Manager	1.00	3.00
<b>Physicians</b>		
Medical Director (contract)	0.30	0.58
Other: NP	0.75	0.75
<b>Nursing</b>		
RNs	5.00	5.00
Nurses' Aides	5.00	8.00
Other: On-Call	1.00	1.00
<b>Marketing</b>		
Outreach Coordinator	3.00	3.00
<b>Social Services</b>		
Social Worker	1.00	2.00
Volunteer Coordinator	1.00	1.00
<b>Bereavement</b>		
Chaplain	1.00	2.00
Bereavement Coordinator	1.00	1.00
<b>Total</b>	<b>22.55</b>	<b>35.83</b>

AH responded to volunteers/volunteer services/volunteer coordinator/bereavement volunteers in the Project Summary of CON application #10608 and provides as Attachment 14 – Volunteers Policies and Operational Guidelines.

The reviewer notes that the applicant’s Condition #11 is inconsistent with AH’s Schedule 6 in that there are no FTEs for LPNs (LPN to RN Internship) it is inconsistent in that there are no therapists Condition #4.

**Continuum Care of Broward LLC (CON application #10609)** indicates in Schedule 6A of the application a total of 18.91 FTEs for year one (ending September 30, 2021) and a total of 48.18 FTEs for year two (ending September 30, 2022). The applicant’s staffing pattern is shown below.

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**Continuum Care Sarasota LLC (CON #10609)  
Projected Year One and Year Two FTE Staffing Units**

	<b>Total FTEs Year One ending 2021</b>	<b>Total FTEs Year Two ending 2022</b>
<b>Administration</b>		
Administrator	1.00	1.00
Hospice Liaison/Educator	2.00	2.75
Hospice Support	3.12	6.75
<b>Physician</b>		
Physician	0.25	0.35
Nurse Practitioner	0.00	0.50
<b>Nursing</b>		
Clinical Director	1.00	1.00
Clinical Manager	0.00	0.75
RNs	1.78	5.41
LPNs	1.85	5.41
Nurses' Aides	3.09	11.50
Other: On-Call Representative	1.00	4.00
<b>Ancillary</b>		
Physical Therapist	<i>Contracted</i>	
Speech Therapist	<i>Contracted</i>	
Occupational Therapist	<i>Contracted</i>	
Equestrian Therapist	<i>Contracted</i>	
Music Therapist	0.88	1.00
<b>Social Services</b>		
Social Worker	1.01	3.38
Volunteer/Bereavement Manager	0.93	1.00
Chaplain	1.00	3.38
<b>Total</b>	<b>18.91</b>	<b>48.18</b>

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** indicates in Schedule 6A of the application a total of 30.3 FTEs for year one (ending September 30, 2021) and a total of 58.0 FTEs for year two (ending September 30, 2022). The applicant's staffing pattern is shown below.

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**Family Pillars Palliative Hospice Care, LLC (CON #10610)  
Projected Year One and Year Two FTE Staffing Units**

	<b>Total FTEs Year One ending 2021</b>	<b>Total FTEs Year Two ending 2022</b>
<b>Administration</b>		
Administrator	1.0	1.0
Director of Nursing	1.0	1.0
Admissions Director	1.0	1.0
Bookkeeper	1.0	1.0
Secretary	1.0	1.0
Community Liaison	1.0	1.0
<b>Physician</b>		
Medical Director	0.3	0.5
Nurse Practitioner	1.0	2.0
<b>Nursing</b>		
RNs	5.0	14.0
LPNs	1.0	3.0
Hospice Aides	12.0	24.0
<b>Ancillary</b>		
Music/Massage Therapist	1.0	2.0
<b>Social Services</b>		
Chaplain	1.5	2.5
Social Worker	1.5	2.5
Volunteer Coordinator	1.0	1.0
<b>Total</b>	<b>30.3</b>	<b>58.0</b>

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** indicates in Schedule 6A of the application a total of 14.75 FTEs for year one (ending December 31, 2021) and a total of 26.58 FTEs for year two (ending December 31, 2022). The applicant’s staffing pattern is shown below.

**CON Action Numbers: 10608 through 10611**

**Odyssey Healthcare of Marion County, LLC (CON #10611)  
Projected Year One and Year Two FTE Staffing Units**

	<b>Total FTEs Year One ending 12/31/2021</b>	<b>Total FTEs Year Two ending 12/31/2022</b>
<b>Administration</b>		
Director of Operations/Administrator	1.00	1.00
Patient Care Coordinator/Manager	1.00	1.00
Director Clinical Services	<i>Year 3 as census increases</i>	
Clinical Manager	<i>Year 3 as census increases</i>	
Sales	2.42	4.50
Medical Records Specialist	0.00	0.83
Office Manager (MRS)	0.00	0.58
<b>Medical and Social Services</b>		
RNs	3.33	6.75
Hospice Aides	3.33	6.75
Social Worker	1.33	2.00
Chaplain	1.00	1.17
Bereavement/Volunteer Coordinator	1.00	1.00
<b>Ancillary</b>		
On-Call RNs	0.33	1.00
Medical Director – Contracted	<i>contracted</i>	<i>contracted</i>
<b>Total</b>	<b>14.75</b>	<b>26.58</b>

Source: CON application #10611, Schedule 6A

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

**Amedisys Hospice, LLC (CON application #10608)** states that referrals will come from a wide variety of sources, including but not limited to the following:

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

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- Families and Friends
- Managed Care Companies
- Religious/Faith Communities

**Continuum Care of Broward LLC (CON application #10609)** states having been networking in the Broward County healthcare referral community for quite some time and that its level of support from area providers is evidence of this. CCB reiterates and lists expected sources of patient referrals from its previously listed letters of support, under the following major referral categories (see CCB's letters of support starting on page 2 of this report).

Other expected sources are stated to be physicians, family members and patients themselves.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** states that it currently obtains referrals from the sources listed below. FPPH indicates that it expects these same referral sources to generate the patient volume to be served in the new Broward County hospice program:

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

FPPH indicates that patients and families may also refer themselves directly to Family Pillars' hospice operations with the support and direction of an attending physician.

**CON Action Numbers: 10608 through 10611**

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** expects referrals from the following sources:

**Odyssey Healthcare of Marion County, LLC (CON #10611)**

#	Referral Source	Admits Year One	Admits Year Two	Percent of 1st Year	Percent of 2nd Year
1	Hospitals	72	200	32.5%	46.9%
2	Physician Offices	50	80	22.5%	18.8%
3	Stat Home Health	27	40	12.5%	9.4%
4	Nursing Homes	27	45	12.5%	10.6%
5	Patient or Patient's Family	22	25	10.0%	5.9%
6	ALFs	11	20	5.0%	4.7%
7	Religious	7	9	3.0%	2.1%
8	Shelters	4	7	2.0%	1.6%
9	<b>Total</b>	<b>220</b>	<b>426</b>	<b>100.0%</b>	<b>100.0%</b>

Source: CON application #10611, Table 34, page 77

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

**Amedisys Hospice, LLC (CON application #10608)**

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

**Amedisys Hospice, LLC (CON #10608)**

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

Payer	Year One		Year Two	
	Admission	Percent	Admission	Percent
Medicare	160	92.3%	294	92.3%
Insurance/Other	5	2.7%	9	2.7%
Medicaid/Self-Pay/Indigent	9	5.0%	16	5.0%
<b>Total</b>	<b>173</b>	<b>100.0%</b>	<b>319</b>	<b>100.0%</b>

Source: CON application #10608, page 85

Note: The applicant's year one admissions sum is 174.

**Continuum Care of Broward LLC (CON application #10609)** provides the following projected number of admissions by payer source for the first two years of operations.

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**Continuum Care Hospice Admissions by Payor Source (CON #10609)  
Years One and Two**

Payor Source	Year One Admissions	Year Two Admissions
Medicare	178	469
Medicaid	4	10
Charity	1	18
Self Pay	1	3
Insurance	4	10
<b>Total</b>	<b>158</b>	<b>510</b>

Source: CON application #10609, Tab 2, pages 104 & 105

Note: CCH's year one admits total 188, an obvious error based on CHH's projected 158 throughout the application.

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.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** provides the following projected number of admissions by payer source for the first two years of operations:

**Projected Number of Admissions by Payer (CON #10610)  
Family Pillars Service Area 10**

	Medicare	Medicaid	Commercial Insurance	Charity	Total
Year One	207	2	5	11	225
Year Two	414	5	9	22	450
<b>% of Total</b>	<b>92%</b>	<b>1%</b>	<b>2%</b>	<b>5%</b>	<b>100%</b>

Source: CON application #10610, page 61

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** provides the following projected number of admissions by payer source for the first two years of operations:

**Odyssey Healthcare of Marion County, LLC  
(CON #10611)**

#	Payer	% of Admits	Year One - 220	% of Admits	Year Two - 426
1	Medicare	90.5%	199	90.6%	386
2	Medicaid	5.9%	13	5.9%	25
3	Third Party	2.3%	5	2.3%	10
4	Self Pay	0.5%	1	0.2%	1
5	Uncompensated	0.9%	1	0.9%	4
6	<b>Total</b>	<b>100%</b>	<b>220</b>	<b>100%</b>	<b>426</b>

Source: CON application #10611, Table 35, page 78

Note: Year one total is 219.

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

**Amedisys Hospice, LLC (CON application #10608)**

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

**Amedisys Hospice, LLC (CON #10608)  
Year One and Year Two – Admissions by Terminal Illness**

Admissions by Diagnosis	Year One		Year Two	
	Admissions	Percent	Admissions	Percent
Cancer	50	29.0%	93	29.0%
End-Stage Pulmonary	19	11.0%	35	11.0%
End-Stage Heart	29	17.0%	54	17.0%
Other	74	43.0%	137	43.0%
<b>Total</b>	<b>173</b>	<b>100.0%</b>	<b>319</b>	<b>100.0%</b>

Source: CON application #10608, page 86

Note: The applicant's year one admissions sum is 172.

AH states that these estimates are based on DOEA's annual data reports and annual publications of the Hospice Demographics and Outreach Measures. The reviewer notes that DOEA issues these publications annually and the applicant does not specify which issue(s) were used to make the stated year one and year two estimates.

**Continuum Care of Broward LLC (CON application #10609)**

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

**Continuum Care Hospice Admissions by Terminal Illness (CON #10609)  
Years One and Two**

Disease	Year One Admissions	Year Two Admissions
Cancer	33	107
Cardiac	36	135
Respiratory	25	60
Renal Failure	25	50
HIV/AIDS	2	3
Other	37	155
<b>Total</b>	<b>158</b>	<b>510</b>

Source: CON application #10609, Tab 2, page 105



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**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** provides the following projected number of admissions by terminal illness for the first two years of operations.

**Projected Number of Admissions by Age/Diagnosis (CON #10610)  
Family Pillars Service Area 10**

	Year One Family Pillars Hospice Admissions	Year Two Family Pillars Hospice Admissions
Cancer	70	141
Other	155	309
<b>Total</b>	<b>225</b>	<b>450</b>

Source: CON application #10610, page 62

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** provides the following projected number of admissions by terminal illness for the first two years of operations:

**Odyssey Healthcare of Marion County, LLC (CON #10611)  
Year One and Year Two Admissions by Terminal Illness**

#	Diagnosis	Year One - 220	Year Two - 426	Year One - %	Year Two - %
1	Cancer	66	141	30.0%	33.1%
2	AIDS	1	2	0.2%	0.2%
3	End-Stage Pulmonary	24	47	11.1%	11.0%
4	End-Stage Renal	7	14	1.5%	3.3%
5	End-Stage Heart	39	80	17.9%	18.8%
6	Diagnosis Other	65	142	39.3%	33.3%
7					
8	<b>Totals All Diagnoses</b>	<b>220</b>	<b>426</b>	<b>100.0%</b>	<b>100.0%</b>

Source: CON application #10611, Table 37, page 80

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

**Amedisys Hospice, LLC (CON application #10608)** provides the following projected number of admissions by age cohort (under 65 or over 65) for the first two years of operations.

**Amedisys Hospice, LLC (CON #10608)  
Year One and Year Two - Admissions by Age Cohort**

Admissions by Diagnosis	Year One		Year Two	
	Admissions	Percent	Admissions	Percent
Under 65	22	13.0%	41	13.0%
Over	151	87.0%	278	87.0%
<b>Total</b>	<b>173</b>	<b>100.0%</b>	<b>319</b>	<b>100.0%</b>

Source: CON application #10608, page 86

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**Continuum Care of Broward LLC (CON application #10609)** 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 (CON #10609)  
Years One and Two**

<b>Age Cohort</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Under 65	16	51
Over 65	142	459
<b>Total</b>	<b>158</b>	<b>510</b>

Source: CON application #10609, Tab 2, page 105

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** provides the following projected number of admissions by age cohort (under 65 and 65+) for the first two years of operations:

**Projected Number of Admissions by Age/Diagnosis (CON #10610)  
Family Pillars Service Area 10**

	<b>Year One Family Pillars Hospice Admissions</b>			<b>Year Two Family Pillars Hospice Admissions</b>		
	Under 65	65+	Total	Under 65	65+	Total
<b>Total</b>	34	191	225	67	383	450

Source: CON application #10610, page 62

**Odyssey Healthcare of Marion County, LLC/CON application #10611** provides the following projected number of admissions by age cohort (under 65 and 65+) for the first two years of operations:

**Odyssey Healthcare of Marion County, LLC  
(CON #10611) – Admissions by Age Cohort**

<b>#</b>	<b>Admit by Age</b>	<b>Projected % by Age</b>	<b>Year One – 220</b>	<b>Year Two – 426</b>
1	<b>0-64</b>	14%	31	60
2	<b>65 &amp; Older</b>	86%	189	366
3				
4	<b>Total</b>	100.0%	220	426

Source: CON application #10611, Table 38, page 81

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

**Amedisys Hospice, LLC (CON application #10608)** states the following list of stated hospice services provided by the hospice team, including volunteers:

- Routine Care
- Continuous care
- Skilled Nursing

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- Hospice aide
- Social Services
- Physician and Medical Services
- Therapy Services
- Bereavement - grief and spiritual counseling
- Volunteer
- Social services
- Patient and family education
- Specialty Programs: End-Stage Dementia, Cardiac & Pulmonary Connection, Palliative Care, Trees in Memory

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

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

AH references the following sample addendum/agreement materials in CON application #10608:

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

**Continuum Care of Broward LLC (CON application #10609)** 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 Broward 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.

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CCB indicates that non-core services including music therapy and virtual reality will be provided by CCB staff and will not be a contract service. CCB states that equine therapy will be provided by a therapist at the contracted stable.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** states the following list of stated hospice services provided by the hospice team, including volunteers:

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

The following patient care services will be provided via contractual arrangement:

- Infusion
- Pharmacy
- DME/Medical Supplies
- Therapy Services (PT, ST, OT)
- Infection Control
- Integrative Therapies

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** indicates that it will meet all state and Medicare guidelines to become a Medicare-certified hospice, including the provision of the following core services:

- Physician services
- Nursing services

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- Social work services
- Pastoral or counseling services
- Dietary counseling
- Home health aide services
- Bereavement counseling services

Odyssey lists 21 positions pursuant to CON application #10611 that are listed as either hospice employees, volunteers or services under contract on page 82, Table 39 of CON application #10611. Of the 20 positions, 14 are listed as hospice employees and/or volunteers and the remaining six are listed as contract services. The stated contract services are:

- Medical Director
- Alternate Medical Director
- PT/OT/ST
- Alternative Integrative Therapies
- Dietary Counselor
- FNP

Odyssey states that it will have an active volunteer group as described within the application. The reviewer notes Condition #s 2, 3, 5, 9, 10 and 12.

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

**Amedisys Hospice, LLC (CON application #10608)** states that it will not construct a freestanding inpatient hospice but rather will enter into contractual agreements with hospitals, SNFs or hospice inpatient units to provide inpatient care to the residents of SA 10.

AH references its Attachment 18-General Inpatient Services Addendum.

**Continuum Care of Broward LLC (CON application #10609)** states it will contract with Broward County nursing homes and hospitals to meet the needs of its patients and will not build freestanding hospice facilities (see Condition #10). CCB 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 10. The applicant asserts

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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.

CCB provides sample nursing home and hospital nursing home inpatient agreements used by Continuum in Volume 3, Tab 16 and 17, respectively, of CON application #10609.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** indicates that FPPH will provide the inpatient care component of its Broward County hospice program through contractual arrangements with existing health care facilities, including existing acute care hospitals and skilled nursing facilities located throughout SA 10.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** asserts that rather than approach a potential provider regarding inpatient care services and ask for a conditional contract, Odyssey has chosen to wait until after the CON is approved – planning to enter into contracts for both inpatient and respite care if the Agency approved the CON.

The reviewer notes that the applicant does not provide sample inpatient or respite care agreements in Appendices FF or SS – Inpatient Services Including Respite & Respite Care, respectively. The reviewer notes no sample contracts in Appendix JJ – on the New Hospice Startup Team.

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

**Amedisys Hospice, LLC (CON application #10608)** restates that it will enter into contractual agreements with hospitals, SNFs or hospice inpatient units to provide inpatient care to the residents of SA 10.

**Continuum Care of Broward LLC (CON application #10609)** will develop relationships with existing ALFs, SNFs and hospitals to use their existing infrastructure to provide the residential and inpatient component of hospice care.

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The applicant has already met with representatives of the following SNFs and ALFs that have relayed their willingness to work with CCB, if awarded CON application #10609 to operate in SA 10. CCB provides the list of organizations from earlier responses.

CCB will not be constructing beds and will contract for existing beds on an as needed basis by facility (both hospital and nursing home) and will use existing licensed beds as patient needs warrant such services, increasing use as volumes expand. CCB states a high confidence in being able to enter into sufficient contracts with existing facilities for beds to meet its needs.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** restates that it will enter into contractual agreements with hospitals, SNFs or hospice inpatient units to provide inpatient care to the residents of SA 10.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** states on page 85 of CON application #10611 that, “Odyssey will contract to provide inpatient services- within a number of existing hospitals and...Contract to allow Odyssey to provide inpatient services in multiple locations recognizes that:

- SA 10 is an extremely large district.
- The hospice patient thrives best when their significant others, their caregivers and their family and friends are able to visit the patients. Given the typical ages of hospice patients and spouses, and many others who would visit, maintaining geographic proximity is important.

Odyssey indicates an estimated total of 220 inpatient bed days in year one (average of 57.1 days), and a total 126 inpatient bed days in year two (average of 65.1 days). The applicant indicates that, using the ADC, this will result in 0.7 inpatient beds in year one, and 1.5 inpatient beds in year two.

On page 85, Table 40 of CON application #10611 Odyssey uses DOEA Annual Hospice Demographics and Outcome Measures Report – 2018 to review likely patient locations in year one and year two.

The reviewer notes that Table 40 on page 85 referenced by Odyssey is data concerning SA 6A, and not SA 10. The reviewer notes it is exactly the same as Table 38 and data found on page 85 of CON application #10603 that Odyssey used to apply for SA 6A, Hillsborough County, Florida.

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

**Amedisys Hospice, LLC (CON application #10608)**

maintains that general inpatient care may be provided to hospice patients for:

- Uncontrolled pain or pain control requiring aggressive medication adjustment/observation
- Severe dysfunctional/unmanageable behaviors
- Acute Distress in the active dying phase
- Pleural effusions
- Agitation/hallucinations
- Sudden debilitation
- Change in home environment, evidence or neglect or safety issues
- Severe respiratory distress
- Intractable nausea and/or vomiting
- Seizures
- Complex wound care
- Palliative radiation/chemotherapy
- Severe depression (refusal to eat or drink)
- Patients with uncontrolled and distressful symptoms requiring advanced interventions
- Patients who require palliative treatments that require inpatient setting
- Patients whose primary caregiver is unwilling to permit the needed care to be furnished in the home

AH references its Attachment 6-General Inpatient Care Policy.

**Continuum Care of Broward LLC (CON application**

**#10609)** indicates that general inpatient care will be provided in a contractual hospital or nursing home within SA 10, 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



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stay will be determined by the interdisciplinary team (IDT). If a Continuum Care of Broward patient needs hospitalization for any reason unrelated to the terminal diagnosis, traditional Medicare Part A would be utilized.

CCB indicates that in addition to general inpatient care, CCB 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.

CCB 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.

CCB provides sample Policies & Procedures for Inpatient Services (General Inpatient & Respite) in Volume 2, Tab 10 of CON application #10609.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** indicates that patients are admitted to an inpatient bed according to physician direction and the guidelines set forth in the Hospice Medicare Benefits. FPPH states that at the patients’ request and with their physician’s order, patients may be admitted for management of severe symptom control or a medical crisis that cannot be managed in the patient’s residence with other levels of care provided.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** contends that one or more of five symptoms/circumstances must be present for a patient to be considered appropriate for inpatient care and that admission decisions are made on a case-by-case basis after evaluation and consultation with the hospice staff. Odyssey itemizes the seven symptoms/circumstances (page 86 of the application).

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- Intractable pain
- Active analgesic medication adjustment necessary to control pain
- Fluctuating/deteriorating mental status necessitating titration of medications
- Severe shortness of breath or respiratory distress creating an unmanageable situation for the patient and family
- Intractable nausea and vomiting
- Need for continual close observation and monitoring of unstable recurring medical condition
- Other complicated care: frequent respiratory suctioning/GI suctioning, etc.

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

**Amedisys Hospice, LLC (CON application #10608)**

indicates that the applicant will admit patients who are hospice appropriate whether or not they have an identified caregiver at home; per AH, the IDT will develop a plan of care irrespective of the patient's primary caregivers and will assist in identifying a caregiver and a reasonable plan for caregiver arrangement when appropriate. AH states, "The Conditions of Participation (COPs) govern our industry and mandate a sea of sameness," CON application #10608, page 89.

**Continuum Care of Broward LLC (CON application #10609)**

states it is committed to serving all patients including those who do not have primary caregivers at home and this is evidenced by Continuum Care's history of serving these patient populations in its existing markets. CCB 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. Further, CCB 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.

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CCB maintains that either it will establish relationships with area SNFs and ALFs with per diem contracts or develop hospice units as the need arise (contract samples are included in Volume 3, Tabs 16 & 17 of CON application #10609).

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** indicates that it serves patients without primary caregivers at home at its existing operation and will do so at its proposed Broward County program. FPPH states that appropriate plans of care are developed that address the issues of limited caregiver availability in order for patients to receive care that is safe and consistent with their values and preferences.

The applicant states that the proposed Broward County program will have a caregiver replacement program designed to resolve the situations when a patient has no or inadequate caregiver services available; modeled after Family Pillars' existing approach to serving this population, the Broward program will support referring patients and their families to community resources to provide caregiving services, or to provide substitute caregiver support if other options are not available or appropriate.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** states recognition that many individuals who qualify for hospice live alone and/or do not have primary caregivers in their home. OHMC (Pages 87 and 88 of CON application #10611) cites *Odyssey Patient without a Primary Caregiver at Home (Live Alone) Patient Policy*: "For Odyssey patients that live alone, the Hospice social worker completes the patient's psychosocial assessment on the patient's day of admission to the hospice program. This initial social work assessment is part of the comprehensive assessment but is also focused on helping the patient develop plans for primary care giving."

- 1) Utilizing the Care Plan, patients who live alone or in an unsafe environment, are counseled by the social worker to develop a plan for primary care giving within 48 hours of admission for the purpose of Hospice to be able to continue to be able to provide safe effective hospice care for the patient.

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- 2) The social worker discusses and explores care plans and options which can be implemented with the patient which may include but are not limited to:
  - A. The patient having a family member, friend or significant other move in with him/her at a point when he/she is no longer safe to remain alone;
  - B. The patient hiring paid caregivers to stay with him/her in his/her home when he/she is no longer safe to be alone;
  - C. The patient can choose to move in with other family, friends, loved ones or significant others when he/she is no longer safe; OR
  - D. The patient can choose to move to a skilled nursing facility or other appropriate paid residential setting when his/her care needs are too extensive for the home environment.

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

**Amedisys Hospice, LLC (CON application #10608)** states that bereavement services start as someone is first admitted to an AI hospice program and will continue for 13 months after the patient has passed. AH also states recognition that grief is experienced differently by every person and that it is AH's commitment to be sensitive to these differences and help patients and their family, friends and caregivers work within their own emotional, spiritual and social framework. AH contends that bereavement support services are provided to help people navigate their unique grief journey and may include, but are not limited to the following:

- Resources and information on death, grief, coping skills and more
- Bereavement support mailings
- Supportive phone calls and/ or in-person grief counseling
- Access and referral to services such as bereavement support groups, individual counseling and community resources
- Announcements about special events such as workgroups, annual memorial services and other programming in your area

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AH points out that as an organization, it serves as a bereavement resource to anyone in the local community who has also experienced the death of a loved one. Bereavement volunteers are briefly described on page 26 of CON application #10608.

AH offers discussion regarding its bereavement services on pages 89 - 92 of CON application #10608, which include:

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

**Continuum Care of Broward LLC (CON application #10609)** contends that bereavement services are an integral part of the hospice program; CCB 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, CCB indicates that it will continue to provide bereavement support to grieving families for one year. Continuum states that while one individual is identified as the primary contact with the family, the spouse or primary caregiver and all members of the family are eligible to receive bereavement services.

CCB 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 & social, spiritual and cultural needs.

The applicant asserts that after the patient's death occurs, the bereavement coordinator will complete the bereavement follow-up assessment; CCB will develop a plan for intervention based on the findings of this assessment and all family bereavement interventions are documented. CCB

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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 Policies & Procedures for Inpatient Services (General Inpatient & Respite) are in Volume 2, Tab 10 of CON application #10609.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** indicates that it provides a comprehensive array of proven policies and procedures for the provision of bereavement services at its existing operation and will offer similar bereavement services in the proposed Broward County program - the proposed program will follow the bereavement policies and procedures currently used in the existing Family Pillars program, as modified to meet unique Broward County needs. Appendix 7 of CON application #10610 includes a copy of the Family Pillars' Bereavement education program.

FPPH indicates that the Bereavement program typically goes for 13 months but can extend beyond that if a need is present; the Bereavement Services approach is bulleted below:

- Community bereavement
- Support Groups-for our families and for the community
- Bereavement Support to Facility staff and residents
- Bereavement education and support for our own staff
- Educational material for our patients and families
- Memorial Services and Memorial Fund

The reviewer notes that bereavement is discussed more fully on pages 65 - 68 of CON application #10610.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** states that bereavement will be provided on a case-by-case basis and is willing to provide up to 18 months of bereavement services. Odyssey also states that the proposed program will provide an annual bereavement camp for children 6-17 to provide the opportunity for interaction with others going through a

## **CON Action Numbers: 10608 through 10611**

similar experience. Odyssey maintains that bereavement and grief support programs will be made available to all SA 10 residents, regardless of whether they have had any relationship with Odyssey.

Bereavement services will include, but are not limited to the following:

1. Individual and Family Grief Support including:
  - Telephone Grief Support
  - Grief Support Groups
  - Individual Grief Support Counseling
2. Specialized Grief Support Groups for Teenagers
3. School Support Groups
4. Memorial Services
5. Coping with Grief through the Holidays Program
6. Community Outreach/Education Programs Focused on Grief
7. Yoga for the Grieving Heart Sessions (yoga that focuses on breathing techniques and ways to reduce stress for individuals of all skill levels)
8. Family Weekend Bereavement Retreat
  - Bereavement Camps for Children

Additional bereavement objectives and goals of the applicant's Bereavement Program are further discussed on pages 88 - 91 & Appendix D (Kindred at Home & Hospice Affiliates, Policy No. 4-006) of CON application #10611.

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

#### **Amedisys Hospice, LLC (CON application #10608)**

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

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AH points out specific community education activities on pages 93 and 94 of CON application #10608, including community:

- Expectations
- Communication and activity
- Events

CON application #10608, Schedule C-Condition #s 18 - 21 are under the heading of *Community Education and Outreach*.

**Continuum Care of Broward LLC (CON application #10609)** indicates it will provide extensive community education activities surrounding the benefits of hospice to increase hospice awareness and utilization. Additionally, CCB comments its minority team will be involved in educating and assessing minority populations within SA 10. Further, 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 Broward County community. CCB asserts it will educate SNF and ALF constituents on the myths and benefits of hospice.

CCB 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.

CCB addresses outreach to veterans in Condition 11, Schedule C of CON application #10609.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** indicates it has an active and effective community outreach and education program in support of its current operation, and anticipates using these existing programs as a starting point and then modifying them to meet the unique needs of the Broward County.

FPPH comments that these outreach and education programs focus on a wide range of end-of-life and hospice issues including all aspects of hospice care, such as how to



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access hospice care and the benefits of hospice care; these presentations are tailored specifically to specific audiences including patients/family, the general community, churches, civic groups, health care clinicians and senior housing residents and staff.

FPPH points out that it provides training and education to the public in its existing operation that includes information regarding the nature and purpose of hospice care, who is eligible for hospice care, what is palliative care, the role of family and friends in end-of-life care, advanced directives, and many other topics relating to end-of-life issues and concerns.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** contends that the following nine groups traditionally underutilize hospice services:

1. African Americans
2. Hispanics
3. Homeless
4. Patients without caregivers in their residences
5. Rurally remote patients
6. Patients residing in areas without adequate physician services
7. Veterans
8. Some religious groups
9. Prison population, and recently released prisoners

The reviewer notes that the applicant has previously mentioned each of these groups in CON application #10611, except for patients residing in areas without adequate physician services

Odyssey states that it will provide a minimum of two educational programs per year intended to increase the awareness of the value of hospice services to individuals that are members to one or more of the groups listed above. Odyssey asserts that potential hospice patients need to be educated as to:

1. When hospice services are appropriate
2. How to access general healthcare services
3. Learning how to access hospice care

The applicant comments that in addition to the provision of educational programs intended for the public, Odyssey will develop educational programs both internally and externally

(through community colleges, university programs and other educational resources) to increase the employee's education and awareness of how to assist members of the community to access hospice services. On pages 92 - 94 of the application, Odyssey offers additional narrative discussion regarding:

- Continuing Education for Health Care Professionals
- Physicians Need to be Talking to Patients about Hospice

**(m) Fundraising activities**

**Amedisys Hospice, LLC (CON application #10608)**

maintains that all services, programs and activities resulting from the proposed project will be directly funded by the operations of the proposed program in SA 10. AH also maintains that should additional capital be needed to fund the operations of the proposed hospice, AI (the parent) is in a position to be financially supportive.

AH discusses the Amedisys Foundation – page 94 of CON application #10608. According to AH, the Foundation was founded in 2016 with the purpose of providing support to both AI's team members and patients.

AH provides details regarding the "Amedisys Employees 1<sup>st</sup> Fund" on page 95 of CON application #10608, explaining that qualifying circumstances for accessing Amedisys Foundation funds include:

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

AH also provides details regarding the "Amedisys Patients' Special Needs Fund," on page 96 and 97 of CON application #10608, explaining that examples of qualified special needs requests include but are not limited to:

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

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The reviewer notes CON application #10608 Schedule C – Condition #23 that addresses financial relief options through the Amedisys Foundation.

**Continuum Care of Broward LLC (CON application #10609)** states that it is an independent 501(c)(3) charitable organization dedicated to raising the funds necessary to help hospice and palliative care patients; the Foundation is run entirely by a team of caring volunteers and knowledgeable staff who raise funds and build community awareness in support of terminally ill patients and their families. CCB indicates the Continuum Care Hospice Foundation provides funding for the extraordinary needs of CCB 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

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

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** states that direct fundraising activities are not expected to be included as part of the initial proposed. FPPH indicates that its staff will be active participants in supporting community fundraising activities within the community, as does the existing Family Pillars program; no direct fundraising activity in support of this proposed hospice program is anticipated.

Appendix 9 of CON application #10610 includes a copy of the Table of Contents from Family Pillars Hospice's Policy and Procedure handbook that references all operational components of the existing hospice service. FPPH states that these same operational guidelines will be used in the development and then operation of the proposed Broward County operation.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** indicates that it will not actively solicit donations for a period of two years (Condition #11), but if asked, will provide a list of charitable giving options to those interested in making a contribution. Odyssey will direct individuals to 501(c)3 non-profit foundations. The applicant discusses The Odyssey Foundation and emphasizes that Odyssey does not wish to affect adversely any existing non-profit hospices who depend on community donations to sustain their programs.

Odyssey points out that it will provide some services beyond the typical scope, and that might incur out-of-pocket expenses to the patient or the patient's family. Payment is not required, but should someone wish to pay these specific expenses for a patient, the applicant will accept these funds but would not classify them as donations. On pages 95 - 97 CON application #10611, Odyssey provides additional fundraising activities:

- Grief support groups for adults, adolescents and children
- Bereavement camps for children
- Reminiscence groups
- Continuing education for health care professionals
- Health care delivery system research

- 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 20<sup>th</sup> of each year and January 20<sup>th</sup> of the following year.**

The **applicants** state that they will submit the required semi-annual utilization reports to the Agency if approved.

**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? Section 408.035(1)( a) & (b), Florida Statutes.**

In Volume 45, Number 194, of the Florida Administrative Register, dated October 4, 2019, need for one hospice program was published in SA 10 (Broward County) for the January 2021 hospice planning horizon. The co-batched applicants are applying in response to published need.

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The following chart illustrates hospice admissions for the past five years, ending June 30, 2019.

**Hospice Admissions for Hospice SA 10  
June 30, 2015 to June 30, 2019**

<b>June 30, 2015 through June 30, 2019</b>	<b>Admissions</b>
June 2019	10,093
June 2018	10,192
June 2017	10,253
June 2016	10,010
June 2015	10,116

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

As previously stated in item E(1)(a) of this report, SA 10 is currently served by the following providers:

- Catholic Hospice, Inc.
- Heartland Hospice Services
- Hospice by the Sea, Inc.
- Hospice of Gold Coast Home Health Services
- Hospice of Palm Beach County, Inc.
- Seasons Hospice & Palliative Care of Broward County, Florida, LLC
- VITAS Healthcare Corporation of Florida

**Amedisys Hospice, LLC (CON application #10608)** indicates that regarding availability, the applicant references the Agency’s Fixed Need Pool. Regarding accessibility, the applicant states (page 100 of CON application#10608):

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

AH restates Condition #1 – implementation of a Cardiac & Pulmonary Connections program.

AH states (page 100 of CON application #10608):

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

1. Persons with End-Stage Heart, Pulmonary, Dementia and Alzheimer’s Diseases
2. Hispanic/Latino and Haitian/Haitian American Patients

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AH reiterates:

- Trends in the number of discharges to hospice in SA 10, utilization patterns of hospice service by Hispanic/Latinos, including CMI for residents of the service area
- The three-year trend in hospital discharges to hospice and hospice discharges for the Hispanic/Latino community in SA 10

Amedisys contends that having the experience of operating in culturally diverse areas throughout the U.S. will help to implement best practices to SA 10.

### **Continuum Care of Broward LLC (CON application #10609)**

reiterates/reproduces the following tables/line graphs/bar graphs, to address availability, accessibility and extent of utilization of hospice services in Subdistrict 10:

- Current Utilization and Projected Need for January 2021 Planning Horizon
- Admissions by Hospice Program for Batching Cycle 2015-2019
- Admissions by Hospice Program – 12 Months Ending June 30, 2015-2019
- Resident Deaths 2014 to 2018
- Resident Deaths and Hospice Admissions for fiscal years (FY) 2015 to 2019
- Hospice Penetration Rate – 12 Months Ending June 30, 2015-2019
- Hospice Penetration Rate Versus Florida for FY 2017 to 2019
- Population per Hospice Program by Subdistrict Licensed and Approved Hospice Program for calendar year (CY) 2018
- Deaths per Hospice Program by Subdistrict Licensed and Approved Hospice Programs for CY 2018

CCB emphasizes that primary underserved populations in SA 10 include Black and Hispanic ethnic groups and residents with non-cancer diseases. Specifically, CCB comments that:

1. Black demographic of Broward County, SA 10 is hugely underserved compared to all other races
2. Hispanic population of Broward County, SA 10 is hugely underserved compared to non-Hispanic counterparts
3. Need of non-cancer disease specific programming to respond to the projected gap in service in the SA 10
4. Improve hospice access for patients in their place of residence, rather than in a hospice house setting.

For a review of the applicant's response to quality of care, see item E(3)(b) of this report. CCB states that it will adopt similar quality practices and implement similar quality assurance and performance improvement

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programs, initiatives and policies to ensure that Broward County residents are provided the very best end-of-life care. CCB also responds to the Health Care Access Criteria.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)**

states its hospice service goal of providing the highest percentage possible of end-of-life patients with hospice support services, the lower than Florida average, lower than comparable counties and lower than optimal percentage of Broward County end-of-life residents currently being supported by hospice care reflects a situation where an expansion of hospice services is required to better serve the county's residents.

FPPH indicates that unlike facility-based services such as inpatient or outpatient healthcare facilities or programs, hospice care services are not constrained by occupancy or capacity factors; rather, access to and utilization of hospice care is primarily a function of the availability of locally needed services matching community needs with available services, a given population's awareness and knowledge of available hospice services and the benefits of these services, and the population's willingness to seek and accept hospice services in a timely manner based on unique medical, psychological and cultural factors.

FPPH emphasizes that primary underserved populations in SA 10 include Black and Hispanic ethnic groups and residents. Specifically, FPPH comments that:

- Black demographic of Broward County, SA 10 is hugely underserved compared to all other races
- Hispanic population of Broward County, SA 10 is hugely underserved compared to non-Hispanic counterparts
- Improve hospice access for patients in their place of residence, rather than in a hospice house setting.

For a review of the applicant's response to quality of care, see item E(3)(b) of this report. FPPH states that it will adopt similar quality practices and implement similar quality assurance and performance improvement programs, initiatives and policies to ensure that Broward County residents are provided the very best end-of-life care. FPPH also responds to the Health Care Access Criteria.

**Odyssey Healthcare of Marion County, LLC (CON application #10611)**

reiterates that Odyssey will place emphasis on improving availability and accessibility for individuals who are:

1. Living in remote areas of the County
2. African American
3. Hispanic origin

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4. Homeless
5. Financially restrained
6. Living in one of the smaller ALFs
7. Failing to understand what medical services including Hospice are available to them

Odyssey states that outreach will be performed for the above referenced groups and educational meetings will be developed for presentation in:

1. Religious settings with emphasis in reaching not only the mega-churches but also the smaller settings. Broward County has many small buildings where small groups of congregants meet regularly. The applicant projects establishing meetings in central locations and inviting the clergy from many of these smaller venues to attend. Procedures will be established to assist these attendees to reach their congregants.
2. Hispanic settings including churches, schools, medical clinics serving this group.
3. African American settings including churches, schools, hospitals medical clinics serving this group.
4. Homeless settings are more difficult to target as there are not specific zip codes where they congregate. There are facilities that care for the homeless and going to those facilities is the best way to reach the homeless population. These would include but not be limited to:
  - Religious facilities known to provide free meals and shelter
  - Soup kitchens
  - Metropolitan Ministries
  - Broward County Medical Clinics
  - Emergency rooms
  - Social services department
5. Smaller ALFs

Odyssey again duplicates patient discharge diagnosis data as percentages of hospice applicants (2018). The applicant discusses and provides data regarding relatively low hospice-per-1,000,000 residents in Broward County relative to other Florida counties, and Florida overall. Odyssey reiterates current hospice penetration rates in Broward County.

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



**b. Does the applicant have a history of providing quality of care? Has the applicant demonstrated the ability to provide quality care? Section 408.035(1)(c), Florida Statutes.**

In December 2018, the DOEA 2018 Hospice Demographic and Outcome Measures, which is available in pdf form on the DOEA's website at: [http://elderaffairs.state.fl.us/doea/Evaluation/2018\\_Hospice\\_Report.pdf](http://elderaffairs.state.fl.us/doea/Evaluation/2018_Hospice_Report.pdf)

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

As of 2015, hospices no longer used the National Hospice and Palliative Care Organization (NHPCO) due to the implementation of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Also in 2015, CMS made some hospice performance data available to states. DOEA then lifted the requirement that hospices submit outcome measure data to DOEA. Previous to 2015, the three hospice measures that had, been required are as follows:

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

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

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

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

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

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

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

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

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

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

Facility Name	Treatment Preferences	Beliefs and Values	Pain Screening	Pain Assessment	Dyspnea Screening	Dyspnea Treatment	Opioid/Bowel Regimen	#of Patients
<b>Amedisys, Inc.</b>								
Compassionate Care Hospice of Central Florida, Inc. †	100.0	58.9	84.8	89.4	100.0	89.3	100.0	414
Compassionate Care Hospice of Lake and Sumter, Inc. †	99.0	73.6	89.6	80.5	99.7	97.0	100.0	506
Compassionate Care Hospice of Miami Dade and the Florida Keys, Inc. †	100	53.3	97.3	NA	100.0	100.0	100.0	412
<b>Kindred</b>								
Hospice of the Emerald Coast, Inc	99.9	99.6	99.5	97.2	99.4	98.2	99.0	2,309
Kindred Hospice (Orlando)	97.7	97.9	98.6	88.2	99.3	97.7	94.2	410
Kindred Hospice of Marion County (Miami)	100.0	99.9	99.4	98.2	99.7	99.1	98.8	2,003
Regency Hospice of Northwest Florida, Inc.	100.0	99.3	99.0	96.7	100.0	95.9	100.0	647
<b>Florida Average</b>	<b>98.9</b>	<b>92.5</b>	<b>97.0</b>	<b>82.8</b>	<b>99.0</b>	<b>97.8</b>	<b>96.3</b>	
<b>National Average</b>	<b>99</b>	<b>95</b>	<b>95</b>	<b>82</b>	<b>98</b>	<b>95</b>	<b>94</b>	

*Data provided by CMS; collected between 10/01/2016-09/30/2017. Number of hospices, n= 42. Number of respondents, n= 125,310. Source: DOEA Hospice Demographics and Outcomes Measures 2018 Report, December 2018, pages 21 and 22, Exhibit 18 and pages 4 and 5, Exhibit 3 (number of patients only)*

† As of February 2019, this provider is an affiliate of Amedisys, Inc.

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

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

**Each co-batched applicant** with existing hospice programs (or parent/affiliate with an existing hospice program) documented in the referenced CAHPS measures 2018 DOEA report is represented with each participating providers' results in the table below:

**CON Action Numbers: 10608 through 10611**

**CAHPS Measure Results by Hospice**

Facility Name	Hospice Team Communication	Getting Timely Care	Treating Patient With Respect	Getting Emotional and Religious Support	Getting Help for Symptoms	Getting Hospice Care Training	Rating of Hospice Care	Willingness To Recommend Hospice	Number of Patients
<b>Amedisys, Inc.</b>									
Compassionate Care Hospice of Central Florida, Inc. †	82	85	91	90	78	80	84	88	414
Compassionate Care Hospice of Lake and Sumter, Inc. †	79	80	89	88	73	73	82	83	506
Compassionate Care Hospice of Miami Dade †	74	66	83	82	67	64	73	72	412
<b>Kindred</b>									
Hospice of the Emerald Coast, Inc.	83	83	92	89	78	78	85	89	2,309
Kindred Hospice (Orlando)	83	80	93	87	77	67	84	80	410
Kindred Hospice of Marion County (Miami)	78	74	88	90	71	71	76	81	2,003
Regency Hospice of Northwest Florida, Inc.	76	75	88	88	73	70	74	78	647
<b>Florida Averages</b>	<b>77</b>	<b>76</b>	<b>88</b>	<b>88</b>	<b>73</b>	<b>70</b>	<b>80</b>	<b>84</b>	
<b>National Averages</b>	<b>80</b>	<b>78</b>	<b>91</b>	<b>90</b>	<b>75</b>	<b>75</b>	<b>81</b>	<b>85</b>	

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

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

† As of February 2019, this provider is an affiliate of Amedisys, Inc.

- The actual date Kindred acquired Emerald Coast Hospice and Regency Hospital of NW Florida is not known.

Below are summaries of **each** of the **co-batched applicants'** stated additional quality features/characteristics, as well as the Agency's substantiated compliant history, over the three-year period ending November 20, 2019 (if any).

**Amedisys Hospice, LLC (CON application #10608)** states that the parent, AI operates in 38 states in the United States and the District of Columbia, and owns/operates:

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

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

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

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

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

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

AI states working to overcome the following objections:

1. Difficult, complex or complicated cases – When an easier answer would be to say “no,” Amedisys always strives to accommodate:
  - Weekend admissions
  - Service to geographically remote parts of the proposed service area
2. Cases perceived as too expensive. – No admission decision should ever be based on a margin or a spreadsheet. It is based on the patient's needs and goals for care.
3. Cases that present something new the staff has not encountered before – if we need to do training or staff development to provide exceptional care, we do that. AH does not say “no” just because it has not encountered something before; there will always be a first time.

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

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

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AI points out that Amedisys outperformed national and state averages. AI discusses coordination of care, care planning, accreditations and awards.

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

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

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

AI contends that the purpose of the Amedisys Quality Assessment and Performance Improvement (QAPI) Program is to provide a comprehensive databased program to continually assess and improve the quality of the

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processes that affect patient outcomes. AI also contends that from “Board to Bedside”, the aim is providing patient centered care. AI states that the end effect will be the highest quality of care and a high level of patient perception of care and services. AI explains that defining patient and family needs, what is important and what matters, designing well defined processes to meet those needs and achieving outcomes that patients and families have identified as having value to them are the keys to Amedisys Hospice’s ability to achieve and maintain the best patient outcomes and financial viability.

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

- To assess the quality and appropriateness of all care, including general inpatient care, homecare, continuous care, respite care and care provided under arrangements
- To provide cost - efficient, quality healthcare services to the patients entrusted to our care
- To show measurable improvement in indicators that demonstrates an improvement in palliative outcomes and end-of-life support systems
- To evaluate the adequacy of clinical documentation utilizing the Clinical Review audit tool
- To measure, analyze and track quality indicators, including adverse events, hospice acquired pressures ulcers and infections
- To collect data to monitor and benchmark, the effectiveness and safety of services and quality of care, as well as identify opportunities for improvement, and best practices
- To utilize patient/caregiver perception of care and satisfaction and develop hospice services which are perceived to be of high quality and value
- To utilize standard processes to provide effective, efficient and safe delivery of hospice care services by continually assessing processes of care, hospice services and operations
- Educate and involve the care center staff in the Quality Assessment and Performance Improvement process
- Monitor and evaluate compliance with ACHC standards, COPs, policies and procedures

## **CON Action Numbers: 10608 through 10611**

- To conduct Performance Improvement Projects (PIP) when gaps are identified between current and desired status
- To conduct quarterly QAPI meetings and document activities and findings, including status of Performance Improvement Projects
- To evaluate on an annual basis

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

The reviewer notes that CON application #10608 includes an extensive list of attachments that name 31 attachments, by attachment number and many address issues of overall quality of care in the form of policies, guidelines or addendums. Many of these attachments are Amedisys, Inc., publications. The reviewer lists some of the applicant’s listed attachments below:

- Attachment No. 4: Routine Hospice Care Policy
- Attachment No. 5: Continuous Care Policy
- Attachment No. 6: General Inpatient Care Policy
- Attachment No. 7: Inpatient Respite Care Policy
- Attachment No. 8: Physician Services Policies and Operational Guidelines
- Attachment No. 9: Nursing Services Policies and Operational Guidelines
- Attachment No. 10: Medical Social Services Policies and Operational Guidelines
- Attachment No. 11: Counseling Services Policies and Operational Guidelines
- Attachment No. 12: Amedisys, Inc. Policy on Hospice Aides
- Attachment No. 13: Amedisys, Inc. Policy on Therapy Services
- Attachment No. 14: Volunteers Policies and Operational Guidelines
- Attachment No. 15: Policy and Guidelines for Pet/Companion Therapy-Preparing for Visit and Incident Reporting
- Attachment No. 25: Amedisys, Inc. Policy on Hospice Plan of Care
- Attachment No. 26: Community Health Accreditation Partners (CHAP) Certificates of Accreditation for Compassionate Care Hospice of Central Florida, Compassionate Care Hospice of Miami Dade and the Florida Keys and Compassionate Care Hospice of Lake and Sumter
- Attachment No. 27: Amedisys, Inc. Policy on Patient and Family Rights and Responsibilities
- Attachment No. 28: Amedisys, Inc. Policy and Operational Guidelines on Admissions/Intake



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- Attachment No. 29: Amedisys, Inc. Policy and Operational Guidelines on Quality Assessment and Performance Improvement (QAPI)
- Attachment No. 30: Amedisys, Inc. Quality Assessment and Performance Improvement (QAPI) Plan for 2019
- Attachment No. 31: Amedisys Emergency Preparedness Booklet

As stated previously in item C of this report, Amedisys, Inc. acquired Compassionate Care Hospice (Compassionate Care) in February 2019 and is therefore Compassionate Care's parent company. Compassionate Care provides hospice services in the following SAs: 3E, 6B and 11.

Agency records indicate Compassionate Care Hospice had no substantiated complaints during the three year period ending November 20, 2019.

**Continuum Care of Broward LLC (CON application #10609)** 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 CCB identifies as unique programs and services in Volume 1, Tab 2, pages 120 to 123 of the application:

- Service Intensity (noting Schedule C, Condition #s 5 to 8) – This program is described in greater detail in Volume 1, Tab 2, pages 21 and 22 and 120 and 121 of CON application #10609 and in section 2((a)(5) of this report.
- Music Therapy (noting Schedule C, Condition #2) – This program is described in greater detail on pages 22 to 24, Volume 1, Tab 2 and in Support Documents, Volume 2, Tab 8 of CON application #10609.
- 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 on pages 24 and 25, Volume 1, Tab 2 and in Supporting Documents, Volume 3, Tab 19 of CON application #10609.
- Equine Therapy (noting Schedule C, Condition #3) – This program is described in greater detail on pages 26 and 27, Volume 1, Tab 2 and in Supporting Documents, Volume 3, Tab 5 of CON application #10609.

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- Continuum Palliative Resources (an advanced disease management program for patients who are at a maximum therapy level and approximately 24 months from the end-of-life, noted in Schedule C, Condition #9) – This program is described in greater detail on pages 31 – 32 and 112 - 113, Volume 1, Tab 2 and in Supporting Documents, Volume 2, Tab 3 of CON application #10609.
- Veterans Programming (will be implemented through the *We Honor Veterans* Program, noted in Schedule C, Condition #11) – This program is described in greater detail on pages 27 - 30, Volume 1, Tab 2 and in Supporting Documents, Volume 3, Tab 18 of CON application #10609.
- Minority Outreach (stressing the need for improved hospice access in Broward County among Black and Hispanic residents, noted in Schedule C, Condition #4) – This program is described in greater detail on pages 33 - 35, Volume 1, Tab 2 and in Supporting Documents, Volume 3, Tab 18 of CON application #10609.

The reviewer notes that CCB's unique programs and services are also discussed in section 2(a)(5) of this report.

The reviewer notes USB drives with videos of example CCB unique programs attached to Volume 1 & Volume 3 of CON application #10609.

CCB indicates that, if approved it will have staffing levels that exceed minimum requirements for hospice, as determined by NHPCO. The applicant states that CCB will develop and maintain a Quality Assurance Performance Improvement (QAPI) Plan (noted Tab 12, Volume 3, of CON application #10609) similar to those that are already utilized by its affiliated programs. The applicant further states that objectives of the CCB 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

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The reviewer notes the composition of the QAPI Committee and the QAPI Committee responsibilities, as well as Performance Improvement overall are discussed pages 124 and 125 in Volume 1, Tab 2 of CON application #10609.

The reviewer notes that the following major topics are discussed on pages 125 - 128 in Volume 1, Tab 2, of CON application #10609:

- Performance Improvement
- Continuing Education and In-Service Training (found in Supporting Documents, Volume 2, Tab 12 of CON application #10609)
- CHAP Accreditation (noted in Schedule C, Condition #5) also found in Supporting Documents, Volume 2, Tab 4 of CON application #10609)
- *HEALTHCAREfirst* Quality Metrics
- *Best of Concord Award*, received by Continuing Care of Rhode Island in 2019

Continuum's Patient/Family Orientation Handbook is included in Volume 3, Tab 11 of CON application #10609.

A detailed narrative concerning Continuum's experience in serving lower income and medically underserved communities was discussed in the applicant's response to E(1)(a) and (b) of this report.

The applicant comments that in addition to community support for this project, CCB 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. Continuum cites a sampling of the many letters of former patient families who have written thank you notes and letters in support of CCB's affiliate programs; these letters speak to the quality initiatives and compassionate care that Continuum provides on a regular basis. These letters are in Volume 1, Tab 5 of CON application #10609.

CCB 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 CCB's continued Medicare certification.

The applicant has conditioned this CON application to provide the following minimum core staffing:

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- 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.
- CCB will seek to respond to all 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.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** states that while is a newly developed entity with no operational experience, the applicant is sponsored and supported, and will be developed by Family Pillars Hospice, an existing and proven hospice program located in Bethlehem, Pennsylvania. FPPH states that the parent, Family Pillars of Pennsylvania operates 32 ALF/Personal Care Homes throughout Leigh Valley, Pennsylvania as well as their hospice program in Bethlehem that received 2019 Hospice Award for outstanding CAHPS customer service.

FPPH states that to be clear, while the Family Pillars Hospice provider did incur a license suspension and significant deficiencies in the 2016 timeframe, since Mr. Tighe has taken control of the operation of the Family Pillars operation, it has regained full licensure status and is currently providing high quality, effective and efficient hospice care in the Bethlehem/Lehigh Valley area; this post-startup, Denis Tighe operated and controlled high quality Family Pillars Hospice program, will be the organization and operation that is sponsoring and supporting this proposed new Broward County hospice program.

FPPH indicates that specific to the current quality of care provided by the Family Pillars Hospice Pennsylvania operation, current 2019 CAHPS data show that the hospice program is providing strong quality, with the family/caregivers of patients served by Family Pillars expressing their satisfaction with and thanks for the hospice care provided to their loved ones. Selected examples of these supportive comments taken from Family Pillars of Pennsylvania's recent CAHPS surveys.

The following appendices related to quality and types of service provided by FPPH include:

- 1 – Family Pillars Hospice Patient and Family Handbook
- 3 – Family Pillars Veterans Program Information
- 4 – Family Pillars Quality Initiatives and Programs Information
- 5 – Family Pillars Spiritual Care Information

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- 6 – Family Pillars Volunteer Services Information
- 7 – Family Pillars Bereavement Program Information
- 8 – Family Pillars Employee Training / Education Information
- 9 – Family Pillars Policy and Procedures Handbook Table of Contents
- 10 – Family Pillars License and CAHPS information

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** asserts that some of the facts supporting the history of Odyssey and its parent (Kindred/Kindred at Home) providing quality care include:

- Kindred at Home, the parent of Odyssey, revenues are approximately \$4 billion dollars
- 372 hospice locations in 34 states
- 354 home health sites located in 38 states
- 19,000 caregivers
- The home health division sees more than 433,000 patients per year
- Hospice division has an ADC of more than 24,500 patients
- 98 percent of the home health division providers have a three star or higher quality rating
- 85 percent of patients who receive hospice services would recommend Odyssey/Kindred Hospice

Odyssey indicates the following:

- Mission – To provide comprehensive care and extraordinary services to the families we serve
- Vision – To be the best in class of clinically innovative healthcare services in the home
- Values
  - Be authentic
  - Show compassion
  - Embrace accountability
  - Champion successes – big and small
  - Innovate for the future

Odyssey explains having conducted a survey to determine how many of its existing employees had experience providing hospice care services within a licensed hospice, as well as those willing to relocate. Below are Odyssey's stated results:

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**CON application #10611, Table 9, page 27**

#	Type of Employee	# of Employees with Experience in Licensed Hospices in Dade	# of Years of Experience for the Employees with Experience in Licensed Hospices
1	Administrator (Claudia Perez)	1	10+
2	RNs	3	2-5
3	HHAs	3	2-5
4	Chaplain	1	4
5	Social Worker	1	3

Odyssey also points out that the CON application #10611 authorized representative, Gusti McGee, VP Regulatory and Licensure Services, has more than 18 years of experience and has been responsible for the development of more than 200 home health and hospice locations. The applicant provides brief key personnel bios in Appendix V of CON application #10611.

Odyssey states a commitment to the provision of quality of care and will:

- Encourages its nurses through training, compensation incentives and support to become board certified in hospice and palliative care (Conditions 10 and 14)
- Physicians will make regular visits to the patients and provide bedside care
- Provide 24-hour direct telephone access to the Odyssey staff (triage nurse)
- Provide weekend visits to patients in long-term care facilities and ALF by nurses, chaplains and social workers
- Have trained bereavement specialists to provide grief and loss counseling, memorial services and other support services for family and loved ones
- Hire a volunteer director
- Have a minimum of 25 percent of its staff who are bi-lingual and a contract to provide translation services to all non-English speaking patients/families (Condition 2)
- Have a minimum of 25 percent of its staff who are members of the Hispanic or African American communities to meet the cultural needs of this underserved population (Condition 3)
- Develop culturally sensitive programs (Condition 5)

CON application #10611 includes an extensive table of contents that lists 78 separate appendices and many address issues of overall quality of care. Many of these appendices include Kindred/Kindred at Home/CURO Health Services publications. The reviewer lists some of the applicant's provided appendices below:

- A – Admission Policy
- B – Alzheimer's Flyer
- C – Physician Expertise/Education

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- D – Bereavement Program
- E – County Demographics – Broward
- F – Care Plan
- G – Charitable Care
- J – Policy for Coordination of Care
- N – Corporate Objectives
- R – Diseases – Care for Specific
- S – Employee Handbook – Table of Contents
- T – End-stage Heart Disease
- U – Ethical Care ABD Ethics Committee – Purpose and Benefits
- Y – Homemaker and Companion Services
- EE – Incident Reporting
- FF – Inpatient Care Including Respite
- GG – Inservice Education
- JJ – New Hospice Startup Team
- LL – Pain Management
- MM – Patient Assessment (Initial and Ongoing)
- NN – Patient Family Hospice Guide & Education
- QQ – Quality Assessment/QAPI
- SS – Respite Care
- TT – Safety Program
- UU – Services Offers & Specialized Programs
- VV – Spiritual Care Services
- WW – Staff Development
- ZZ – Translation Services – Interpreters
- CCC – Veterans Program
- DDD – Volunteers

As previously stated in item C of this report, Kindred hospice affiliates serve SAs 1, 2A, 3B, 4B, 7B and 11.

Agency records indicate that, statewide, as of the three-year period ending November 20, 2019, Kindred hospice affiliates had a total of two substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. Below is a table to depict the substantiated complaint by the applicable complaint categories.

**Kindred Substantiated Complaint History by Category (CON #10611)  
Three-Year Period Ending November 20, 2019**

Complaint Category	Number Substantiated
Admin/Personnel	1
Resident/Patient/Client Rights	1

Source: Agency for Health Care Administration Complaint Records

- c. **What resources, including health manpower, management personnel and funds for capital and operating expenditures, are available for project accomplishment and operation? Section 408.035(1)(d), Florida Statutes**

**Amedisys Hospice, LLC (CON application #10608):** The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital projects. Our review includes an analysis of the short and long-term position of the applicant, parent or other related parties who will fund the project. The analysis of the short and long-term position is intended to provide some level of objective assurance on the likelihood that funding will be available. The stronger the short-term position, the more likely cash on hand or cash flows could be used to fund the project. The stronger the long-term position, the more likely that debt financing could be achieved if necessary to fund the project. We also calculate working capital (current assets less current liabilities) a measure of excess liquidity that could be used to fund capital projects.

Historically we have compared all Amedisys, Inc. (Parent) financial ratios regardless of type to benchmarks established from financial ratios collected from Florida acute care hospitals. While not always a perfect match to a particular CON project it is a reasonable proxy for health care related entities.

Below is an analysis of the audited financial statements for the parent, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.



**CON Action Numbers: 10608 through 10611**

<b>10608 – Amedisys, Inc. (Parent)</b>		
	<b>Dec-18</b>	<b>Dec-17</b>
Current Assets	\$224,118,000	\$311,156,000
Total Assets	\$717,118,000	\$813,482,000
Current Liabilities	\$222,476,000	\$215,062,000
Total Liabilities	\$234,485,000	\$297,056,000
Net Assets	<b>\$482,633,000</b>	<b>\$516,426,000</b>
Total Revenues	\$1,662,578,000	\$1,511,272,000
Excess of Revenues Over Expenses	\$120,129,000	\$30,683,000
Cash Flow from Operations	\$223,483,000	\$105,731,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.0	1.4
Cash Flow to Current Liabilities (CFO/CL)	100.45%	49.16%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	2.5%	15.9%
Total Margin (ER/TR)	7.23%	2.03%
<b>Measure of Available Funding</b>		
Working Capital	<b>\$1,642,000</b>	<b>\$96,094,000</b>

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3-2.3	2.3-1.7	1.7-1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100%-50%	50%-0%	< 0%
Debt to Equity	0%-10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12%-8.5%	8.5%-5.5%	5.5%-0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$755,760, which includes this project only. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. The applicant submitted a letter from the parent confirming funding. With \$20.2 million in cash and cash equivalents, the parent has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

Funding for this project and the entire capital budget should be available as needed.

**Continuum Care of Broward LLC (CON application #10609):**

The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital projects. Our review includes an analysis of the short and long-term position of the applicant, parent or other related parties who will fund the project. The analysis of the short and long-term position is intended to provide some level of objective assurance on the likelihood that funding will be available. The stronger the short-term position, the more likely cash on hand or cash flows could be used to fund the project. The stronger the long-term position, the more likely that debt financing could be achieved if necessary to fund the project. We also calculate working capital (current assets less current liabilities) a measure of excess liquidity that could be used to fund capital projects.

The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital projects. The applicant is a start-up company with \$500,000 in cash on their audited financial schedules.

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$314,350, which includes this project of \$304,350, and capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash-on-hand. With \$500,000 cash-on-hand, the applicant has sufficient resources to fund this project and all capital expenditures. In addition, the managing member pledged to cover any additional cash requirements for project costs, initial operating deficits and working capital. Proof was provided that the funds necessary for these issues are sufficient.

**Conclusion:**

Funding for this project and the entire capital budget should be available as needed.

**Family Pillars Palliative Hospice Care, LLC (CON application**

**#10610):** 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 \$255,070 in cash on their audited financial schedules.

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$432,694, which includes this project only. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash-on-hand. In support, the applicant provided an audited financial statement showing \$255,070 in cash on hand. In addition, the managing member pledged to cover any additional cash requirements for project costs, initial operating deficits and working capital. However, the bank statement that was provided with a balance of \$252,000 has no account name on it. Therefore, staff cannot verify that the account belongs to the managing member. With only \$255,070 cash-on-hand, the applicant has insufficient resources to fund this project. If staff were to accept the bank statement, the total funding available would be \$507,000. While this amount would be sufficient to cover the capital projects it would be insufficient to cover the first year loss of \$79,297.

**Conclusion:**

Funding for this project is in question.

**Odyssey Healthcare of Marion County, LLC (CON application**

**#10611):** The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital projects. Our review includes an analysis of the short and long-term position of the applicant, parent or other related parties who will fund the project. The analysis of the short and long-term position is intended to provide some level of objective assurance on the likelihood that funding will be available. The stronger the short-term position, the more likely cash on hand or cash flows could be used to fund the project. The stronger the long-term position, the more likely that debt financing could be achieved if necessary to fund the project. We also calculate working capital (current assets less current liabilities) a measure of excess liquidity that could be used to fund capital projects.

Historically we have compared all Kindred at Home (Parent) financial ratios regardless of type to benchmarks established from financial ratios collected from Florida acute care hospitals. While not always a perfect match to a particular CON project it is a reasonable proxy for health care related entities.

Below is an analysis of the audited financial statements for the parent, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

**CON Action Numbers: 10608 through 10611**

<b>10611 - Kindred at Home (Parent)</b>	
	<b>Dec-18</b>
Current Assets	\$530,695,000
Total Assets	\$5,480,804,000
Current Liabilities	\$354,014,000
Total Liabilities	\$3,045,457,000
Net Assets	<b>\$2,435,347,000</b>
Total Revenues	\$1,590,043,000
Excess of Revenues Over Expenses	\$27,862,000
Cash Flow from Operations	\$79,128,000
<b>Short-Term Analysis</b>	
Current Ratio (CA/CL)	1.5
Cash Flow to Current Liabilities (CFO/CL)	22.35%
<b>Long-Term Analysis</b>	
Long-Term Debt to Net Assets (TL-CL/NA)	110.5%
Total Margin (ER/TR)	1.75%
<b>Measure of Available Funding</b>	
Working Capital	<b>\$176,681,000</b>

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$1,473,730, which includes this project of \$411,940, CON application #10603, and other capitalization. The applicant indicates on Schedule 3

of its application that funding for the project will be by related company financing. The applicant submitted a letter from the parent confirming funding. With \$97.6 million in cash and cash equivalents, the parent has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

Funding for this project and the entire capital budget should be available as needed.

**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.

**Amedisys Hospice, LLC (CON application #10608):** The applicant's projected patient days are 11.7 percent or 3,058 days more than the calculated patient days. The applicant did not separate routine home care by number of days. Routine home care is divided equally among routine 1-60 days, and routine 61+ days. If any revenue is for over 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from a loss of \$375,172 in year one to a profit of \$572,906 in year two.

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<b>CON 10608</b>	<b>Amedisys Hospice, LLC Revenue Table Year Two</b>				
<b>Broward</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$131.04	0.9568	\$125.38	\$59.67	\$185.05
Routine Home Care 61+ days	\$103.56	0.9568	\$99.09	\$47.16	\$146.25
Continuous Home Care	\$940.24	0.9568	\$899.62	\$428.18	\$1,327.80
Inpatient Respite	\$238.89	0.9568	\$228.57	\$202.43	\$431.00
General Inpatient	\$640.96	0.9568	\$613.27	\$360.39	\$973.66
<b>January 2023 Year Two Comparison</b>					
	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.104	\$204.36	\$2,057,505		10,068
Routine Home Care 61+ days	1.104	\$161.51	\$2,057,505		12,739
Continuous Home Care	1.104	\$1,466.35	\$35,403	24	24
Inpatient Respite	1.104	\$475.97	\$60,217		127
General Inpatient	1.104	\$1,075.26	\$136,034		127
		<b>Total</b>	<b>\$4,346,663</b>		<b>23,085</b>
			Days from Schedule 7		26,143
			<b>Difference</b>		<b>3,058</b>
			<b>Percentage Difference</b>		<b>11.70%</b>

**Conclusion:**

This project appears to be financially feasible; however, the applicant’s projections may be optimistic.

**Continuum Care of Broward LLC (CON application #10609):** The applicant’s projected patient days are 1.59 percent or 405 days less than the calculated patient days. The applicant did not separate routine home care by number of days. Routine home care and physician services are divided equally among routine 1-60 days, and routine 61+ days. If any revenue is for under 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from a loss of \$497,820 in year one to a profit of \$357,519 in year two.

**CON Action Numbers: 10608 through 10611**

<b>CON 10609</b>		<b>Continuum Care of Broward, LLC</b>			
		<b>Revenue Table Year Two</b>			
<b>Broward</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$131.04	0.9568	\$125.38	\$59.67	\$185.05
Routine Home Care 61+ days	\$103.56	0.9568	\$99.09	\$47.16	\$146.25
Continuous Home Care	\$940.24	0.9568	\$899.62	\$428.18	\$1,327.80
Inpatient Respite	\$238.89	0.9568	\$228.57	\$202.43	\$431.00
General Inpatient	\$640.96	0.9568	\$613.27	\$360.39	\$973.66
<b>September 2022 Year Two Comparison</b>					
	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.093	\$202.19	\$2,224,146		11,000
Routine Home Care 61+ days	1.093	\$159.79	\$2,224,146		13,919
Continuous Home Care	1.093	\$1,450.77	\$44,049	10	13
Inpatient Respite	1.093	\$470.92	\$237,417		504
General Inpatient	1.093	\$1,063.83	\$519,785		489
		<b>Total</b>	<b>\$5,249,543</b>		<b>25,925</b>
		Days from Schedule 7			25,520
		<b>Difference</b>			<b>-405</b>
		<b>Percentage Difference</b>			<b>-1.59%</b>

**Conclusion:**

This project appears to be financially feasible.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610):**

The applicant’s projected patient days are 14.30 percent or 4,022 days less than the calculated patient days. The applicant did not separate routine home care by number of days. Routine home care is divided equally among routine 1-60 days, and routine 61+ days. If any revenue is for under 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from a loss of \$79,297 in year one to a profit of \$117,422 in year two.

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<b>CON 10610</b>		<b>Family Pillars Palliative Hospice Care, LLC</b>				
		<b>Revenue Table Year Two</b>				
<b>Broward</b>		<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>						
Routine Home Care 1-60 days		\$131.04	0.9568	\$125.38	\$59.67	\$185.05
Routine Home Care 61+ days		\$103.56	0.9568	\$99.09	\$47.16	\$146.25
Continuous Home Care		\$940.24	0.9568	\$899.62	\$428.18	\$1,327.80
Inpatient Respite		\$238.89	0.9568	\$228.57	\$202.43	\$431.00
General Inpatient		\$640.96	0.9568	\$613.27	\$360.39	\$973.66
<b>September 2022 Year Two Comparison</b>		<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days		1.093	\$202.19	\$2,805,574		13,876
Routine Home Care 61+ days		1.093	\$159.79	\$2,805,574		17,558
Continuous Home Care		1.093	\$1,450.77	\$116,615	24	80
Inpatient Respite		1.093	\$470.92	\$29,987		64
General Inpatient		1.093	\$1,063.83	\$605,792		569
			<b>Total</b>	<b>\$6,363,542</b>		<b>32,147</b>
					Days from Schedule 7	28,125
					<b>Difference</b>	<b>-4,022</b>
					<b>Percentage Difference</b>	<b>-14.30%</b>

**Conclusion:**

This project appears to be financially feasible.



**CON Action Numbers: 10608 through 10611**

**Odyssey Healthcare of Marion County, LLC (CON application #10611):** The applicant’s projected patient days are 11.83 percent or 3,282 days more than the calculated patient days. The applicant did not separate routine home care by number of days. Routine home care is divided equally among routine 1-60 days, and routine 61+ days. If any revenue is for over 60 days, the percentage difference gets smaller. Operating profits from this project are expected to increase from a profit of \$11,851 in year one to a profit of \$520,744 in year two.

<b>CON 10611</b>	<b>Odyssey Healthcare of Marion County, LLC</b>				
<b>Broward</b>	<b>Revenue Table Year Two</b>				
<b>Base Rate Calculation</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
Routine Home Care 1-60 days	\$131.04	0.9568	\$125.38	\$59.67	\$185.05
Routine Home Care 61+ days	\$103.56	0.9568	\$99.09	\$47.16	\$146.25
Continuous Home Care	\$940.24	0.9568	\$899.62	\$428.18	\$1,327.80
Inpatient Respite	\$238.89	0.9568	\$228.57	\$202.43	\$431.00
General Inpatient	\$640.96	0.9568	\$613.27	\$360.39	\$973.66
<b>December 2022 Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.101	\$203.81	\$2,170,969		10,652
Routine Home Care 61+ days	1.101	\$161.08	\$2,170,969		13,478
Continuous Home Care	1.101	\$1,462.45	\$216,987	15.4	95
Inpatient Respite	1.101	\$474.71	\$20,418		43
General Inpatient	1.101	\$1,072.40	\$209,653		195
		<b>Total</b>	<b>\$4,788,996</b>		<b>24,463</b>
		Days from Schedule 7			27,745
		<b>Difference</b>			<b>3,282</b>
		<b>Percentage Difference</b>			<b>11.83%</b>

**Conclusion:**

This project appears to be financially feasible, although patient days, and thus revenue, may be overstated.

- e. **Will the proposed project foster competition to promote quality and cost-effectiveness? Section 408.035(1)(e) & (g), Florida Statutes.**

The following applies to **all co-batched applicants**:

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

**Conclusion:**

Strictly, from a financial perspective, this project will not have a material impact on price-based competition.

- f. **Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? Section 408.035 (1)(h), Florida Statutes; Chapter 59A-4, Florida Administrative Code.**

The applicants are seeking to establish a new hospice program. There are no construction costs and methods associated with the 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? Section 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.

**Amedisys Hospice, LLC (CON application #10608)** maintains that the applicant will not discriminate against any person on the basis of diagnosis/infectious disease, race, color, ancestry, national origin, sex,

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sexual orientation, religion, veteran status, disability, age, ability to pay, Do Not Resuscitate (DNR) status, disability or age in admission, treatment or participation in its programs, services and activities or in employment.

The applicant references it Attachment, CON application #10608, Tab 19, *Amedisys, Inc. Policy on Indigent and Charity Care*.

The reviewer generates the following table from the applicant’s Schedule 7A, to account for patient days and the percentage of patient days (all by payer source) for year one (ending date not stated) and for year two (ending date not stated) of operations.

**Amedisys Hospice, LLC (CON application #10608)  
Year One and Year Two  
Projected Number of Patient Days and Percent of Patient Days by Payer**

	<b>Self-Pay/Indigent/Medicaid</b>	<b>Medicare</b>	<b>Insurance</b>	<b>Total</b>
Year One Patient Days	465	8,590	254	9,310
Year Two Patient Days	1,307	24,122	715	26,143
Percent of Total Year One	5%	92%	3%	100%
Percent of Total Year Two	5%	92%	3%	100%

Source: CON application #10608, Schedule 7A

As shown in the above table, Amedisys projects, total annual patient days, by percentage, as follows:

- 5.0 self-pay/indigent/Medicaid (year one and year two)

Below are the applicant’s Medicaid/Medicaid HMO/Uncompensated conditions:

Amedisys’ Schedule C-Condition #22:

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

Amedisys’ Schedule C-Condition #24:

- The applicant will provide a combination of at least 5 percent annually of total patient days to patients who are reimbursed under Traditional Medicaid, or Managed Medicaid, or Uncompensated care

Amedisys’/AI’s other Schedule C financial condition is as follows:

Finance Commitments to Enhance Financial Access

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

**Continuum Care of Broward LLC (CON application #10609)** 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.

CCB contends that it will admit patients to the program, regardless of their ability to pay. CCB 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. CCB asserts that Continuum Palliative Resources (Schedule C – Condition #9) reduces hospital readmission rates by actively managing the symptoms of the patient.

CCB indicates that with consideration to Continuum Care’s history of providing care for Medicaid and medically indigent patients in other states, as well as Medicare savings, and hospital savings, paired with the applicant’s determination and commitment to enhance access to terminally-ill residents of Broward County, CCB exceeds the objective of this statutory review criterion.

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.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** states that the proposed new Family Pillars Palliative Hospice Care Broward County operation is a newly created operation with no history of providing care to any patient group. However, FPPH indicates that a review of the Family Pillars Hospice existing operations in Pennsylvania, to be used as a baseline for this new service, provides guidance as to the expected provision of care to Medicaid and medically indigent patients by the applicant.

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FPPH contends that a review of Family Pillars Hospice utilization for the 10-month period ending October of 2019 shows that five percent of the program volume was provided to charity/non-reimbursable services and that an additional one percent of program volume was provided to Pennsylvania Medicaid patients; this is a combined six percent of total program volume to Medicaid and medically-indigent population referenced above. The applicant points out that a similar six percent of Family Pillars Palliative Hospice Care utilization is expected for this proposed new Broward County program.

FPPH asserts that the payer class forecast included in the Schedule 7A revenue forecasts supports this position, with Medicaid and Charity care set at a combined six percent of program volume in both Year one and Year two of the proposed Broward County operation.

The applicant indicates that additional documentation of Family Pillars' willingness to serve the unmet needs of the population is its willingness to order and pay for most things that are not reimbursed by payers and that other hospice agencies will not provide as part of the program's "Palliative Care" operations; Family Pillars also pays for chemotherapy and/or radiation treatments, dialysis, feeding tube supplements and other DME support that is in addition to the standard formulary items. FPPH provides the following example: Family Pillars covers patients dealing with ALS need for a special ventilator to breath, which is not required. Family Pillars states that its goal is to do what is 'right' for the patient, and treat the symptoms of any disease in the best way possible.

Family Pillars asserts that if it is not possible to cure a patient, then it focuses on providing the services and support to prevent the disease from exacerbating and overwhelming the patient and families. FPPH contends that this same approach will be used in the proposed Broward County program.

The applicant states that the existing Family Pillars Hospice in Pennsylvania, as well as the proposed Family Pillars Palliative Hospice Care program in Broward County, are both committed to provide quality care to all eligible hospice patients, regardless of age, race, religion, disability, diagnosis or ability to pay; this provision of care to local area residents with limited financial resources is expected to continue at the existing Family Pillars Hospice operation and to also occur at the proposed Broward County, Florida operation.

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**Family Pillars Palliative Hospice Care, LLC (CON #10610)  
Year One (CY 2021) and Year Two (CY 2022) Projected Patient Days by Payer**

	Self-Pay	Medicaid HMO	Medicare	Commercial Insurance	Charity Care	Total
Year One Patient Days	703	141	12,938	281	0	14,063
Year Two Patient Days	1,406	281	25,875	563	0	28,125
Percent of Total Year One	5.0%	1.0%	92.0%	2.0%	0.0%	100.0%
Percent of Total Year Two	5.0%	1.0%	92.0%	2.0%	0.0%	100.0%

Source: CON application #10610, Schedule 7A

The applicant forecasts the following admissions/services in year one and two of operation, based on payer type and care setting:

**Family Pillars Palliative Hospice+ (CON #10610)  
Patient Days by Payor and Care Setting**

Year One		Continuous				
Payor		Routine	Respite	Care	GIP	Total
Medicare		12,614	28	36	259	12,938
Medicaid HMO		137	0	0	3	141
Commercial Insurance		274	1	1	6	281
Self Pay		-	-	-	-	-
Charity		686	2	2	14	703
<b>Total</b>		<b>13,711</b>	<b>31</b>	<b>39</b>	<b>281</b>	<b>14,063</b>
Year Two		Continuous				
Payor		Routine	Respite	Care	GIP	Total
Medicare		25,228	57	72	518	25,875
Medicaid HMO		274	1	1	6	281
Commercial Insurance		548	1	2	11	563
Self Pay		-	-	-	-	-
Charity		1,371	3	4	28	1,406
<b>Total</b>		<b>27,422</b>	<b>62</b>	<b>79</b>	<b>563</b>	<b>28,125</b>

Source: CON application #10610, Schedule 8A

As shown in the above table, FPPH projects total annual patient days by percentage as follows:

- 5.0 percent self-pay (year one and year two)
- 1.0 percent Medicaid HMO (year one and year two)
- 5.0 percent charity care (year one and year two)

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** states that the primary source of revenue is Medicare, with Medicaid a distant second. Odyssey points out having previously identified the homeless in Broward County as a population to be targeted for hospice outreach. Odyssey also points out that typically, most homeless individuals are not enrolled in either Medicare or Medicaid and that as a result, many of these individuals will result in free care.

The reviewer generates the following table from the applicant's Schedule 7A, to account for patient days and the percentage of patient days (all by payer source) for year one (ending December 31, 2021) and for year two (ending December 31, 2022) of operations.

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**Odyssey Healthcare of Marion County, LLC (CON #10611)  
Year One (CY 2021) and Year Two (CY 2022) Projected Patient Days by Payer**

	Self-Pay	Medicaid	Medicare	Commercial Insurance	Charity Care	Total
Year One Patient Days	178	323	11,708	356	0	12,565
Year Two Patient Days	393	714	25,852	786	0	27,745
Percent of Total Year One	1.4%	2.6%	93.2%	2.8%	0.0%	100.0%
Percent of Total Year Two	1.4%	2.6%	93.2%	2.8%	0.0%	100.0%

Source: CON application #10611, Schedule 7A

As shown in the above table, Odyssey projects total annual patient days by percentage as follows:

- 1.4 percent self-pay (year one and year two)
- 2.6 percent Medicaid (year one and year two)
- 0.0 percent charity care (year one and year two)

The reviewer notes that Odyssey’s Schedule C, Condition #16 indicates: *4.0 percent of the admissions will be Medicaid/Uncompensated.*

The reviewer notes that for both year one and two, the Medicaid and self-pay, combined, reach 4.0 percent total annual patient days. The notes to the applicant’s Schedule 7A do not define charity care, self-pay or whether charity and self-pay are separate or synonymous project revenues. The reviewer notes Odyssey’s/Kindred’s other financial conditions, as followings (by condition #):

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

**F. SUMMARY**

**Amedisys Hospice, LLC (CON application #10608)** is a for-profit out of state entity authorized to do business in Florida, seeking to establish a new hospice program in SA 10, Broward County, Florida. Amedisys, Inc. acquired Compassionate Care in February 2019. Compassionate Care provides hospice services in the following SAs: 3E, 6B and 11.

In this batching cycle, Amedisys also proposes to establish new hospice programs in SAs 2A and 3A.

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The applicant proposes \$755,760 in total project costs.

Pursuant to project approval, AH offers a total of 24 Schedule C conditions.

**Continuum Care of Broward LLC (CON application #10609)**, a proprietary, newly formed/development stage entity, proposes to establish a new hospice program in SA 10. Continuum Broward is parented by Continuum Hospice and Palliative Care (Continuum), a provider of hospice services in California, New Hampshire, Massachusetts, Rhode Island and Washington.

In this batching cycle, Continuum also proposes to establish new hospice programs in SAs 6A and 8D.

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

The applicant proposes \$304,350 in total project costs.

Pursuant to project approval, Continuum offers a total of 11 Schedule C conditions.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)**, a proprietary, newly formed/development stage entity, proposes to establish a new hospice program in SA 10. FPPH is parented by Family Pillars Pennsylvania, a provider of hospice services in the Leigh Valley region of Pennsylvania.

The applicant expects issuance of license in August 2020 and initiation of service in September 2020.

The applicant proposes \$432,694 in total project costs.

Pursuant to project approval, Family Pillars offers two Schedule C conditions.

**Odyssey Healthcare of Marion County, LLC's (CON application #10611)** parent company is Kindred at Home (Kindred). Kindred Hospice it operates 372 hospice sites located in 34 states. Kindred provides hospice services in SAs 1, 2A, 3B, 4B, 7B and 11.

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



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

The applicant proposes \$411,940 in total project costs.

Pursuant to project approval, OHMC offers 16 Schedule C conditions.

### **Need/Access:**

The co-batched applicants' proposed projects are in response to the fixed need pool for a new hospice in SA 10. **Each co-batched applicant's** major argument(s) in support of need for its respective proposal is briefly summarized below:

**Amedisys Hospice, LLC (CON application #10608)** states plans to remedy/address the following unmet hospice need in the area sufficient to grant project approval:

Three groups have been identified as experiencing unmet hospice need in the area:

- Persons with end-stage heart, pulmonary, dementia and Alzheimer's Diseases
- Hispanics/Latinos
- Haitians/Haitian American community

Primarily from 2016 through 2018:

- Regarding discharges from hospitals to hospices (CY 2016-2018):
  - Increase of Latinos/Hispanics needing hospice care
  - Increase of Haitian/Hattian Americans needing hospice care
- Regarding discharges by CMI from hospitals to hospices (CY 2016-2018):
  - The CMI for SA 3A has increased over the last three years by 4.4 percent annually compared to the State's rate of 0.4 percent
  - Over the last two-year period of 2017-2018, SA 3A's CMI increased by 11.9 percent compared to the 1.6 percent State rate
  - The CMI for Hospice Service Area 3A is 9.9 percent higher than the State
  - Dixie, Levy and Columbia Counties reflected the greatest increases in CMI during the last two years of 42.9, 41.6 and 16.5 (percent), respectively

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- In comparison to the CMI for Florida residents discharged from hospitals to hospices, residents from nine of the 11 counties within SA 3A had positive variances, that is, higher CMIs.
- Regarding three-year hospital discharges to hospice (CY 2016-CY 2018):
  - Discharges from hospitals to hospice for Black/African Americans declined by -3.0 percent annually whereas discharges to hospice for All Races increased 6.1 percent
  - During the last two data years of 2017 and 2018, Black/African Americans had fewer discharges to hospice, -3.7 percent, compared to a -0.7 percent decrease for All Races

**Continuum Care of Broward LLC (CON application #10609)** states plans to remedy/address the following unmet hospice need in the area sufficient to grant project approval:

- CCB projects that it will serve 510 Broward County resident admissions by year two of operation (ending September 30, 2021). Based on the Projected Deaths (01/21-12/21) of 15,629 total Broward residents, and total projected hospice admissions of 10,093, there will still be 5,546 admissions left for CCB, which is more than the projected forecast admissions of 510 patients by year two
- CCB intends to enter Broward County with the same dedication to meeting the unique needs of the community as it currently does in its facilities throughout the nation
- CCB will bring new programs and approaches that it has used successfully in other states (California, New Hampshire, Massachusetts, Rhode Island and Washington) to SA 10
- CCB 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

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- CCB's 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 (Schedule C, condition #8) of being approved by physician order
- The commitment that CCB has made with this application to meet the specific needs of the subdistrict
- National reputation of CCB as an industry leader of hospice services
- Demonstrated financial feasibility of the proposed CCB hospice application
- Continuum will not implement hospice houses in Broward County and will rather allow patients to remain in their respective facility, receiving end-of-life care in place without disruption

CCB expects 158 admissions in year one (2021) and 510 admissions in year two (2022).

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** states plans to remedy/address the following unmet hospice need in the area sufficient to grant project approval:

Three groups have been identified as experiencing unmet hospice need in the area:

- Hispanic/Latino community
- African American community
- Homeless and near-homeless populations

As stated previously in Section E(3)(g) "Statutory Review Criteria – Services to Medicaid patients and the medically indigent," FPPH projects total annual patient days by percentage as follows:

- 5.0 percent self-pay (year one and year two)
- 1.0 percent Medicaid HMO (year one and year two)
- 5.0 percent charity care (year one and year two)

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** offers the following justifications that the applicant identifies as strengths that should be considered to grant project approval:

- Preference should be given to an applicant with established referral patterns with Broward County's hospitals, physicians, home health agencies, hospices, nursing homes, ALFs etc. – Odyssey is the only one who would receive this preference as an existing provider of home health services
- Odyssey – who will as a condition of its approval become accredited by JCAHO, CHAP or ACHC

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- Odyssey/Kindred – who has strong financials – Odyssey/Kindred has revenues in excess of \$4 billion dollars
- Odyssey – who is willing to provide charitable contributions to the community. Odyssey will provide \$100,000 to implement the educational outreach program.
- Odyssey – who will serve the community as a whole and not selectively choose patients
- Odyssey – whose entry as the third hospice serving the county is not likely to adversely impact the number of patients the existing providers, Lifepath and Seasons, receives
- Odyssey – who would not adversely affect LifePath’s donor base that would adversely affect LifePath as much if not more than reduction in the number of patients
- Odyssey has existing knowledge of available resources, community ties and referral base of its affiliated home health providers in the area
- Odyssey’s corporate culture of service
- Odyssey’s willingness to increase their existing relationships to include Hillsborough schools, universities, hospitals, home health agencies, nursing homes, physicians, religious entities, Hispanic and African American community leaders, gay and lesbian groups, etc.
- Odyssey already has over 10 individuals who have worked for licensed hospices in Florida including administrators, nurses, therapists, etc., who would be willing to work in the Broward County hospice

Odyssey expects to target outreach to the following particularly underserved populations in Broward County:

- 1) Hispanic settings including churches, schools, medical clinics serving this group
- 2) African American settings including churches, schools, hospitals medical clinics serving this group
- 3) Homeless settings are more difficult to target, as there are not specific zip codes where they congregate. There are facilities that care for the homeless and going to those facilities is the best way to reach the homeless population. These would include but not be limited to:
  - Religious facilities known to provide free meals and shelter
  - Soup kitchens
  - Metropolitan Ministries
  - Broward County Medical Clinics
  - Emergency rooms
  - Social services department

4) Smaller ALFs

The applicant forecasts 220 admissions in year one (CY 2021) and 426 admissions in year two (CY 2022). The reviewer notes that Table 40 on page 85 referenced by Odyssey is data concerning SA 6A and not SA 10. The reviewer notes it is exactly the same as Table 38 and data found on page 85 of CON application #10603 that Odyssey used to apply for SA 6A, Hillsborough County, Florida.

*CON application #10609 Continuum Care of Broward LLC, on balance, best satisfied the statutory and rule criteria for a new hospice provider in SA 10 pursuant to published need—this included identifying the proposed populations that are being underserved for hospice, services proposed to make hospice accessible and available to underserved populations, community support and Continuum Care will offer hospice programs not presently available in Broward County.*

**Quality of Care:**

**Each co-batched applicant** offered evidence of its ability to provide quality care.

**Amedisys Hospice, LLC (CON application #10608):** Agency records indicate that, in AI's three Compassionate Care hospice programs spread among three SAs, as of the three-year period ending November 20, 2019, Amedisys hospice affiliates had a total of zero substantiated complaints.

AH states the following list of stated hospice services provided by the hospice team, including volunteers:

- Routine Care
- Continuous care
- Skilled Nursing
- Hospice aide
- Social Services
- Physician and Medical Services
- Therapy Services
- Bereavement - grief and spiritual counseling
- Volunteer
- Social services
- Patient and family education
- Specialty Programs: End-Stage Dementia, Cardiac & Pulmonary Connection, Palliative Care, Trees in Memory

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

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

AH references the following sample addendum/agreement materials in CON application #10608:

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

**Continuum Care of Broward LLC (CON application #10609)** is a newly formed, development stage entity with no operating history in Florida.

Quality features described by CCS 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

**Family Pillars Palliative Hospice Care, LLC (CON application #10610)** is a newly formed, development stage entity with no operating history in Florida. The reviewer notes Appendix 4, “Family Pillars Quality Initiatives and Programs Information Quality,” that describes policy/procedure to be used by FPPH that include:

- Maintaining staff levels that exceed minimum requirements for hospice, as determined by the NHPCO

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- Development and maintenance of a QAPI Plan similar to those that are already utilized by Family Pillars' Pennsylvania affiliate hospice, with (The reviewer notes Appendix 4, "Family Pillars Quality Initiatives and Programs Information Quality;" this supplementary document describes policy/procedure to be used for QAPI that include:
  - Objectives
  - Scope of care
  - Sites and times of care provision
  - Confidentiality
  - Responsibility/accountability
  - Problem-solving methodology
  - Data collection
- QAPI activities (prioritized to focus on high-risk, high-volume and problem-prone areas)
- Continuing Education and In-Service Training
- CHAP Accreditation

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** asserts the following quality history of Odyssey and its parent (Kindred/Kindred at Home):

- Kindred at Home, the parent of Odyssey, revenues are approximately \$4 billion dollars
- 372 hospice locations in 34 states
- 354 home health sites located in 38 states
- 19,000 caregivers
- The home health division sees more than 433,000 patients per year
- Hospice division has an ADC of more than 24,500 patients
- 98 percent of the home health division providers have a 3-star or higher quality rating
- 85 percent of patients who receive hospice services would recommend Odyssey/Kindred Hospice

Agency records indicate that, in its existing Kindred affiliated hospice programs spread among four SAs, as of the three-year period ending November 20, 2019, Kindred hospice affiliates had a total of one substantiated complaint.

### **Financial Feasibility/Availability of Funds:**

Strictly, from a financial perspective, **none** of the proposed SA 10 co-batched projects will have a material impact on price-based competition to promote quality and cost-effectiveness.

**Amedisys Hospice, LLC (CON application #10608):**

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated

**Continuum Care of Broward LLC (CON application #10609):**

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated

**Family Pillars Palliative Hospice Care, LLC (CON application #10610):**

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated

**Odyssey Healthcare of Marion County, LLC (CON application #10611):**

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated

**Medicaid/Indigent/Charity Care**

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

**Amedisys Hospice, LLC (CON application #10608)** proposes total annual patient days, as follows:

- 5.0 self-pay/indigent/Medicaid (year one and year two)

Amedisys' Schedule C-Condition #22:

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



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Amedisys' Schedule C-Condition #24:

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

Amedisys'/AI's other Schedule C financial conditions are as followings (by heading and then condition #):

### Staffing and Staff Development

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

### Finance Commitments to Enhance Financial Access

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

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.

**Continuum Care of Broward LLC (CON application #10609)** 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.

**Family Pillars Palliative Hospice Care, LLC (CON application #10610):** As stated previously in Section E(3)(g) “Statutory Review Criteria – Services to Medicaid patients and the medically indigent,” FPPH projects total annual patient days by percentage as follows:

- 5.0 percent self-pay (year one and year two)
- 1.0 percent Medicaid HMO (year one and year two)
- 5.0 percent charity care (year one and year two)

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

**Odyssey Healthcare of Marion County, LLC (CON application #10611)** proposes that 4.4 percent in years one and two will be Medicaid/Uncompensated (Condition 15).

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 #10609 to establish a new hospice program in Hospice Service Area 10, Broward County. The total project cost is \$304,350.

#### 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 Broward 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 Broward 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 Broward 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 implement a minority outreach program for the black and Hispanic population assembling an appropriate care team for assessment and treatment of this population. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.

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- 5) The applicant will become accredited by CHAP once certified. This will be measured by the applicant's submission of its accreditation certificate to AHCA upon receipt.
- 6) The applicant will assure each patient has five to seven Home Health Aide (HHA or aid) visits per week, provided this is acceptable to the IDT, patient and family. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
- 7) The applicant will assure each patient has a minimum of two RN visits per week, provided this is acceptable to the IDT, patient and family. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
- 8) The applicant will seek to respond to all 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. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
- 9) The applicant will implement its Continuum Palliative Resources program within six months of receiving its Medicare certification. This will be measured by a signed declaratory statement submitted by the applicant to AHCA.
- 10) The applicant will not build or operate freestanding hospice houses in Broward County, SA 10. This will be measured by a signed declaratory statement submitted to AHCA.
- 11) The applicant will implement its Veterans outreach program, "We Honor Veterans," once certified. This will be measured by a signed declaratory statement submitted to AHCA.

Deny CON #10608, CON #10610 and CON #10611.

**AUTHORIZATION FOR AGENCY ACTION**

Authorized representatives of the Agency for Health Care Administration adopted the recommendation contained herein and released the State Agency Action Report.

DATE: \_\_\_\_\_

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James B. McLemore  
**Operations & Management Consultant Manager**  
**Certificate of Need**