

STATE AGENCY ACTION REPORT
ON APPLICATIONS FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Amedisys Hospice, LLC/CON application #10668

3854 American Way, Suite A
Baton Rouge, Louisiana 70816

Authorized Representative: Regarner Thompson
Authorized Representative
(225) 299-3198

Compassus of Florida, LLC/CON application #10669

10 Cadillac Drive, Suite 400
Brentwood, Tennessee 37027-1001

Authorized Representative: David Andrews
Chief Development Officer
(615) 551-3939

Florida Hospice LLC/CON application #10670

5440 Corporate Drive, Suite 400
Troy, Michigan 48098

Authorized Representative: Justin DeWitte
Chief Executive Officer
(877) 421-0917

OMNI Home Health-District 1, LLC/CON application #10671

7840 Graphics Drive, Suite 100
Tinley Park, Illinois 60477

Authorized Representative: Bryan Niehaus, JD
Vice President – Advis, Inc.
(708) 478-7030

Peoples Hospice and Palliative Care of Florida, LLC/CON application #10672

213 E. Wright Street, Suite B
Pensacola, Florida 32501

Authorized Representative: Timothy Buttel
Authorized Representative
(850) 723-7076

PruittHealth Hospice – West Florida, LLC/CON application #10673

1626 Jeurgens Court
Norcross, Georgia 30093

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

St. Joseph Hospice Florida Panhandle, LLC/CON application #10674

10615 Jefferson Hwy.
Baton Rouge, Louisiana 70809

Authorized Representative: Patrick T. Mitchell
Chief Executive Officer
(225) 368-3181

Transitions Intermediate Holdings, LLC /CON application #10675

1551 Bond St. #143
Naperville, Illinois 60563

Authorized Representative: Jennifer Yarbrough
Authorized Representative
(224) 760-9011

2. Service District/Subdistrict

Service Area (SA) 1 (Escambia, Okaloosa, Santa Rosa and Walton Counties)

B. Public Hearing

A public hearing was not held or requested.

Letters of Support

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

Amedisys Hospice, LLC (CON application #10668) includes 17 letters of support from SA 1 health care professionals in Tab 17 of the application. These were of the form letter variety with 14 indicating a willingness “to sign an agreement with Amedisys for Hospice Routine Homecare Services, Hospice Respite Services, and Hospice General Inpatient Services.” Some letters include that the supporter “would consider the idea to plan a dedicated hospice inpatient unit in the future if it is needed and appropriate” and indicate their support is based on personal experience “with Amedisys’s facilities, programs, and services” in Escambia and/or Okaloosa Counties.

The applicant’s “**Filling a Gap in the Continuum of Post-Acute Care**” section of the application includes letters stating that: “If Amedisys Hospice’s CON application is approved, I would be interested and willing to sign an agreement with Amedisys Hospice for Hospice Routine Homecare Services, Hospice Inpatient Respite Services, and Hospice General Inpatient Services. My willingness to do this is based on my personal experience with Amedisys’s facilities, programs, and services in Escambia and Okaloosa Counties.” The applicant’s letters were from:

- Sacred Heart Oncology Medical Group, Pensacola
 - Alexander Brown MD
 - Lonnie Miller, MD
 - Sharon Johnson, APRN
- Vergil K. Brown, II, MD - White-Wilson Medical Center
- Ascension Medical Group, Pensacola
 - Mathew Daniels, MD
 - Sonya Whitaker, MD
- C David Smith, MD Jay Medical, Jay Florida, Santa Rosa County
- Baptist Medical Group, Pensacola
 - Jairo Puente, MD
 - Bascom Raney, MD

The following letters are included in the “**Skilled Nursing Facility (SNF) and Assisted Living Facility (ALF) Outreach**” section of the application:

- Briana Hawthorne Social Service Director – Century Health and Rehabilitation Center – Century
- James Ballay, Administrator – Olive Branch Health and Rehabilitation Center, Pensacola
- Tiffany Perryman, Executive Director Brookdale Senior living – Ft. Walton Beach
- Ashley Hodge, Administrator – Fort. Walton Beach
- Jackie Andrews, Executive Director – Superior Residences of Niceville
- James Oliver, Executive Director – The Meridian at Westwood, Ft. Walton Beach

Along with the above support and endorsement, Karen Jackson, APRN Beacon Medical – Pensacola and Ashley Galbraith, APRN stated the following deficits of the existing hospice providers with examples that include failing to attend routing care plan meetings and coordinating care plans and transitions from facilities to hospice, and limited service for non-cancer terminal diagnoses (such as memory care).

Attachment 17 of the application contains the individual letters of support. Excerpts of these letters are provided on pages 65 – 72, 139-142, and 164 of CON application #10668.

Compassus of Florida, LLC (CON application #10669) provides seven letters of support in Exhibit G of the application. A common theme in these letters is that Compassus is “a preferred partner in care with Ascension...(they are) strongly aligned with Compassus” and that the project “improve continuity of care” for their patients. These were from:

- Estrellita H. Redmon, MD, MBA - Chief Clinical Officer, Ascension Florida, and Gulf Coast
- Dawn Rudolph – President, Ascension Sacred Heart
- Susan Cornejo - Chief Operating Officer Ascension - Ascension Florida and Gulf Coast
- Justin Labrato _ Chief Operating Officer Ascension Medical Group, Ascension Sacred Heart and Ascension Providence
- Loraine Brown – Chief Mission Integration Officer Ascension Florida and Gulf Coast
- Sabrina Granese – Military Service Line Director Ascension Sacred Heart

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- Donna Ryan, RN RDN MPH CDCES FADCES – Regional Director of Population Health, Sacred Heart Health System /Providence System/Ascension Florida
- Ronald Schumacher, MD Chief Medical Officer, Optum Care Services

Florida Hospice LLC (CON application #10670) provides 35 letters of support in Appendix A. All but four of the letters were from out of service area or out of state supporters. These letters include educators, nurses, religious organizations, retirement communities, health care organizations, and businesses. The four in-area writers include:

- Crystal Bennett, PhD, RN, Director of UWF School of Nursing
- Jessica Simpson, Director of Operations, Greater Pensacola Chamber
- Bob Rogers, Director, Lifebuilder Recovery Program, - services area homeless, veterans, sick and addicted, many with dual diagnosis.
- Connie Zuraff, NHA, Grand Boulevard Health and Rehab

OMNI Home Health-District 1, LLC (CON application #10671) has letters of support from:

- Christopher Cave, M.D. M.S., White – Wilson Medical Center
- Joseph G. Foust, MD, FAAFP, Baptist Medical Group
- Mark Benton, DO, Baptist Medical Group
- R. Lee Thigpen, MD LHC and area physician
- Tara R. Ennis, MD, North Florida Surgeons
- John Thornton, MD, Baptist Hospital
- Edwin Taylor, MD Family Practice, area physician
- Former State Representative Frank White, District 2
- Former State Representative Mike Hill, District 1

The applicant provides a large number of letters in Appendix I of the application pages 302 – 390 citing following categories:

- Provider Executives/Administrators
- Physicians and Practitioners
- Provider Staff
- State/County/City Government
- Other

OMNI presents excerpts of its letters on pages 83 – 90 of the application.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10673) provides numerous in-service area and out of service area general letters of support under Tab 10 of this application from physicians, nurses, directors/administrators, ALFs, nursing homes, home health, and retired military, and council members. Several of the applicant's letters are cited in support of proposed conditions. Peoples also supplies letters from nine nursing homes. Three of these indicate they would be willing to contract for an inpatient unit with Peoples upon approval, including: University Hills Health and Rehabilitation Center, The Manor at Blue Water Bay, Fort Walton Rehabilitation Center. Several, including Joseph Ballay, Administrator of Olive Branch Health and Rehabilitation Center state "Olive Branch would gladly contract with Peoples to provide routine, in-patient and respite hospice care."

Peoples also includes letters supporting clinical affiliation agreements for nursing students from Dusti Sluder, DNP, RN, Dean of Health Sciences, Pensacola State College and Crystal Bennett, PhD, RD, Director, School of Nursing at the University of West Florida. General support letters also include Mayor Heather Lindsay, City of Milton and Bob Campbell, Mayor, City of Defuniak Springs.

PruittHealth Hospice – West Florida, LLC (CON application #10673) provides numerous letters of support in Appendices 34 – 37 of this application. Letters received from in-service area are comprised of government, educators – area technical schools and colleges, four physicians, nurses, assisted living facilities, retirement communities, health care organizations, and businesses. These include but are not limited to:

- Representative Alex Andrade, Florida House of Representatives, District 2
- Representative Jayer Williamson, Florida House of Representatives, District 3
- Mayor Grover C. Robinson IV, City of Pensacola
- Holly B. Holt, RN, BSN, MSM, Administrator, Walton Community Health Center, Florida Department of Health
- Marie Mott, Health Officer and Administrator, Florida Department of Health – Escambia County
- Doug Sills, CEO, Santa Rosa Medical Center
- Donna Walls, MSN, RN, ACM – RN, Director of Case Management, Santa Rosa Medical Center
- Joey E. Hester CEO, North Okaloosa Medical Center
- Lida Deonarine, Chief Quality Officer, North Okaloosa Medical Center

- Donna S. Tucker, President and CEO, Santa Rosa County Chamber of Commerce
- Kerri Smayda, Developmental Director, Manna Food Bank, Pensacola

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) provides numerous letters of support located in the Tab “Letters” of the application. Several local SNFs, ALFs and Home Healthcare writers expressed a willingness to work with St. Joseph Hospice Florida Panhandle, LLC. Personnel representing Santa Rosa Medical Center, Select Specialty Hospital, West Florida Healthcare, and Ascension Sacred Heart also submitted letters.

Representative Alex Andrade, State of Florida House District 2. Santa Rosa Beach County Commissioner Sam Parker, District 1 and nearly each letter expressed the points that it believes the applicant can reach and target minorities and the rural areas and that their “unique” palliative and disease-specific programs will benefit SA 1 and provide “quality care”.

The applicant provides excerpts of several letters of support on the application’s pages 33 – 38 and 55 - 57.

Transitions Intermediate Holdings, LLC (CON application #10675) provides a total of general 11 letters of support (between pages 69 and 70 of the application). One of these is from James Mason, NHA, President, AbleHearts Services Midwest LLC, which has locations in Florida.

C. PROJECT SUMMARY

Each of the co-batched applicants proposes to establish a new hospice program in SA 1 in response to the published need.

Amedisys Hospice, LLC (CON application #10668), is a for-profit foreign limited liability company established in the State of Louisiana January 26, 2004 and authorized to transact business in Florida since October 21, 2019. Amedisys affiliates provide hospice services in SAs 3E, 6B and 11. Amedisys Hospice, LLC also has CON #10652 approved to establish a new hospice program in SA 7A.

Amedisys, Inc. is a post-acute health care service company with three operating divisions: home health, hospice and personal care. The company is focused on care in the home, with approximately 21,000

employees in 39 states in the United States and the District of Columbia. Amedisys's owns or operates 514 care centers which include 328 Medicare-certified home health care centers, 177 Medicare-certified hospices and 14 personal-care centers.

The applicant expects issuance of license and initiation of service in December 2022.

The proposed project cost is \$733,621.92, which includes equipment, development, and start-up costs.

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

General operations to Enhance Geographic Access

1. The Applicant conditions approval of this application on the provision it will open a main office in the Pensacola area of Escambia County and two satellite/branch offices:
 - One in the Crestview area of Okaloosa County within 12 months of licensure and operations.
 - One in the Destin area of Okaloosa County within 18 months of licensure and operations.

Clinical Programs and Related Services to Enhance Programmatic Access

2. The Applicant will implement its Cardiac & Pulmonary Connections program upon licensure and commencement of services and will make it available to all eligible patients with a qualifying cardiovascular or pulmonary disease. As part of the Cardiac & Pulmonary Connections program, patients will receive a nurse practitioner visit within 72 hours of admission, provided this is acceptable to the IDG, patient and family and is clinically appropriate as defined in the patient's plan of care.
3. The Applicant will implement its End Stage program for Alzheimer's/Dementia upon licensure and commencement of operations.
4. The Applicant will implement a Palliative program within 12 months of the commencement of operations.

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5. The Applicant will seek volunteers to offer Alternative Therapy Services, beyond the core hospice benefit, including, but not limited to, Companion Therapy (Pet therapy), Music Therapy, and Reiki, upon commencement of services in Year 1.
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."

Staffing and Staff Development

7. Registered Nurses (RNs) will be encouraged to become Certified Hospice and Palliative Nurse (CHPN) certified.
8. All Social Workers will have either a Master's Degree in Social Work (MSW) or be a Licensed Clinical Social Worker (LCSW) upon the date of hire or within six months of hire.
9. Within Year 1 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.
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. All eligible employees are not required to apply for financial assistance but have the opportunity available to them if they choose.
11. The Applicant will offer its LPN to RN Internship Program within one year of licensure and commencement of services.
12. The Applicant will offer its CNA to LPN Internship Program within one year of licensure and commencement of services.

13. The Applicant seek partnerships with nursing and allied health professions schools and educational institutions to allow the institutions qualified, aspiring nurses to shadow Amedisys registered nurses on patient visits, provided this is acceptable to the patient, family, and caregiver.

Quality of Care

14. The Applicant will ensure each patient receives five Home Health Aide (HHA) or Certified Nursing Assistant (CNA) visits a week, provided this is acceptable to the IDG, patient, and family and is clinically appropriate as defined in the patient' plan of care.
15. 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.
16. Caregivers will utilize bedside Point of Care tablets in order to promote and document evidence of continuity and quality of care.
17. The applicant has conditioned approval of this application on the provision it will become accredited by Community Health Accreditation Partner (CHAP) upon licensure and certification.
18. The Applicant will exceed the national average in the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Satisfaction Survey based on the most recent available data in terms of: (1) Getting timely help; (2) Rating of this hospice; and (3) Emotional and spiritual support.
19. The Applicant will exceed the national average in the Hospice Item Set (HIS) Survey based on the most recent available data in terms of (1) Patients receiving at least 2 hospice visits in the last 3 days of life from Registered Nurses or Social Workers and (2) Patients who got an assessment of all 7 HIS quality measures at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements.
20. The Applicant will admit patients to hospice care within 24 hours of referral, provided all necessary supporting patient documentation it timely provided by the referral source.
21. The Applicant will collaborate and coordinate with local Hospital Systems to offer General Inpatient Care to the residents of Service Area 1.

Community Education and Outreach

22. The Applicant will implement its "We Honor Veterans" program upon licensure and will be Level 4 certified within 18 months of operations.
23. The Applicant will also offer its Haircuts for Hospice services to veterans through local volunteers within 12 months of operations.
24. Within 6 months of commencement of operations, the Applicant will employ a Licensed Clinical Social Worker (LCSW) with specialty training in veteran care services.
25. 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.
26. The Applicant will implement its Trees in Memory program upon licensure and commencement of operations.

Finance Commitments to Enhance Financial Access

27. The Applicant will apply for participation in Florida's Medicaid program within nine months after receiving Medicare certification as a hospice provider.
28. 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.
29. The Applicant will provide a combination of at least 5% annually of total patient days to patients who are reimbursed under Traditional Medicaid, or Managed Medicaid, or Uncompensated care.

Compassus of Florida, LLC (CON application #10669), (“Compassus of Florida”), also referenced as Compassus or the applicant, a for-profit, development stage Florida entity, is a wholly owned subsidiary of FC Compassus, LLC and headquartered in Brentwood, Tennessee. The applicant states that Compassus has licensed hospices in 30 states.

Compassus expects issuance of license and initiation of service on March 1, 2022.

The applicant proposes \$755,847 in total project costs, which include equipment, development, and start-up costs.

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

1) Implement the Compassus Delivery Model™ in Florida

Compassus of Florida will implement its Care Delivery Model™ and Pathways for Caring in Florida.

2) Provide disease-specific hospice programming for all residents of District 1

Compassus of Florida will provide disease-specific programming for illnesses with demonstrated high need in District 1.

Cardiac Care Program: Cardiac disease is a leading cause of death in District 1. Compassus will provide specialized care management for patients with end stage cardiac disease through a program called Compassus Cardiac Care. Compassus Cardiac Care has specially trained staff to help patients deal with the special physical and emotional challenges of cardiac disease. Compassus provides aggressive symptom management at home to help patients stay out of the hospital whenever possible. Compassus also has the ability to provide in-home inotropic intravenous therapy, a special set of techniques to help relieve and control heart failure symptoms so patients can better perform daily activities.

Chronic Respiratory Disease Care: Chronic respiratory disease, or COPD (Chronic Obstructive Pulmonary Disorder), is another leading cause of death in District 1. Compassus also is now developing its own unique and outcomes-driven care pathways and procedures for hospice clinical staff as part of Care Delivery the Compassus Way™. These clinical pathways will be complete by the end of 2021 and will be implemented within District 1 as soon as clinical review process is complete.

3) Care navigation and hospice care for the homeless and indigent

Compassus will provide a bridge program to provide end-of-life care navigation for the homeless and indigent, coordinating with Ascension hospitals and providers. Compassus will allocate \$25,000 annually, for five years, to the Compassus Living Foundation annually to provide this service within District 1.

4) Veterans program

Compassus commits to bring Level IV We Honor Veterans services to District 1 to meet the needs of veterans during their final months. Among the special care practices that Compassus provides to veterans and their families:

- Compassus will employ a Veterans Liaison to work with VA Medical Centers, the Veterans Benefits Administration, local veterans' organizations and long-term care communities in District 1. [See *Exhibit H: Programs for Veterans* for a document listing the responsibilities of the Veterans Liaison position.]
- Compassus will identify hospice patients with military experience using a veterans military history checklist upon admission to hospice care.
- Compassus will assist with obtaining VA benefits to which veterans and their families are entitled, such as burial benefits, survivors' benefits for spouses and dependents, and death pensions
- Compassus devises care plans that take into account injuries received in combat, illnesses or disease contracted while serving, the effects of biological and chemical agents, post-traumatic stress disorder, depression and substance abuse.
- The Compassus Veterans Liaison and staff social workers will help eligible veterans and their families receive proper Military Funeral Honors.

5) Continuum of Care Navigation program

Compassus will develop a Continuum of Care Navigation program by the end of Year 2. This program will coordinate non-hospice services including palliative care, hospital care and home health for patients referred to the program. Because of Compassus' existing ties to Ascension providers and to an owned home health provider in District 1, Compassus anticipates that its care navigation program will be able to enhance the seamless delivery of additional care support services to enhance its hospice care.

6) Office in Escambia, Okaloosa and Walton Counties

Compassus will initially open an office in Escambia County as it begins operations its hospice program. By the end of Year 2, Compassus of Florida will open additional offices in Okaloosa and Walton Counties. The office in Walton County will be large enough to hold community education and bereavement services on site, as well as providing workspace for locally based clinical staff serving the community.

7) CHAP accreditation by end of Year 2

Compassus will achieve accreditation by CHAP, the Community Health Accreditation Partner organization by the end of the second year of operations.

8) Community Grief Conference

Compassus will hold a Community Grief Conference annually for five years, with a budget of no less than \$2,500 and serving at least 25 people.

9) Palliative Care Program

No later than the end of Year 2, Compassus will found a community-based Palliative Care Program to provide non-hospice care to patients with life-limiting illness. Compassus will ensure that high-quality community-based palliative care is available for patients in District 1 even if they are not ready for hospice services.

10) Dream Team Foundation for final wishes

Compassus will bring its Dream Team Foundation to Florida, with funding of a minimum of \$5,000 annually, for five years, allocated to meet the final wishes of people in hospice care within District.

11) Interfaith Advisory Council

Compassus will establish Interfaith Advisory Council in District 1 in Year 1 of operations. The council will be composed of leaders from a variety of faith congregations in District 1, with special attention to underserved or minority faith communities. Compassus will seek advice from the Interfaith Advisory Council on ways to communicate effectively and with cultural sensitivity to better meet the end-of-life care needs of their adherents.

12) Family Advisory Council

Compassus of Florida will establish a Family Advisory Council in District 1 in Year 2 of operations. The council will be composed of family members of patients of Compassus Hospice who have died, with representatives from each of the four counties in District 1. Potential

members of the advisory council will not be contacted until after at least 12 months have passed since their family member's death, in keeping with best practices for bereavement care, which is why Compassus, as a new provider in Florida, will wait until Year 2 to establish the Council. The Family Advisory Council will be used to assess quality of care and procedures used, and to seek input on new programs and services that might aid both patient and the family during the course of hospice care.

13) Virtual reality headsets for patients

Compassus is now piloting its program using virtual reality headsets for hospice patients and their families and commits to bring this program so District 1 by the second year of operation.

14) No fundraising other than memorial gifts

Compassus of Florida will limit its fundraising efforts within District 1 to memorial gifts on behalf of Compassus patients who have died. It will not conduct other fundraising within the four counties of Escambia, Okaloosa, Santa Rosa and Walton.

The applicant included suggested condition measurements, which are not included here.

Florida Hospice, LLC (CON application #10670) also referenced as the applicant, is a for-profit, development stage Florida Limited Liability Company established on August 20, 2021. Florida Hospice is an affiliate of Residential Healthcare Group, Inc. and The Graham Healthcare Group, which are a wholly-owned subsidiaries of Graham Holdings Company (the ultimate parent).

The companies that comprise Graham Healthcare Group, provide hospice services in Illinois, Michigan and Pennsylvania but do not have hospice programs in Florida.

In this batching cycle, Florida Hospice, LLC also proposes to establish new hospice programs in SAs 6B and 9C.

The applicant expects issuance of license and initiation of service on or about July 2022.

The applicant proposes \$432,321 in total project costs, which includes equipment, development, and start-up costs.

Pursuant to project approval, Florida Hospice, LLC offers the following Schedule C conditions:

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1. Florida Hospice will provide \$75,000 over five years (\$15,000 per year) to the University of West Florida to provide BSN Nursing Scholarships.
2. Florida Hospice will spend \$15,000 over five years (\$3,000 per year) to conduct an annual “Bereavement Summit” for local clergy and pastoral staff to provide education on bereavement issues and services. Any expenditures for this summit will be done in accordance with Florida Hospice’s compliance program, policies and procedures, applicable state and federal law and related guidance.
3. Florida Hospice will spend \$8,000 over five years (\$1,600 per year) to conduct free “Lunch & Learn” meetings to educate healthcare providers on hospice, hospice services and bereavement issues and services. Any expenditures for “Lunch & Learn” meetings will be done in accordance with Florida Hospice’s compliance program, policies and procedures, applicable state and federal law and related guidance.
4. Florida Hospice will offer free Open Community “Lunch & Learn” meetings to provide education to the public on hospice, hospice services and bereavement issues and services. Any expenditures for “Lunch & Learn” meetings will be done in accordance with Florida Hospice’s compliance program, policies and procedures, applicable state and federal law and related guidance.
5. Florida Hospice will provide \$30,000 over five years (\$6,000 per year) to one or more not-for-profit organizations within the district that provides meals for seniors who do not qualify for government funded meals. The following organizations provide such services in the district: Council on Aging of West Florida, Elder Services of Okaloosa County, Walton Okaloosa Center on Aging.
6. Florida Hospice will provide \$30,000 over five years (\$6,000 per year) to one or more not-for-profit organizations within the district which aid to the homeless population to provide meals for seniors who do not qualify for government funded meals. The following organizations provide such services in the district: EscaRosa Coalition on the Homeless, Homeless and Housing Alliance (Okaloosa), Okaloosa Coalition on the Homeless.

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7. Florida Hospice will spend \$18,000 over five years (\$3,600 per year) to assist families and caregivers with transportation expenses related to visiting their loved one in hospice care. Any transportation expenses related to these visits will be done in accordance with Florida Hospice's compliance program, policies and procedures, applicable state and federal law and related guidance.
8. Florida Hospice will spend \$9,000 over five years (\$1,800 per year) to conduct Grief Support Groups for family members and caregivers through a quarterly series of 3-evening meetings focused on grief support. The provision of such Grief Support services will be in addition to any bereavement counseling offered to Medicare beneficiaries and their immediate family members.
9. Florida Hospice will spend \$25,000 over five years (\$5,000 per year) to conduct an annual two-day Children's Healing Hearts Camp for children in the community who have lost a loved one.
10. Florida Hospice will begin operations no later than July 2022 if there is no appeal, or no more than 120 days following final approval and issuance of a certificate of need to establish a new hospice program in Hospice District 1.
11. Florida Hospice will comply with all licensure requirements and will file all required data and reports in a timely manner as required by the Agency.
12. Florida Hospice will participate in the Medicare and Medicaid Programs, and will collect, submit, and participate in the CMS Hospice Quality Reporting Systems (HIS and CAHPS).
13. Florida Hospice will achieve full accreditation from the Accreditation Commission for Health Care within 18 months of initial licensure.
14. Florida Hospice will provide inpatient hospice services through collaboration with existing inpatient health care providers including hospitals and skilled nursing facilities.
15. Florida Hospice will submit its hospice training provider program and curriculum to the Department of Elder Affairs for approval.
16. Florida Hospice will develop and submit its Comprehensive Emergency Management Plan (CEMP) to the Department of Elder Affairs for approval.

17. Florida Hospice will provide the free programs and services that are not specifically covered by private insurance, Medicaid, or Medicare as described in this certificate of need application to its hospice patients and family/caregivers including, but not limited to:
 - i. The Journey Program
 - ii. My Care Central
 - iii. Music and Medication Therapy
 - iv. Massage and Aromatherapy
 - v. Pet Therapy
 - vi. Residential Hospice Foundation

Any such free programs and services will be furnished in accordance with Florida Hospice's compliance program, policies and procedures, applicable state and federal law and related guidance.

18. Florida Hospice will partner with the We Honor Veterans Program and work cooperatively with the Pensacola VA Clinic and/or the Eglin VA Clinic to coordinate hospice services and enhance the care Veterans receive while facing serious illness.
19. Florida Hospice will provide internship opportunities to qualified students in medical, nursing, gerontology, social work, music therapy, and religious and pastoral counseling training programs with the Hospice Service Area.

OMNI Home Health-District 1, LLC (CON application #10671) also referenced as OMNI or the applicant, is an affiliate of LHC Group (LHC) which operates/manages Wuesthoff Health System Brevard Hospice and Palliative Care in SA 7A. OMNI references this project as Mederi Hospice.

The applicant is an affiliate of/managed by LHC Group (or LHC), which is stated to operate in 35 states and the District of Columbia providing "a broad array of services, including home health, hospice, palliative care, home and community based services, long-term acute care hospitals, advanced practice providers and healthcare innovation service lines-including Imperium Health our ACO management company". LHC Group purchased Brevard HMA Hospice effective May 1, 2020.

In this batching cycle, LHC Group also proposes to establish new hospice programs in SAs 3B, 6B, 9A and 9C.

The applicant expects issuance of license and initiation of service in July 2022.

The applicant proposes \$459,685 in total project costs, which include equipment, development, and start-up costs.

Pursuant to project approval, OMNI Home Health-District 1, LLC proposes the following Schedule C conditions:

Commitment to Hospice & Palliative Medicine Fellowship Development Support

- **COMMITMENT:** LHC Group, on behalf of Mederi Hospice, commits to offering \$25,000 to willing and able partners to support the establishment of a Hospice and Palliative Medicine Fellowship within District 1. With an ever-growing shortage of trained medical professionals for hospice services, LHC Group believes investment in expanding hospice education programs is a critical tool to ensure ongoing care access and quality.

Commitment to Nursing Program Support

- LHC Group, on behalf of Mederi Hospice, commits to offering \$25,000 to a local nursing program within District 1 to support the development of a hospice and palliative care training course, along with LHC Group offering students rotations under its new hospice program. LHC Group has experience in supporting local nursing education programs and looks forward to participating in supporting the growing workforce needs for hospice care into the future.

Palliative Care Program Development

- Mederi Hospice commits to establishing a palliative program for the service area once the program operates at an ADC of 50 – which LHC Group expects to reach by the end of its first year based on its projections. This will ensure the continuum of care is secured for patients that are often approaching a need for hospice, but have not yet qualified, are able to receive treatments they require under palliative care.

Commitment to Serve Patients without Primary Caregivers

- **COMMITMENT:** Mederi Hospice commits to make funding in the amount of \$25,000 available for free room and board at inpatient facilities to support patients without a primary caregiver. These funds will provide patients with care options otherwise unavailable and alleviate undue stress at the end of life.

Commitment to Serve the Homeless Population

- **COMMITMENT:** Mederi Hospice commits to targeting and serving the homeless population of District 1 as part of our program development should we be approved to provide hospice services. We will set aside \$25,000 to specifically fund support for homeless patients and execute a program of outreach and offer care through local organizations such as Operating Doors of NWFL, Catholic Charities, and local shelters in accord with our charity care guidelines to ensure those patients in need of care are not denied access based on their means to pay.

Commitment to Support Local Department of Aging Services

- **COMMITMENT:** Mederi Hospice commits to funding the \$25,000 to support their existing programs for the elderly. With most hospice patient being of advanced age, the council for aging provides support services that continue to benefit, educate, and serve hospice patients and their families both before and during their hospice benefit.

Hospice Promise Foundation

- **COMMITMENT:** Beyond its above commitments, LHC Group commits to funding Hospice Promise Foundation with \$25,000 to support local requests for support from patients. This will ensure access to charitable funding for our patients without competing with local providers for funds.

Community Hospice Education

- **COMMITMENT:** Mederi Hospice commits to funding and providing specific community education and outreach regarding availability of hospice services within the service area over the first two years of service implementation. Mederi Hospice commits to:

- a. Conducting at least fifty (50) one-on-one outreach sessions with health care providers and community organizations.
- b. Monthly Facebook Live presentations such as Hospice Hangout to provide end-of-life education and support to the community.
- c. Initiate the Pet Peace of Mind Program within the first 24 months. This is a non-profit program that helps patients with terminal illness provide adequate care for their pets as well as helping with placement of pets if needed.
- d. Initiate Grief Speak online grief support program within the first 3 months that is available for any families served by the location as well as anyone in the community needing support. Grief Speak is presented every second Tuesday of the month from 6-8pm CST. During Grief Speak, one of LHC Group's bereavement coordinators or chaplains makes an informative presentation on grief and how to navigate its sometimes very confusing journey.
- e. Initiate Community Grief Support Program within the first 6 months for any families served by the location as well as anyone in the community needing support.
- f. Initiate a Caregiver Support Program within the first 6 months for any families served by the location as well as anyone in the community needed support and caregiving education.
- g. Provide an online community resource for end-of-life education with HospiceWePromise.com.

We Honor Veterans Program

- **COMMITMENT:** Mederi Hospice will actively seek We Honor Veterans status once operational and we will progress through each level as rapidly as possible to reflect our belief in the importance and unique needs of hospice care for our veterans. Mederi Hospice will advocate for Veteran patients to participate in Honor Flight for Veterans. The provider will also actively recruit Veteran volunteers to better support Veteran patients.

Hospice Office Development

- **COMMITMENT:** Mederi Hospice commits to a principal care delivery site at 8880 University Pkwy, Pensacola, 32514 (or like site within same region pending finalization of lease terms), upon program inception and tracking completion of the proposed arrangements with AHCA.

The Joint Commission Accreditation

- **COMMITMENT:** Mederi Hospice commits to pursuing and obtaining accreditation by The Joint Commission by the end of its first year.

Medicaid Enrollment

- **COMMITMENT:** LHC intends to serve the Medicaid Community and shall seek Medicaid enrollment immediately upon receiving Medicare approval.

The applicant also included suggested condition measurements, which are not included here.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672), Peoples or the applicant, is a for profit, Florida Limited Liability Company established August 17, 2021. Peoples Hospice and Palliative Care of Florida, LLC is an affiliate of Family Hospice Group, which currently operates two hospices in Alabama that serve the counties contiguous to SA1. The applicant indicates it will establish an office in Pensacola (Escambia County) and add one in Niceville (Okaloosa County) within the first two years of operation and to open offices in Milton (Santa Rosa County) and Defuniak Springs (Walton County) by year three.

Peoples expects issuance of license in December 2022 and initiation of service in January 2023. Total project cost is projected to be \$264,836 and includes equipment, development, and start-up costs.

Pursuant to project approval, the applicant proposes the following Schedule C conditions:

1. Peoples Hospice and Palliative Care of Florida is a locally owned and operated company committed to running a community-based hospice program in Hospice Service Area 1. Peoples Hospice will establish hospice locations in each of the four counties in the following cities: Pensacola, Milton, Niceville and Defuniak Springs.
2. Peoples Hospice's governing board will include African American and Veteran representatives to ensure their commitment to serving populations with unmet needs in Area 1.

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3. Peoples Hospice will partner with Pensacola State College of Nursing and Northwest State College to provide preceptorships for the upcoming nurses in the area's premier nursing schools.
4. The Peoples Foundation of NW Florida, Inc will commit:
 - This 501c3 is dedicated to providing financial support to those in our community who are suffering while they have elected to hospice benefit. The funds are not exclusive to People's patients, it is open to all hospice patients who need help with turning their power back on, utilities, groceries etc.
 - A minimum \$15,000 a year for the first 5 years of operations to the Catholic charities where the funds will be used to place the homeless patients or near homeless patients suffering with end of life illness a safe place to die with dignity and peace. This is for all four counties.
 - Camp H. U. G. Is the final pillar of support the foundation seeks to serve in our community. This is an annual camp held for children 17 and younger who have lost a love one from any cause. The Camp will be filled with licensed grief counselors and social workers as well as several camp activities for the participants.
5. Haven for the Homeless Good Samaritan Program: This is a unique collaborative effort with both the Catholic Charities Northwest Florida as well as with Opening Doors of Northwest Florida, Inc. whereas People's Hospice will provide Hospice care for the indigent homeless.
6. Provide technology support to hospice patients, including, but not limited to cell phones (provided via Verizon Wireless), fall monitoring devices, and other telemedicine options that may be required.
7. Caring Hearts/Cardiac Connections: Peoples Hospice will provide Tele-monitoring to our end stage heart failure patients offering data and trending vitals alerting us of a patient who needs daily visits.
8. Inspirations Pulmonary Program: the Peoples Hospice will provide Tele-monitoring to end-stage lung disease patients offering data and trending vitals alerting us of a patient who needs daily visits.
9. People's Hospice will include Non-Hospice Palliative Care services led by a nurse practitioner for those with twelve-month or less prognosis.

CON Action Numbers: 10668 - 10675

10. People's Hospice intends to pursue at least Level 4 status with the We Honor Veterans Program and will appoint a Veteran's Liaison position as part of the staff.
 - o Peoples Hospice will also have an Honor Flight Program in partnership with Naval Aviation Museum Foundation. A letter of support from Admiral Kyle J. Cozad, President and CEO, is included in this application.
11. People's Hospice will provide a Pet Therapy program for its patients.
12. Tuck in program: Where as a CNA stays with patient for the first night up to 11 PM after a direct admit from hospital. The CNA goes to home before the admitting nurse visit is complete to allow relief for family and ease anxiety about the first night of hospice, often increases likelihood patient will elect hospice benefit at hospital.
13. Peoples Hospice will have a Wound Care Specialist available as part of the hospice staff.
14. Employee board-certified music therapist to provide individualized music to activities to meet patient needs.
15. Employ a specifically-trained social worker to provide patients assistance with their eligibility for financial assistance, including Medicaid.
16. Contract with a board-certified cardiologist to oversee the end-stage heart disease program.
17. Develop and distribute and annual report of community benefit.
18. Create a Community Outreach Council, comprised of one individual from each of the four counties. The Council provides feedback on the hospice's rural program, improved access, and identifies any problems within the counties. The Council meets three times a year.
19. Contract with a chaplain in each of the four counties to provide spiritual counseling to hospice patients.

20. Peoples Hospice will arrange for six nurses from its affiliated hospices in Alabama (three from Dayspring Hospice and three from Community Hospice) to receive their Florida registered nurse (RN) licenses as part of its Emergency Preparedness Plan. Peoples Hospice will cover coursework, testing, and licensing fees for the six nurses to become dually licensed.

The applicant included suggested condition measurements, which are not included here.

PruittHealth Hospice – West Florida, LLC (CON application #10673), referenced as PruittHealth, or the applicant is a for-profit, Florida limited liability company established April 15, 2016. The applicant’s parent - PruittHealth, Inc. currently provides administrative-related services to all its affiliated health care providers in Florida, Georgia, North Carolina, and South Carolina. PruittHealth Hospice has a total of 25 hospice programs in Georgia, South Carolina and North Carolina.

The ultimate parent company is United Health Services, Inc. (UHS). UHS does not currently provide hospice services in Florida. In this batching cycle, PruittHealth also proposes to establish new hospice programs in SAs 3B, 6B and 9C. PruittHealth, Inc. has four licensed community nursing homes in Florida. One of these, PruittHealth –Santa Rosa (Santa Rosa County) is in hospice SA 1 and PruittHealth also has CON approval to establish a new 120-bed community nursing home in Escambia County.

The applicant expects issuance of license and initiation of service on January 1, 2023. Total project cost is projected to be \$336,986 and includes equipment, project development and start-up costs.

Pursuant to project approval, the applicant proposes the following Schedule C conditions. Specific conditions to be met by the Applicant, if awarded a Certificate of Need to provide hospice services to District 1 residents, are highlighted under the following seven categories:

- General Hospice Conditions
- Hospice Programming
- Programs and Services Beyond Medicare Requirements
- Recruit, Train, and Retain High-Quality Staff
- Community Outreach
- Emergency Preparedness
- Financial

General Hospice Conditions

Hospice Operations

- The Applicant conditions this application on initiating operations no later than January 2023.
- The Applicant conditions this application on not discriminating against anyone based on race, sex, religion, national origin, physical handicap, or diagnosis, payment source, and/or any other circumstance or physical condition which classify the individual as underserved.
- The Applicant conditions this application on implementing company-wide COVID-19 resources and initiatives immediately following licensure and maintain them through the end of the COVID-19 pandemic.
- The Applicant conditions this application on implementing the PruittHealth Hospice 35 Best Practices.
- The Applicant conditions this application on obtaining Joint Commission withing (sp. within) 12 months of licensure.
- The Applicant conditions this application on participating in a company-wide Annual Quality Report to demonstrate transparency in operations and make this Quality Report available to the public.
- The Applicant conditions this application on incorporating PruittHealth Hospice's QAPI Plan.

Hospice Office Location

- The Applicant conditions this application on establishing its principal hospice office in Escambia County and a satellite office in Walton County. Both offices will be open and staffed within the first year of operations.

Inpatient Hospice Services

- The Applicant conditions this application on entering into a “scatter bed” agreement with PruittHealth – Santa Rosa and PruittHealth – Escambia County, to serve both inpatient respite and general inpatient patients.
- The Applicant conditions this application on training PruittHealth – Santa Rosa and PruittHealth – Escambia County direct care staff on policies and procedures specific to hospice patient needs, enabling appropriate services to be provided to hospice inpatients on a continuing basis.

Hospice Programming

Disease Specific Programming

- The Applicant conditions this application on offering disease specific programs.

Respiratory Therapy Program

- The Applicant conditions this application on offering Respiratory Therapy services by a licensed Respiratory Therapist.

Peaceful Path Program

- The Applicant conditions this application on offering the Peaceful Path program.

Palliative Care Program

- The Applicant conditions this application on offering its Palliative Care program and dedicated palliative care staff to ensure (sp. ensure) the success and viability of the program.
- The Applicant conditions this application on providing an annual education event for area healthcare practitioners. The event will provide information on palliative care including the palliative care services offered, how to identify patients who would benefit from palliative care, and how to approach the subject with patients.

On-Call Nurse Visit

- The Applicant conditions this application on having an on-call nurse available to visit a patient or family within an hour of receiving a call if the family needs a visit.

11th Hour Vigil Program

- The Applicant conditions this application on offering its 11th Hour Vigil program.

Programming and Services Beyond Medicare Requirements

We Honor Veterans

- The Applicant conditions this application on being a member of We Honor Veterans, in good standing, and obtaining National Hospice and Palliative Care Organization Level IV within 12 months of operation.

Camp Cocoon

- The Applicant conditions this application on PruittCares Foundation funding \$40,000 annually to establish and host Camp Cocoon in District 1 for up to 100 children on an annual basis.

PruittCares Foundation Funding: Year 1-\$40,000 Year 2-\$40,000

Equine Therapy

- The Applicant conditions this application on providing equine therapy scholarships to its hospice patients and their families. The applicant will fund the Healing Hoof Steps Equine Assisted Mental Health Counseling and Therapeutic Riding equine therapy through scholarships and at no charge to the patient or patient's family member, up to a total of \$10,000 per year for the first two years of operation.

PruittCares Foundation Funding: Year 1-\$10,000 Year 2-\$10,000
Year 3-\$10,000

Companion Care

- The Applicant conditions this application on providing up to 4 hours of Companion Care for patients and their caregivers per week.

Concierge Program

- The Applicant conditions this application on developing a Concierge Program.

Second Wind Dreams

- The Applicant conditions this application on partnering with the Second Wind Dreams Program to continue efforts in realizing past dreams for its patients.

Keepsakes for Loved Ones

- The Applicant conditions this application on offering its patients the opportunity to create keepsakes for their loved ones, such as memorial books and chests with meaningful mementos. The keepsakes will be funded through PruittCares Foundation and patients and families will incur no expense for them.

PruittCares Foundation Funding: Year 1-\$2,500 Year 2-\$2,500

Recruit, Train, and Retain High-Quality Staff

Certified Nursing Assistant Career Ladder Program

- The Applicant conditions this application on offering its Certified Nursing Assistant career ladder program.

Free Continuing Education Programs

- The Applicant conditions this application on offering its customized online learning system, Pruitt University.

Resident and Intern Opportunities

- The Applicant conditions this application on offering medical and clinical residency and internship opportunities to medical, nursing, pharmacy, social work, bereavement counselor, therapy or other students.

Annual Staff Training from PruittHealth Registered Dietician

- The Applicant conditions this application on having a Registered Dietician provide annual training to all hospice partners. The training will cover ethical concerns over nutrition at end of life, common questions and concerns from dying patients and their families, and how each member of the interdisciplinary team can address them.

Educational Grant

- The Applicant conditions this application on the PruittCares Foundation establishing a scholarship totaling \$50,000 (\$25,000 annually or \$12,500 per student per year) for two years at the Pensacola State College's Nursing Program to cover tuition and fees.

PruittCares Foundation Funding: Year 1-\$25,000 Year 2-\$25,000

Community Outreach

Senior Living Community Outreach

- The Applicant conditions this application on having at least 0.5 FTE community relations representative dedicated to senior living communities for the first three years of operations. The community relations representative will present educational events to senior living community residents, and meet with residents, administrators, and leadership to gain feedback on to best serve the residents.

Applicant Commitment to being a Healthful Community Partner

- The Applicant conditions this application on the PruittCares Foundation funding \$10,000 in each of the first two years of operations to Manna Food Bank for the purpose of providing healthy meals to individuals in need of food assistance.

PruittCares Foundation Funding: Year 1-\$10,000 Year 2-\$10,000

Committed to Caring Campaign

- The Applicant conditions this application on PruittHealth's Committed to Caring Campaign and in doing so will host free health screenings, including blood pressure, diabetes, and hearing tests, and educational sessions.

Emergency Preparedness

CERT Training

- The Applicant conditions this application on having its local employees receive CERT training within the first year of operations. Staff members will not have to use vacation days to attend these trainings and will also receive their standard hourly rate for taking the two hour pre-requisite Federal Emergency Management Agency online training. The applicant will pay for the cost of any equipment required for CERT training.
- The Applicant conditions this application on the funding of \$2,500 in each of the first two years of operations to a local CERT training program.

Applicant Funding: Year 1 - \$2,500 Year 2 - \$2,500

Financial Assistance to Patients and Families

- The Applicant conditions this application on the PruittCares Foundation donating \$10,000 in each of the first two years of operations to provide disaster relief for those were affected adversely by a severe weather event. This donation will be used by an accredited charitable organization and will be held for future use should it not be needed in either of the first two project years.

PruittCares Foundation Funding: Year 1-\$10,000 Year 2-\$10,000

COVID-19 Vaccine Compliance

- The Applicant conditions this application on all of the Applicant's staff being fully vaccinated against the COVID-19 virus and any future pandemic causing virus or communicable disease.

Emergency Operations Center

- The Applicant conditions this application on the PruittCares Foundation funding \$5,000 in each of the first two years of operations for activation of an emergency operations center due to hurricane or other natural disaster or ongoing or future

pandemic. These funds may be used for communications and evacuation transportation during or after a storm. Any funds not used during a year will be carried forward for use in a future year.

PruittCares Foundation Funding: Year 1-\$5,000 Year 2-\$5,000

PruittHealth Affiliated Skilled Nursing Facility Emergency Sheltering

- **PruittHealth** Corporation conditions this application on assuring its affiliated skilled nursing facilities in District 1, PruittHealth – Santa Rosa and PruittHealth – Escambia County, are available to shelter hospice patients during an emergency event or after such an event.

Highly Communicable Virus or Disease Plan

- The Applicant conditions this application on serving all patients who have contracted a highly communicable virus or disease (such as COVID-19) with no hesitation or delay.
- The Applicant conditions this application on providing care for any clinically appropriate patient in their home, even if a household member is positive for a highly communicable virus or disease.
- The Applicant conditions this application on commencing the plan of care immediately after assessment, not mandating a quarantine period before initiating the prescribed treatments as other home health providers require.
- The Applicant conditions this application on implementing and using various technologies, including iPads, to provide virtual visits for home health patients who do not want outsiders entering their homes for fear of contracting a highly communicable disease, such as COVID-19. Virtual visits have proven to be extremely useful in maintaining a plan of care even without physical visits from care providers and are not currently available in the market. It is the Applicant's belief that this initiative will go a long way to mitigating any potential spread of a virus or disease.
- The Applicant conditions this application on maintaining a user-friendly dashboard so that patients and family members will be cognizant of statistics from the regional level down to the local provider.
- The Applicant conditions this application on continuing to utilize and adhere to its own set of stringent protocols and standards, in line CDC recommendations, and designed specifically to treat individuals with highly communicable viruses and diseases.

- The Applicant conditions this application on maintaining its ongoing training procedures for staff to ensure that all staff are kept up to date with rapidly evolving requirements and best practices.

Financial

Non-Solicitation of Donations

- The Applicant conditions this application on not soliciting charitable contributions from patients, families, or friends relating to its services or engaging in fundraising events for its program. Any unsolicited donations will be given to the PruittCares Foundation.

PruittHealth includes a letter from Dave Lescalleet, Executive Director of the PruittCares Foundation, which indicates the funding for Camp Cocoon and keepsakes for the family members are ongoing commitments, which are not clearly stated in the proposed conditions. Mr. Lescalleet's letter addresses all financial conditions with the exception of the "Applicant Expense" for Equine Therapy which states two years but shows three years of scheduled payments. The applicant also included suggested condition measures that are not included here.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) also referenced as St. Joseph, or the applicant, is a for-profit, Foreign Limited Liability Company, established in the State of Louisiana on December 29, 2010, which has been authorized to transact business in Florida since April 13, 2016. The Carpenter Health Network (TCHN), the applicant's parent provides post-acute cares services in Louisiana, Mississippi, Texas, and Alabama. TCHN operates STAT Home Health in Pensacola and Fort Walton Beach since 2012.

The applicant expects issuance of license on March 21, 2022 and initiation of service on April 18, 2022. Total project costs include equipment, development, and start-up costs are projected to be \$458,630.

Pursuant to project approval, the applicant proposes 17 Schedule C conditions:

1. ACCREDITATION:

Multiple agencies with the Carpenter Health Network, including several St. Joseph Hospices, are fully accredited by outside accrediting agencies. One of these agencies, the Community

Health Accreditation Partner (CHAP) has accredited the STAT Home Health Agency in Service Area 1 and can also grant accreditation to St. Joseph Hospice Florida Panhandle upon application and surveying. CHAP also has been granted “Deeming Authority” by the Center for Medicare & Medicaid Services (CMS) to determine if a hospice meets CMS’s quality standards and the Medicare Conditions of Participation.

CONDITION: St. Joseph Hospice Florida Panhandle in Service Area 1 conditions that it will seek initial Accreditation and subsequent Deemed Status from CHAP, as soon as the hospice is eligible, after the license has been granted for the initial operations of the hospice in Service Area 1. Compliance will be measured by St. Joseph Hospice Florida Panhandle by the submission to AHCA of the initial application submission, CHAP Accreditation Certificate and approval of the deemed status designation. Yearly reports to AHCA provided documentation of ongoing Accreditation status will be submitted.

2. MINORITY STAFFING:

St. Joseph Hospice Florida Panhandle and the Carpenter Health Network is committed to serving minority populations and providing multiple types of opportunities for those individuals. A part of that commitment includes the hiring of staff members from the minority communities in its service area.

CONDITION: St. Joseph Hospice Florida Panhandle and Service Area 1 conditions to maintain a workforce in all Service Area 1 operations that consists of a minimum of 10% minorities. This commitment will be measured by a yearly report to AHCA documenting the total number of staff and the number/percentage of minority staff members.

3. HOSPICE OFFICES:

St. Joseph Hospice Florida Panhandle has determined that, of the four counties in Service Area 1, Escambia County is the most underserved in terms of hospice care. Upon final award of the Certificate of Need to St. Joseph Hospice Florida Panhandle, an initial office will be opened in Escambia County. A second office will then be opened in the Crestview community area, in Okaloosa County, in the second year of operations after initial licensure of the first office.

CONDITION: St. Joseph Hospice Florida Panhandle conditions that, upon final award of the Certificate of Need, it will open an office in Pensacola, Florida, in Escambia County, and immediately seek its hospice license. St. Joseph Hospice Florida Panhandle further conditions that it will open a second office in the Crestview, Florida area in Okaloosa County, during the second year following the initial licensure of the first office. This will be measured by an initial report to AHCA as to the exact addresses of these two offices as they are licensed, and annual reports thereafter.

4. CATHOLIC CHARITIES OF NORTHWEST FLORIDA GRANTS PARTNERSHIP:

Service area 11 (typographical error) has a significant homeless population as well as many individuals who are in need of support and particularly food. Additionally, Service Area 1 has also experienced several natural disasters in the past few years and will remain vulnerable to storms, flooding and other events that greatly challenge some segments of the population. There are several organizations and Service Area 1 that provide support to the communities in need in terms of food and other daily living services. One of these organizations, Catholic Charities of Northwest Florida, has an extensive network of food pantries including in Service Area 1 and in other areas of the northwest Florida areas. In addition to the pantries, they also have a mobile food van called the "Caring Coach" which travels throughout Service Area 1, to distribute food to those in need. This service is totally dependent on contributions from the communities in northwest Florida.

CONDITION: St. Joseph Hospice Florida Panhandle conditions that the organization will provide yearly irrevocable Grants to Catholic Charities of Northwest Florida for a period of at least four years commencing with the first year St. Joseph Hospice Florida Panhandle commences operations and Service Area 1. The amount of this Annual Grant will be \$40,000.00 per year for a minimum of four years, with funds restricted to serve that organization's food distribution programs in Service Area 1. This will be measured by an annual report and written proof of the grant disbursements on an annual basis as the grants are provided.

5. REDUCTION OF UNNECESSARY HOSPITAL ADMISSIONS FROM EMERGENCY ROOMS:

St. Joseph hospices and other states operate very effective programs for hospitals to help reduce the number of unnecessary admissions of terminally ill patients to the hospital from the hospital's Emergency Rooms. In other states, St. Joseph Hospices offer very unique services including the use of a program named, "ER Van U-Turn", and Protocols and Decision Trees to help the ER clinical staff in the management of terminally ill patients, with the goal of providing the patient the most appropriate level of care possible and with the secondary goal of reducing unnecessary hospital admissions. This is accomplished by 24/7 Hospice nurses' responses to ER's calls for assistance, discussions as needed with patients' families, and assistance in the transportation of the patients to the appropriate care setting, in most cases the patient's own home.

CONDITION: St. Joseph Hospice Florida Panhandle conditions that it will enter discussions, as soon as possible after the license is issued, with all the hospitals in Service Area 1 operating Emergency Rooms, to establish clinical protocols and decision trees to assist in the management of dying patients. This will include all the assistance identified that St. Joseph Hospices are already providing, including support when needed for the transportation of patients through contractual arrangements. An annual report will be submitted to AHCA documenting the individual discussions with each hospital and a report as to in which hospitals the program is accepted. The annual report to AHCA will also include the numbers of ER patients St. Joseph has been able to assist an identification of the outcomes.

6. WE HONOR VETERANS PROGRAM:

St. Joseph Hospices currently participate in the National Hospice and Palliative Care Organization's (NHPCO) unique We Honor Program to recognize those hospices in the nation that will provide unique services to Veterans. The NHPCO program consists of 5 Levels of Recognition based on the extent of staff training, interactions with Veterans' organizations, and support for the Veterans in the community. A certification is awarded to the participating hospices as the requirements for each Level are achieved. The process required to meet Level 5 certification can take up to 3-5 years. St. Joseph Hospices are some of the top participants in this very special program.

CONDITION: St. Joseph Hospice Florida Panhandle conditions that it will seek the Five Levels of NHPC's We Honors Program's certifications for the Service Area 1 offices. St. Joseph Hospice Florida Panhandle will achieve Level 1 Recognition in the first year of operations, Levels 2 & 3 in the second year of operations, Level 4 in the third year, and Level 5 no later than the end of the fifth year of operations. This condition will be measured by an annual report to AHCA of its Certification levels and a summary of its activities which resulted in the award of those certifications.

7. FOREGOING ANY FUNDS SOLICITATIONS AND ESTABLISHMENT OF FOUNDATION:

St. Joseph Hospices has individual, affiliated non-profit Foundations that support its patients and families who need special assistance that falls outside the licensure and certification requirements.

CONDITION: St. Joseph Hospice Florida Panhandle and Service Area 1 conditions that it will forego all funds' solicitations. Carpenter Health Network will establish in the Service Area 1, as they have in other locations, a St. Joseph Hospice Foundation, a 501(c)3 company. This Foundation will support not only the patients and families of the St. Joseph Hospice Florida Panhandle but also those who are being cared for by other hospices in Service Area 1. Individuals wishing to acknowledge the quality of care their loved ones receives through the monetary donations or any other contributions made to will be directed to non-profit St. Joseph Hospice Foundation and be asked to make their donation to that organization. This condition will be measured by an Annual Report to AHCA documenting the use of the Foundation for the purposes cited, including the amount of donations obtained, the amount of money annually expended, and any if any other hospices in Service Area 1 used these funds to support their patients and families.

8. JEWISH HOSPICE CERTIFICATION:

Each component of Carpenter Health Network, including its current affiliated St. Joseph Hospices, has strong commitments to support minority communities. This is evidenced by the large array of support activities, and the training of staff to understand the needs of various minority populations and Service Area 1 that, like most communities, has a very diverse population including African Americans, American Indians, Jewish individuals, and so

forth. St. Joseph Hospice Florida Panhandle and Service Area 1 will mirror that commitment of the overall Carpenter Health Network's support for all minority communities and St. Joseph Hospice Florida Panhandle will seek unique opportunities to serve these communities.

CONDITION: St. Joseph Hospice Florida Panhandle conditions that it will seek Jewish Hospice Certification through the National Institute for Jewish Hospice by the end of the first year of the commencement of hospice operations in Service Area 1. The certification for this will include incorporating the Institute's training and modules as part of the hospice's training program for not only clinical but also the non-clinical staff. Compliance with this condition will be measured by providing AHCA with documentation of the Certification when received and an annual report on the program's activities on a yearly basis thereafter.

9. MULTI-VIEW INCORPORATED (MVI) PROGRAM:

MVI is a premier hospice consulting company that has been working with St. Joseph Hospice and the Carpenter Health Network to assist in meeting their goals of providing a high-quality patient and family experience with each interaction. MVI has developed a program referred to as "The Model" that is a modern approach to a hospice management resulting in high-quality, predictable outcomes to virtually every aspect of the patient care range of experiences. The heart of MVI Model program is staff development in the delivery of care. The primary areas of the MVI model with Carpenter Health Network and the St. Joseph Hospice People Development Design; Visit Design; Phone Interaction Design; Team Design; Product Design; Supporting Services Design; and Revolutionary Bereavement Design.

CONDITION: St. Joseph Hospice Florida Panhandle and Service Area 1 conditions that the organization will become a part of the overall Carpenter Health Network's MVA program and commence utilization of the Model and other services upon commencement of services in Service Area 1. Compliance with this conditioned by an annual report to AHCA as to the use of MVI system and narrative as to how the organization believes the patients and families served have benefited.

10. SAGECARE LGBT TRAINING PROGRAM

St. Joseph Hospices recognizes that the population Service Area 1 is very diverse. That diversity includes a significant number of Lesbian, Gay, Bisexual and Transgender Older Adults who suffer from life limiting illnesses and become hospice patients. It is critical that the hospice staff understands the needs, concerns and often unique histories of LGBT older adults in order to improve the quality of support and services St. Joseph Hospice Florida Panhandle will provide. SAGECare is an organization that provides a series of training courses for community service organizations including hospices. Once the training is completed on an annual basis, SAGECare awards the organization a certificate attesting to the one of four levels (Bronze, Silver, Gold or Platinum) achieved. The training includes both executive/administrative staff as well as the clinical staff.

CONDITION: St. Joseph Hospice Florida Panhandle and Service Area 1 conditions that the organization will participate in the SAGECare Training Program as part of the overall training programs offered by the Carpenter Health Network and the other St. Joseph Hospices. The condition will be measured by achieving the Bronze Level of Certification by the end of the first year of operations and the Silver Level by the end of the second year of operations. St. Joseph Hospice Florida Panhandle will submit an annual report to AHCA providing a copy of the Certification as soon as the certificate is received.

11. ST. JOSEPH COMMUNITY SUPPORT GRANTS PROGRAM & THE INGLEWOOD BAPTIST CHURCH PARTNERSHIP

The Inglewood Baptist Church in Pensacola is known for its support to the minority communities and particularly the African Americans. Not only do they provide a significant array of religious services, but they also provide services to the minority communities. These special services include granting scholarships to students to seek more education after graduating for high school, including careers in nursing/medicine, and food distribution for minorities in need. Additionally, other life necessary services are supported to improve the overall quality of life of the minority population. As part about outreach to minority communities in Service Area 1, St. Joseph Hospices and the Carpenter Health Network will support worthwhile organizations such as the Inglewood Baptist Church as it does in its other service areas. As documented in the CON Application and within the various Conditions submitted, St. Joseph Hospice Florida

Panhandle has committed to provide community financial support annually for a minimum of three years in the amount of \$140,000. per year to various organizations. Inglewood Baptist Church has been selected as one of the organizations St. Joseph Hospice Florida Panhandle will annually support.

CONDITION: St. Joseph Hospice Florida Panhandle conditions that it will provide Inglewood Baptist Church in Pensacola, Florida, with an irrevocable Annual Grant in the amount of \$25,000 per year for four years. This Grant is intended to support the Church's minority scholarship program, food distribution program, and other services to needy minority individuals. This Condition will be measured by an annual report to AHCA certifying that the Grant was provided and an overview report from the Church as to how the funds were used to the support minority communities.

12. WAR HORSE PROJECT FOR VETERANS:

Service Area 1 has a very high percentage of Veterans in its population. Many of the Veterans who are facing end-of-life issues not only need support for their terminal-illnesses but also need very special attention to their psychological burdens they may be experiencing from the military service. Carpenter Health Network and the St. Joseph Hospices have developed specialized support services for both their hospice patients, and for veterans living in the communities served. Those services will be extended to the patients of St. Joseph Hospice Florida Panhandle in Service Area 1 and to the communities at large. Service Area 1 has recently acquired a unique program named the War Horse Project to "provide assistance to those who suffer". The organization hosts small events on weekends for groups and individuals using interactions with horses as a mode of treatment for Veterans suffering trauma. The activities at the farm can include Hospice patients who may need that extra type of carrying activities as well as other Veterans in the community.

CONDITION: St. Joseph Hospice Florida Panhandle conditions that it will enter discussions with the start-up Warhorse Project, a501(c)3 organization, to provide an annual irrevocable grant in the amount of \$10,000.00, for the three-year period after licensure, to support the organizations very worthwhile activities and provide opportunities for all the hospices, not just St. Joseph Hospice Florida Panhandle, in Service Area 1 to make use of this service. Compliance with this Condition once agreed upon by

Project Leaders will be an annual report to AHCA documenting the annual grant in a summary of the Veteran activities supported.

13. ST. JOSEPH HOSPITAL FLORIDA PANHANDLE GRANTS PROGRAM TO SUPPORT THE HOMELESS & FOR FOOD DISTRIBUTION TO FEED THE NEEDY

Three of the conditions cited in this section identified the Annual Grants that will be provided to Catholic Charities of Northwest Florida, the Inglewood Baptist Church, and the newly established program and Service Area 1 for Veterans known as the War Horse Project. These Grants will award a total of \$75,000 in annual grants to those specific organizations. St. Joseph Hospice Florida Panhandle is committed to provide a total of \$140,000.00 annually for up to at least four years, so the remaining annual amount available after the grants described above is \$65,000.00.

CONDITION: In addition to the grants conditioned for other programs, St. Joseph's Hospice Florida Panhandle conditions that it will distribute annual grants in the total amount of an additional \$65,000.00, for the four-year period after the commencement of operations and Service Area 1. Grants from this fund will be primarily directed to support homeless individuals in Service Area 1 and support food distribution programs such as those provided by the Waterfront Mission, the Epps Christian Center, Pensacola Caring Hearts, and any of the multiple religious based organizations/churches who document a need. St. Joseph Hospice Florida Panhandle will establish an evaluation tool to determine annually who should be awarded the grants and the funds will then be disbursed on a pre-determined schedule, for an annual sum of the \$65,000.00. An annual report to AHCA will be submitted providing the evaluation tool used, which organizations received the grants and the amounts, and a description of how the organization will use the grant funds.

14. COMMUNITY EDUCATION VAN:

Components of Carpenter Health Network and St. Joseph Hospices in area outside Service Area 1, already utilize vans for a multitude of services to the communities and patients. A photo of a typical van is included in this Application. St. Joseph is also aware that many hospices make use of vans for primarily advertising purposes, but that is not the practice of Carpenter Health Network.

CONDITION: St. Joseph Hospice Florida Panhandle conditions that, upon opening of the first hospice office, it will begin using a van for community education purposes, not advertising. The van will be staffed by a St. Joseph Hospice Florida Panhandle clinical employee who will provide both general and specific medically and support related services information to the public. The van will particularly be used in the more rural areas of Service Area 1 where access to useful health related information can be problematic. The van will operate on an established schedule of visits to organizations, physician group practices, churches, service organizations and similar entities for the purpose of presentations. Although discussions regarding end-of-life care, both hospice and palliative, will be offered, the clinician will also be trained to answer questions of a more general nature and in some cases help direct individuals to an appropriate level of care. Use of this van will be measured by an Annual Report to AHCA that documents the extent to which the van was used during the year, the number of individual organizations visited, and an estimate of the numbers of individuals provided the educational information.

15. AIM PROGRAM

Carpenter Health Network's Advanced Illness Management Program (AIM) is a Palliative Care Program that operates out of the STAT Home Health agencies, but in concert with the management of selected St. Joseph Hospice Patients. A detailed description of this program as contained in the Application, but essentially, for terminally ill patients it provides palliative care support to those individuals who may still be seeking curative services or are not prepared to be a hospice patient. The AIM Program is not only a wonderful service to patients, it also better prepares many patients for an eventual admission to hospice care. And it gives physicians more flexibility in the management of their critically ill patients, who are not yet ready for hospice care.

CONDITION: St. Joseph Hospice Florida Panhandle conditions that it will work with the Service Area 1 STAT Home Health organization in finding the appropriate level of care for patients through the AIM program. AIM will therefore become a part of both organizations scope of services that can be extended, as needed to patients and their families, and will result in an increased number of hospice admissions. The use of The AIM program and the condition will be measured by an annual report

to the AHCA documenting the use of the AIM program by STAT for terminally ill, palliative care patients, and the number of patients who ultimately became hospice patients from the AIM program.

16. REDUCTION OF HOSPITAL PATIENT READMISSIONS RATES

Hospitals can suffer penalties for high patient readmission rates. If some of these patients are hospice appropriate but were not referred to hospice, then that situation can exacerbate a high readmission rate. Hospices and hospitals throughout the nation had been working cooperatively together to better manage terminally ill patients being discharged. Carpenter Health Network has two assets to help in that area of patient management. One asset is the AIM program as previously discussed and conditioned, and the second asset is the presence of the St. Joseph Hospice Florida Panhandle if approved for CON and licensure.

CONDITION: St. Joseph Hospice Florida Panhandle conditions that, when a license in Service Area 1 has been achieved, it will suggest to any hospital being penalized for excessive readmission rates that the hospital have discussions as to how St. Joseph, working with STAT, can help correct the issue. Specific plans will be submitted that assist hospitals to make patient management decisions for its terminally ill patients that will reduce readmissions. An annual report will be provided to AHCA listing the hospitals and Service Area 1 who have participated in these discussions, and a best estimate of the impact in the reduction of readmission rates.

17. HOSPICE SUPPORT FOR LONG TERM ACUTE CARE HOSPITAL (LTACH) PATIENTS:

The goal of long-term acute care hospitals (LTACHs) is to help patients recover from debilitating illnesses and injuries and to regain their ability to live independently. Patients in LTACHs are extremely ill and may need cardiac monitoring, intravenous lines, and mechanical ventilators. The majority of the LTACHs patients do not survive to be discharged. Those who are discharged often do not get the benefit of hospice care in part because of the difficulty in managing their care which many hospices shy away from. There is one LTACH in Service Area 1 named Select Specialty Hospital, and 75-bed facility. Our analysis indicates, as described in more detail and Schedule B, that the mortality rate for patients in the Select hospital is higher than either the national rate or the Florida rate. The patients who die in the

Select hospital, also have a shorter length of stay than other patients in the hospital which indicates they very likely could have been admitted to a Service Area 1 hospice. And finally, our analysis indicates that, of the patients who died within six months of a live discharge from the Select LTACH, a fewer percentage were admitted directly to a Service Area 1 hospice compared to all other Florida LTACH. Thus, our assessment is that the underutilization of hospice services for LTACH patients in Service Area 1 area contributes to the identification of hospice need and thus the generation of the additional CON requirement. It should be noted that St. Joseph Hospice has significant experience in partnering with LTACHs, including a contractual agreement in their Texas location to provide General Inpatient Hospice care in the Nexus Specialty Hospital, an LTACH facility. It is also important to note that a representative has already met with Select Hospital staff to open lines of communication and anticipation of the approval for St. Joseph Hospice Florida Panhandle to provide services in Service Area 1.

CONDITION: Immediately upon award of the hospice CON for Service Area 1 and even prior to licensure, St. Joseph Hospice Florida Panhandle will attempt to open discussions with the senior leadership of the select LTACH facility to discuss the need for a strong relationship between the hospital and St. Joseph Hospice Florida Panhandle to address the apparent under-utilization of hospice services. This condition will be measured by a written report to AHCA, followed by interim reports as appropriate, documenting the discussions that take place. Additionally, if St. Joseph is successful in establishing a strong relationship with the Select LTACH, St. Joseph will provide AHCA with period statistical reports to document any progress being made in increasing the referrals to hospices.

Transitions Intermediate Holdings, LLC (CON application #10675) also referenced as Transitions or the applicant, is a for-profit, Limited Liability Company established in the State of Delaware on July 22, 2021, and authorized to transact business in Florida as a Foreign Limited Liability Company on September 29, 2021. Transitions Intermediate Holdings, LLC indicated the legal name of Transitions Intermediate Holdings, LLC on the application cover page (AHCA Form 3150-0001 August 2020). The reviewer notes that on page 3 of the application, Transitions Intermediate Holdings, LLC indicates that Transitions Hospice, LLC (not the applicant's legal name as indicated on the application cover page) is affiliated with Transitions Intermediate Holdings, LLC. This indicates that the legal entity (Transitions Intermediate Holdings, LLC) is affiliated with Transitions Intermediate

Holdings, LLC (an affiliate of itself), since, as pointed out, Transitions Hospice, LLC is not the legal name of the applicant. Transitions Intermediate Holdings, LLC (also referenced as Transitions or the applicant) is a for-profit, development stage Florida entity.

Transitions states being a leading hospice and palliative care provider in the midwestern United States, with currently licensed and active hospice operations in the states of Michigan, Illinois, Indiana, and Pennsylvania (with a total of five hospice agencies in 124 counties). Transitions is not hospice-licensed in Florida and no Transitions hospice affiliate is CON-approved to be hospice-licensed in Florida.

In this batching cycle, Transitions also proposes to establish new hospice programs in SAs 3B, 6B, and 9C.

The applicant expects both issuance of license and initiation of service in October 2022.

Total project cost, which consist of equipment, development, and start-up costs are projected to be \$619,348.

CON application #10675, Tab C, includes a signed (by the applicant's authorized representative) and dated (10/25/21), page one of one, Schedule C (Certificate of Need Predicated on Conditions/AHCA Form 3150-0001 August 2020). The reviewer notes that on this Schedule C:

- An "X" is shown for items C.2., C.3. and C.4., indicating "Please see attached" for each of the three items – but nothing is attached
- A "3" is shown for item D to indicate how many pages follow the Schedule C/Certificate of Need Predicated on Conditions page – but no pages follow

A search of CON application #10675 in its entirety reveals no Schedule C attachment pages.

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.

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 indigent and charity patients.

Should a project be approved, 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 proposed conditions are as the applicant stated. However, Section 408.043(3) Florida Statutes states that "Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under ss. 408.031-408.045, Florida Statutes." Section 400.606(5), Florida Statutes states that "The agency may deny a license to an applicant that fails to meet any condition for the provision of hospice care or services imposed by the agency on a certificate of need by final agency action, unless the applicant can demonstrate that good cause exists for the applicant's failure to meet such condition."

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

D. REVIEW PROCEDURE

The evaluation process is structured by the certificate of need review criteria found in Sections 408.035 and 408.037, 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 Sarah Zimmerman analyzed the application in its entirety with consultation from financial analyst Kimberly Noble of the Bureau of Central Services who evaluated the financial data.

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

The following indicate the level of conformity of the proposed project with the review criteria and application content requirements found in Sections 408.035 and 408.037 F.S., 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 47, Number 152, of the Florida Administrative Register, dated August 6, 2021, need for one hospice program was published in SA 1 for the January 2023 hospice planning horizon. However, need was revised to zero in Volume 47, Number 160, of the Florida Administrative Register, dated August 18, 2021. Then, in Volume 47, Number 169, of the Florida Administrative Register, dated August 31, 2021, need for one hospice program was published in SA 1 for the January 2023 hospice planning horizon. Therefore, the applicants are applying in response to published need.

Service Area 1 is currently served by four hospice programs whose July 1, 2020 – June 30, 2021, hospice admissions are shown in the table below.

**Service Area 1
Hospice Admissions
July 1, 2020 - June 30, 2021**

Provider	Admissions
Covenant Hospice Inc	2,885
Emerald Coast Hospice	1,525
Regency Hospice of Northwest Florida Inc	648
VITAS Healthcare Corporation of Florida	668
Total	5,726

Source: Florida Need Projections for Hospice Programs for the January 2023 Hospice Planning Horizon, published August, 2021

Note: All providers above except Emerald Coast Hospice also serve SA 2A.

SA 1 hospice admissions for the five year periods ending June 30, 2017 – June 30, 2021 are shown in the table below.

**Service Area 1 Admissions
Five Years Ending June 30, 2021**

July 1 to June 30	Admissions
2021	5,726
2020*	5,273
2019	5,322
2018	4,889
2017	4,143

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued September (2017 and 2018), October 2019 and August 2021

Note: * Includes 683 admissions reported to the Agency for the months of July–December 2019, that were not published due to cancellation of the July 2020 batch.

Each applicant offers argument in support of need for their respective project. The applicants’ major need justification(s) are described below.

Amedisys Hospice, LLC (CON application #10668) in addition to the Agency’s projection of a need for a new hospice in SA 1, Amedisys also states a 10-bulleted rationale for project approval (pages 44 - 46 of the application. The applicant confirms results of the Agency’s Fixed Need Pool for the need for an additional hospice program in SA 1, for the January 2023 hospice planning horizon (pages 74 - 79, as well as Exhibits 10 – 13 of the application).

Amedisys Hospice, LLC states being committed to serve the following populations with unmet needs (pages 85 and 86) persons with or who are:

- End-Stage Heart Disease
- End-Stage Pulmonary Disease
- End-Stage Mental Health Diseases - Dementia, Parkinson’s and Alzheimer’s Diseases
- Veterans

Regarding unmet hospice need for persons with end-stage heart and/or pulmonary conditions – Amedisys discusses its Cardiac & Pulmonary Connections Program and data pertaining to the applicability of this program to enhance hospice care in SA 1 on pages 20-25 and page 48 of CON application #10668.

Amedisys Hospice, LLC states this data combined shows that

- End-Stage Pulmonary and Heart Diseases have increased as a proportion of total admissions at the three Amedisys/Compassionate Care Hospices while declining at the existing four hospice serving Service Area 1 (pages 93 – 95, Figures 6, 7, 15 and 16).

When disease categories are combined, they:

- Exceed the percent of hospice admissions represented by Cancer diagnosis on a statewide basis in CY 2020, 29.1 percent vs. 27.7 percent, when both were approximately 30 percent in CY 2018
- Are slightly lower in CY 2020 compared to CY2018 for the hospice operating in SA1 and Florida and are potential indicators of unmet need
- The three Amedisys /Compassionate Care Hospices have experienced an increase in the proportion of Cardiac and Pulmonary admission from 25.4 percent in CY 2018 to 31.3 percent in CY 2020.
- Rank within the top five hospice terminal diagnosis for Medicare enrollees in 2017: COPD ranked #2 and Heart Failure ranked #3
- Support the establishment and implementation of a at the hospice proposed for SA1 in this CON application (pages 95 – 97, Figures 7, 8, 15 and 16).

The applicant correlates the increase in age of 65 and over with well-established trends that cardio-pulmonary conditions increase with age (page 98 Figure 17).

Amedisys cites the Agency’s Hospital Inpatient Database, March 2021 for CY 2019 (CON application #10668, page 103, Exhibit 19: Total Discharges from Hospitals and Discharges from Hospitals to Hospices for Residents of Hospice Service Area 1 by “FNP” Disease Group/Condition and Age Cohorts: 2019), as well as page 102, Figures 9 and 10, to indicate the following major observations of the data when comparing SA 1 to Florida overall:

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- 8.8 percent of resident patients aged <65 years and discharged from a hospital with a diagnosis of Malignant Neoplasms in SA 1 were admitted to a hospice, compared to the state average of 6.9 percent
- 14.2 percent of SA 1 resident patients aged 65+ years and discharged from a hospital with a diagnosis of Malignant Neoplasms were admitted to a hospice, compared to the state average of 12.3 percent
- 0.8 percent of SA 1 resident patients aged <65 years and discharged from a hospital with a diagnosis of All Other were admitted to a hospice, compared to the state average of 0.7 percent
- 4.8 percent of SA 1 resident patients aged 65+ years and discharged from a hospital with a diagnosis of All Other were admitted to a hospice, compared to the state average of 4.78 percent
- For all causes and age groups:
 - SA 1 residents' discharge rate from hospital to hospice of 2.5 percent lower than the state average of 2.56 percent

The applicant summarizes that on a combined basis Cardiac and Pulmonary diseases accounted for 15.7 percent of SA1's resident admissions to hospice from hospitals, whereas they represented 19 percent on a statewide basis, a negative 21 percent. Amedisys contends this shows the need for Amedisys' Cardiac & Pulmonary Connections Program (pages 104 – 105, Exhibit 20).

Regarding unmet hospice need for persons with end-stage Alzheimer's/dementia conditions – Amedisys discusses its Alzheimer's/Dementia Program and data pertaining to the applicability of this program to enhance hospice care in SA 1 in the following portions of CON application #10668:

- pages 26 - 28
- pages 58 and 59
- page 107, Exhibit 21 – shows the growth rates of Neurological Diseases discharge in SA 1 being substantially higher than the state rate.
- Pages 108 - 109, Figures 12, 13 – support the need for Amedisys Cardiac & Pulmonary Connections Program and Alzheimer's/Dementia Program

According to Amedisys, its need analysis has identified in addition to cancer/malignant neoplasms other areas of need include:

- End Stage Heart Disease (e.g. Hypertensive heart disease with heart failure, Hypertensive heart and chronic kidney disease,

Myocardial infarctions, Atherosclerotic heart disease, Chronic Ischemic Heart Disease, Valvular diseases, etc.)

- End Stage Pulmonary Disease (e.g. Chronic Lower Respiratory Disease, Influenza & Pneumonia, Pneumonitis, etc.)
- Mental Health Diseases (e.g. Alzheimer's Disease, Dementia, and Parkinson's Disease)

Regarding unmet hospice need for veterans – Amedisys discusses participation in the We Honor Veterans Program, with a commitment to honor veterans at the end-of-life and data pertaining to the applicability of this program to enhance hospice care for veterans in SA 1 on the application’s pages 36 – 40 and 126 -128.

The applicant provides a comparison for the veteran population for Lake, Sumter, and Marion Counties. Amedisys states that 32 percent of its hospice admissions in 2020 and 33 percent total from January to September of 2021 and believes that because the distribution of the Veteran population by age cohorts in SA1 is like Lake and Sumter Counties in which the applicant serves, that the proposed service area is likely to see comparative trends in hospice admissions.

Additionally, Amedisys states that according to the National Center for Veteran Analysis and Statistics, “Geographic Distribution of VA Expenditures (GDX) FY 2020,” April 2020, Florida ranks 1st among the 50 states and territories in terms of “Unique Patients” who are defined as patients who received treatment at a VA health care facility and 3rd in veteran population. Amedisys also states that according to the VA Allocation Resource Center the following data is provided for Florida and SA 1 (2020):

Area and Data Element	Unique Patients	Veteran Population
Florida		
Total	532,055	1,514,442
Percent	8.7%	7.8%
Rank	1	3
SA 1		
Total	41,551	106,325
Percent	768%	7.0%
Rank	5	13

Source: CON application #10668, page 122

The applicant states that the use the Florida AHCA Hospital Inpatient Data File (October 2021), for CY 2019, to indicate a rank order of hospital-to-hospice discharges in SA 1 and statewide, with “1” being the most frequent and “8” being the most infrequent for all discharges. The

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reviewer notes that according to the applicant’s exhibit, of the eight most frequent discharges referenced, the eight conditions are (in descending order):

- All Other (1st)
- Malignant Neoplasms (2nd)
- Heart Disease (3rd)
- Pulmonary Disease (4th)
- Neurologic Diseases (5th)
- Chronic Kidney Disease (6th)
- Mental Health (7th)
- Debility (8th)

**Discharges from Hospitals to Hospices for Residents of SA 1 and Florida
All Ages by Disease Group/Condition
CY 2019**

Disease Group/ Condition	All Ages					
	SA 1			Florida		
	Rank	Discharges	% of Total Discharges	Rank	Discharges	% of Total Discharges
Chronic Kidney Disease	6	111	4.5%	6	2,461	3.3%
Debility	8	2	0.1%	8	86	0.1%
Heart Disease	3	246	10.0%	2	8,720	11.8%
Malignant Neoplasms	2	279	11.4%	3	8,131	11.0%
Mental Health	7	9	0.4%	7	367	0.5%
Neurological Disease	5	132	5.4%	5	4,191	5.7%
Pulmonary Disease	4	140	5.7%	4	5,352	7.2%
All Other	1	1,534	62.5%	1	44,837	60.5%
Total		2,453	100.0%	6	74,145	100.0%

Source: CON application #10668, page 103 Exhibit 19

The applicant states projects 172 in year one and 460 in year 2 admissions, which it states is “within the projections of need determined by AHCA’s uniform need methodology and should not have a material impact on the existing hospice agencies in Service Area 1.”

Compassus of Florida, LLC (CON application #10669) generates duplicate Tables 6 and 12 pages 29 and 46 of the application, which reproduce the SA 1 data and the net need determination for an additional hospice program in SA 1, as shown in a portion of page 17 of the Agency’s Florida Need Projections for Hospice Programs publication, issued August 2021.

For convenience, the reviewer relocated Compassus’ need argument to this section from item E.3.a. of this report. Concerning existing hospice providers in SA 1, Compassus discusses and provides Tables 12 and 13 on pages 46 and 47 of the application, to indicate the existing hospice providers. Compassus indicates it will establish an office in Escambia County, and in Okaloosa and Walton Counties by the end of year two.

Regarding population and demographics of SA 1, Compassus uses the Agency's Florida Population Estimates and Projections by AHCA District 2015-2030, issued September 2021, showing the July 1, 2021 to July 1, 2026 population growth projections for each county and for SA 1 in total (Tables 14 and 15 of the application). Based on estimated population growth in SA 1 in the referenced years, especially among the age 65+ population, Compassus states an expectation of significant demand for hospice services in SA 1.

Regarding veteran population growth in SA 1, Compassus states the use of Table 16: "Projected Veterans Population, District 1" and Table 17: "Projected Veterans Population, by Age District 1", on pages 48 and 49¹. The reviewer notes that though these tables indicate an overall SA 1 reduction among the age 65-84 and the age 85+ veteran populations from 2021 to 2026, Walton County is forecasted to remain stable. Compassus states dedication to serving veterans and current participation as a Level IV We Honor Veterans Program participant and plans to extend this participation into SA 1.

Concerning Ethnicity and Race in SA 1, Compassus indicates an expectation of increases in percentages, from 2020 to 2025, for both the Black and the Hispanic populations in SA 1 in Figure 11, page 50 of the application.²

- Black (14.8 percent in 2020 to 14.9 percent in 2025)
- Hispanic (7.6 percent in 2020 to 8.6 percent in 2025)

The applicant indicates that individual counties are projected to see very rapid increases in the number of residents identifying as non-white and that the Hispanic population in SA 1 is expected to increase by 36 percent by the year 2030, a rate faster than that of the state of Florida as a whole.

The applicant's Table 18³ shows that SA 1 saw an increase by 26.7 percent between 2011 and 2019, which was higher than the overall increase of 19.7 percent in Florida with and overall (provisional) 2020 increase in deaths in 2020. On Tables 20 and 21,⁴ Compassus shows that age-adjusted death rates increased in Escambia and Okaloosa Counties between 2011 and 2019, while improving somewhat in Santa Rosa and even more in Walton County with the age-adjusted rates

¹ Source: Veterans Administration Table 9L: County-Level Veteran Population by State, Age Group, Gender, 2018-2048

² Source: Florida Bureau of Economic and Business Research

³ Source: Jacksonville Nonprofit Hospital Partnership Community Health Needs Assessment, 2019

⁴ Source: Florida HealthCHARTS

remain significantly higher than in Florida as a whole. The applicant states that the rapidly growing 65 and over population in SA 1,” the demand for hospice services is likely to increase significantly in the future”.

Compassus presents Tables 12 and 13⁵: “Hispanic Death in District 1” and Figure 13: “Change in Deaths by Race/Ethnicity, 2011-2019” to show greater percentages of deaths among Black/non-Hispanic residents and Hispanic residents than white/non-Hispanic residents in SA 1, has more than doubled between 2011 and 2019.

Compassus uses Florida HealthCHARTS to provide three statistical death tables for CYs 2011-2019 by SA 1 counties (Tables 19—21) for resident deaths and two figures (12 and 13) for deaths by race in SA 1. Hospice utilization for SA 1 programs is discussed in CON application #10669 pages 55-58. The applicant estimates the hospice data by cause of death and age because hospices serving multiple subdistricts do not provide this information by service area. Compassus of Florida will establish Interfaith Advisory Council and an Interfaith Advisory Council in SA 1 to ensure that it meets the needs of minority black and Hispanic residents. Compassus cites its proposed Schedule C condition for this.

Compassus uses Florida HealthCHARTS to provide two statistical death tables for CYs 2011-2019 by SA 1 counties Figures 12 and 13 for deaths by race in SA 1A. Hospice utilization for SA 1 programs is discussed in CON application #10669 pages 55-57. The applicant estimates the hospice data by cause of death and age because hospices serving multiple subdistricts do not provide this information by service area.

Compassus contends that hospice utilization rates in Escambia and Okaloosa Counties dropped farther that in comparison with the rest of Florida which indicates that the existing providers were not as effective in reaching terminal patients as hospices elsewhere. The applicant states that Escambia County service fell from being 35th highest out of the 67 counties in 2019, to 46th out of all Florida counties in 2020 and Okaloosa’s hospice service ratio fell from the state’s 31st – ranked in 2019, to 42nd out of 67 counties in 2020.

Pertaining to historical causes of death, Florida HealthCHARTS data indicate the 10 leading causes of death in each SA 1 county in 2019 (CON application #10669, page 58, Table 25). Compassus points out that cardiovascular diseases are the single leading cause of death for each SA 1 county and refers to page 16 of this application to describe its Disease Specific Programs for Cardiac and COPD Care.

⁵ Source: Florida HealthCHARTS

Regarding underserved diagnoses and populations, Compassus references the CON application #10669, Exhibit I, that identifies numerous Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) in portions of SA 1, particularly regarding access to primary care. Compassus emphasizes that a shortage of adequate primary care in a region is important to hospice because patients may be referred to hospice too late, or with higher acuity of symptoms due to the shortage of local health providers. The Medically underserved include:

- Northern Escambia County
- Santa Rosa Service Area
- Baker/Laurel Hill Service Area in Okaloosa County
- Low-income portions of Cantonment
- Low-income portions of Pensacola
- Low-income portions of Walton County

Compassus references Figure 8, to note that SA 1 has a higher-than-average rate of suicide. The applicant notes these rates to be highest in Florida especially for Okaloosa and Walton Counties. The applicant notes that this is due to the shortage of local health providers for mental health and that it will bring its nationwide program, Suicide and Compassus' suicide Intervention program (Exhibit L of this application) to SA 1.

Compassus has no hospice programs in Florida and has accreditation for 95 of its 104 hospices and plans to achieve the accreditation for the remaining nine by the end of 2022. The applicant states that in 2020, Compassus' unique care methodology, called Care Delivery, The Compassus Way™, received honors from the National Quality Forum (NQF) for its success in creating a standardized, reproducible model of care with measurable impacts on serious illness at the end-of-life.

Compassus states it works with the Community Health Accreditation Partner organization and has CHAP accreditation for 95 of its hospice locations. The applicant references CON application #10669, Exhibit F: Licensure and Certification for Existing Compassus Hospices. Compassus participates in the Hospice Care Index of CMS which will be publicly reported in 2022. Compassus states that its initial reports for its existing locations average score is 9.0 out of 10, with the nationwide average being 8.9 out of 10.

Compassus details the National Quality Forum (NQF), Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission Measure on pages 60 and 61, The applicant

states its locations combined resulted in a score of 94.3 percent which is higher than the national average of 90.5 percent in the Hospice Comprehensive Assessment measure for all seven care processes listed for that patient.

Compassus cites CON application #10669's Exhibit E: Quality and Safety, which includes its honors for The Compassus Way™, and Compassus' publication of its 2020 honors from the NQF.

Florida Hospice LLC (CON application #10670) asserts that, along with the Agency's published need, the population of Medicare beneficiaries and the national utilization of hospice Medicare beneficiaries continues to grow across each age group. The applicant contends there will be a significant increase in the 85 years and older population at 12.5 percent from 2010 to 2019 followed by the 75 to 84 age group at 7.4 percent. The applicant cites a study by *Edgemont Capital Partners, LP Market Outlook and Insights* to share that it projects an anticipated need and peak in hospice utilization for the youngest baby boomers between 2026 and 2050 to be approximately 76 million. Florida Hospice extrapolates that with the AHCA projected growth along with this trend, there is a projected growing need for additional hospice services in the SA 1.

Florida Hospice, LLC notes that because data on race and ethnicity of hospice patient specific to SA 1 or Florida is not available, it uses the most recent MedPac Report to Congress (March 2021) estimates of percentage of population by race and ethnicity and compares the AHCA population estimates for 2021 to create three tables on pages 27 through 29⁶ of this application. The applicant estimates, using these comparisons, the current racial and ethnic characteristics of the service area population for each county. Florida Hospice concludes that SA 1's Black (14.32 percent) and Hispanic (9.5 percent) populations are significantly lower when compared to Florida (16.9 and 26.4 percent, respectively). The applicant notes that SA 1's 72.7 percent of White alone, not Hispanic, or Latino population is significantly higher than Florida (53.2 percent) overall. Florida Hospice notes there is an increasing gap between hospital utilization of Medicare descendants by race and ethnicity. The applicant contends that there is significant room to increase the overall utilization of hospice services in population groups that are currently being underserved.

Florida Hospice states that on average, SA 1 are quite affluent, yet there are significant segments of the population that are poor and socioeconomically disadvantaged. The applicant offers that Escambia County has a higher poverty level than Florida with a median household income that is 8.5 percent lower than Florida.

Florida Hospice, LLC states that it has a proven track record in Michigan, Illinois, and Pennsylvania as Residential Hospice of providing hospice services to the socioeconomically disadvantaged and includes an endorsing excerpt from the President of one of the largest guardianship companies in the state of Michigan, Guardian Care.

Florida Hospice states that it will actively participate in the *We Honor Veterans Program* which is pertinent to this service area because there is a significant active military and veteran population.

The applicant states that it has met with representatives from the University of West Florida, the Greater Pensacola Chamber of Commerce, The Waterfront Mission, and Grand Boulevard Health and Rehabilitation Center in Walton County learning that the underserved populations that could benefit from additional hospice services include: the uninsured, working poor, persons living in poverty, low-income elderly, and the homeless. Florida concludes by reiterating the additional need of service to the SA 1's underserved groups.

OMNI Home Health-District 1, LLC (CON application #10671)

provides SA 1 population growth and population demographics tables which the reviewer has summarized below, particularly regarding the age 65+ population on pages 61 - 64 of the application. OMNI generates a table that shows the total death projections (7/22-6/23) in SA 1 for cancer under age 65 (536), cancer age 65 and over (1,205), other causes under age 65 (1,850) and other causes age 65 and over (4,711) and the total hospice patient projections (7/22-6/23) in SA 1 for cancer under age 65 (453), cancer age 65 and over (1,153), other causes under age 65 (476) and other causes age 65 and over (3,994) and the total hospice patient projections (6,076). The applicant notes that the current hospice patients from July 1, 2020 to June 30, 2021 in 2021 was 5,726 and shows that the projected total need of 6,076 hospice patients in the January 2023 planning horizon, created a total need in excess of current admissions by 350 hospice patients.

Total Population Growth by Age/2020-2030

- Escambia: Age 65+ an increase of 28.15 percent/16,460 residents by 2030
- Okaloosa Age 65+ an increase of 38.26 percent/13,399 residents by 2030

CON Action Numbers: 10668 - 10675

- Santa Rosa: Age 65+ an increase of 46.23 percent/13,659 residents by 2030
- Walton: Age 65+ an increase of 51.43 percent/7,312 residents by 2030

Total Population Growth Age 65+ by 2030 for all 4 counties 37.03 percent/ 50,830

Total Population Growth by Age/2022-2027

- Escambia: Age 65+ an increase of 3.17 percent/1,789 residents by 2027
- Okaloosa Age 65+ an increase of 4.72 percent/1,606 residents by 2027
- Santa Rosa: Age 65+ an increase of 8.32 percent/2,588 residents by 2027
- Walton: Age 65+ an increase of 13.31 percent/2,055 residents by 2027

Total Population Growth Age 65+ by 2027 for all four counties 5.86 percent/8,038

According to OMNI, the number of veterans within the service area confirms the need for outreach and specialized programming that it (Mederi Hospice) is committed to providing within the service area. OMNI shows that there is a total of 35,232 age 65+ veteran residents (representing 5.73 percent of all Florida veteran residents).

The reviewer notes the following from the applicant's above referenced population growth/demographics tables:

- A total of 118,223 Black residents (all age cohorts) – representing 14.28 percent of all SA 1 residents
- A total of 57,989 Hispanic residents (all age cohorts) – representing 6.95 percent of all SA 1 residents

OMNI provides the chart below for deaths (per 100,000 residents) in 2019, showing the leading causes of death in District 1 and Florida cases (per 100,000 residents).

**2019 Leading Causes of Death
District 1 and Florida
Per 100,000 Residents**

County/ Area	Cardio-vascular	Cancer	CLRD	Stroke	Diabetes	Renal/ Nephritis	Injuries	Liver Disease
Escambia	202.5	236	75.9	67.8	30	36.5	73.4	21.1
Okaloosa	165.7	207.4	59.5	51.1	26.7	19.5	46.7	15.6
Santa Rosa	174	191.9	62.2	62.7	30.8	26.9	55.7	14.9
Walton	190.5	214.6	73.9	52.6	21.3	21.3	68.2	15.6
Florida	221.2	214.2	56.4	65.2	29	15	62	15

Source: CON application #10671, page 64 based on Florida Health Charts data.

OMNI states the SA existing providers have “recently been unable to keep pace with the need in the market.” The applicant produces the Agency’s Need and Projection Data for 2021 for the service area stating that there are “flatlining and declining volumes at Emerald Coast Hospice and Regency” which are both parented by Kindred at Home.

OMNI produces tables on pages 65 and 66 that show Emerald Coast Hospices and Regency Hospice of NW FL AHCA Survey Data from 2016 showing 16 citations. The applicant contends that this may be a factor into Kindred’s declining patient selection and use, which it says signals a need for an additional patient choice for hospice. OMNI contends that it is the best provider to fill this gap.

OMNI states its utilization projections (pages 67 and 68) use the new hospice provider VITAS in SA 1 during 2017 results. The applicant contends that its own expectations are that with its existing and substantial presence in the home health market, high quality and patient satisfaction scores, and that it already provides services to over 4,700 patients annually in SA 1, that it can increase hospice utilization. OMNI contends that LHC Group has a history of converting 15-16 percent of its home health volume to hospice where it has co-located hospice services.

OMNI projects that it will have 240 admission (16,268 patient days, ALOS 77) in year one and 282 admissions (21,633 patient days ALOS 77) in year two. OMNI offers a table to address how the 2022 - 2024 need estimates were determined using the following factors for each year: population, projected deaths, resident deaths in 2019, projected deaths and statewide use rate.

OMNI contends its projected admissions are conservative and leave a total of 296 patients in year one and 370 patients in year two to be allocated between the existing care providers, which should have no negative impact upon the viability and ongoing operations of SA 1’s current hospice providers.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) states that with the announcement of need for an additional hospice program in SA 1, it conducted a community-based needs assessment to identify specific unmet needs throughout the service area. Below is the applicant's stated summary of the six major findings of the need assessment (CON application #10672 page 1-2 and 1-3 of the application). The applicant offers corresponding solutions for these findings:

- Elderly age 65 and older
- Minorities – African Americans
- Low-income Persons, the homeless and Nearly homeless
- Underserved counties
- Veterans
- Cancer, Heart disease, etc.

Peoples offers Figure 1-1 to demonstrate its ability to provide hospice in SA 1 and assures that its programs will meet the unique needs which include:

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

Regarding population demographics and dynamics, Peoples utilizes the Agency's Florida Population Estimates and Projections by AHCA District publication, issued September 2020 (CON application #10672 Table 1-2, page 1-4) to demonstrate the 19 percent five-year growth rate for the age 65 and over subgroup. Peoples provides a map showing District 1's 2021 population age 65 and over by ZIP Code (CON application #10672 page 1-5, Figure 1-1 of the application).

Peoples utilizes the Florida Legislature, Office of Economic and Demographic Research, 2021 Income Levels (CON application #10672 page 1-5) to support that all counties are more rural than the rest of Florida and they also have a significant Veteran population.

The applicant's Table 1-4 HSA 1 County Change Based on Natural Increase of Net Migration, based The Florida Legislature's Office of Economic and Demographic Research data indicates that SA 1 has significantly higher rates of change in population which can be

attributed to natural and net migration. It also includes the percent of workers that travel outside of county residence which indicate that some residents in this area likely also seek health care services in adjacent counties outside the service area. Peoples believes that its affiliated service area home health locations and its established relationships will help it fill the need of special services for the growing elderly (65+) and increase accessibility in the service area.

Peoples discusses the population and race percentages on pages 1-6 and 1-7, presenting Table 1-5 HSA 1 Comparison of Hospice Penetration Rates in SA 1 by County, Table 1-6 HSA Hospital Discharges to Hospice, SA 1 Counties, and Figure 1-2 HAS Hospital Discharges to Hospice in SA 1, 2018-2020 to show that all four counties have a lower hospice penetration level compared to the state. Peoples contends its committing to establish an office in each of these counties should increase accessibility.

The applicant notes that District 1's white population will grow from 610,260 persons in 2021 to 638,214 in 2026 or by 4.58 percent and slightly decrease from 76 percent of the district's total population to 75 percent in 2026. District 1's total population is expected to grow from 802,989 persons in 2021 to 851,083 or by 5.99 percent.

Peoples cites SA 1's disparity of service among minorities, particularly among African Americans in (Tables 1-8 A, 1-8- B, and 1-9 (pages 1-10 through 1-11)). Claritas 2021 update data is used to determine population estimates in 2021 by racial/ethnic groups and growth by racial/ethnic composition by county, and the distribution of these groups by percentage. SA 1's projected population Hispanic, African American and Asian growth from 2021 to 2026 is summarized below:

- Hispanic population increase from 60,939 to 73,972 by 13,033 persons or 21.39 percent
- African Americans increase from 112,888 to 119,953 of 7,665 or 6.83 percent
- Asian population increase from 23,539 to 26,951 by 3,412 or 14.5 percent

The applicant uses 2021 Claritas to determine population estimates by ZIP Code and notes the two counties in HSA 1 with the largest black population. The applicant also provides Figure 1-2, a map for each of the counties, along with a narrative description of the location of existing hospice providers in relation to the black populations.

Peoples uses FLHealth Charts 2020 provisional Deaths - 10/21/21 in Table 1-11, page 1-12 to address penetration rates by race in 2019 to

support that the hospice use rate for African Americans when compared to the white population is significantly lower. The applicant asserts that this has implications for hospice access and that in turn, this calls for outreach and education and upon licensure will implement and form African American outreach program. Peoples states that all of its employees will undergo Cultural Awareness and Sensitivity coursework on an annual basis and Rev. Cecil B. Williams, Pastor of Gregg Chapel A.M.E. Church in Fort Walton Beach will serve on Peoples governing board. Pastor Williams letter of support cites Peoples commitment to working with the homeless and his agreement to work with Peoples on African American hospice outreach.

The applicant offers population demographics Table 1-12, pages 1-14 of the application. Peoples uses Florida's Council on Homelessness, 2021 Annual Report, Appendix VI, Table 7, stating that "the service area's homeless population grew by more than 200 persons between 2019 and 2021". However, the applicant's table shows that while Escambia County's homeless population increased by 266 persons, the total service area actually decreased from 916 persons in 2019 to 867 homeless persons. This could be a data gathering error in that Okaloosa dropped from 372 homeless persons in 2019 to 73 in 2021 and Walton County shows zero homeless in 2021. Peoples indicates that while the SA homeless population is small, data shows that 73 percent were unsheltered which can have implications for hospice care. Peoples offers its condition number 4 to donate \$15,000 a year to Catholic Charities action to address the homeless population in NW Florida.

Peoples indicates that SA 1 has a 13 percent total veteran population compared to the overall statewide average at seven percent. The applicant's table shows the SA has 106,325 veterans age 65+ in 2020 and they are 26.7 percent of the SA's total 65+ population. However, the numbers are incorrectly labeled as they show the 2020 total veterans population is 37,673 and the SA's age 65+ veteran population totals 106,325, with the same error for the SA total and 65+ population. When calculated with actual numbers, SA 1's veterans age 65+ population has higher proportionate percentages that the statewide average. Peoples offers its condition number 4 and letter of support from Admiral Kyle J. Cozad, President and CEO of the Naval Aviation Museum Foundation for its service to Veterans.

Peoples addresses SA 1 hospice penetration rates by producing Table 1-5, page 1-16 to show that the two major causes of death are cardiovascular diseases and cancer, both, it contends, are also underutilized diagnoses for hospice. The applicant addresses the need of cardiovascular and pulmonary disease as it notes they account for

two of the top five major causes of death in SA 1, with its tele-monitoring resources for patients with end-stage heart failure as a part of their special services. The applicant's Table 1-16 shows the SA's ratio of discharges to hospice vs the in-hospital death which it contends indicate that hospice is needed as a service to decrease the number of in-hospital deaths:

- 1.26 - SA 1 v. 1.38 - FL 2018
- 1.47 - SA 1 v. 1.51 - FL 2019
- 1.23 - SA 1 v. 1.22 - FL 2020

Regarding population demographics and dynamics, Peoples provides Table 1-17 titled Forecasted Hospice Admissions for First Two Years in SA **4A** (an obvious typographical error).

The applicant reflects the number of projected patient and People's admissions by cause of death and by age cohort, for CY 2023 and CY 2024 for SA 1.

- Overall, the service area projects 5,147 total deaths are expected to occur among those over the age of 65 of the total 6,076 deaths and 929 among those under age 65 in CY 2023.
- Overall, the service area projects 5,210 total deaths are expected to occur among those over the age of 65 of the total 6,151 deaths and 941 among those under age 65 in CY 2024.
- The Peoples Hospice Market share for CY 2023 assumes a 2.5 percent share (152 admissions) of the total hospice admissions. For CY 2024 projects a five percent market share or 308 admissions which is notes is below the net need which it contends reflects that there is allowable growth within the hospice market across all hospice entities with no adverse effect on existing hospices.
- Peoples Tables 1-19 and 1-20 support there will be no adverse effect on existing hospices.

Peoples Table 18 shows year one total admissions of 152 (9,321 patient days and an ALOS of 61.3) and year two total admissions of 308 (20,944 patient days and an ALOS of 68).

PruittHealth Hospice – West Florida, LLC (CON application #10673):

The notes that CON application #10673's Book 1 master table of contents and the table of contents in the remaining two books reveals that they do not correlate with each other and are not reliable in locating documents and materials.

PruittHealth discusses the Agency's Florida Need Projections for Hospice, Programs, AHCA, Florida CHARTS and Medicare Hospice Use

by Race CY 2020 when it addresses the fixed need pool, hospice penetration rates in SA 1 and statewide (pages 66-69 of the application) to declare that it will focus its programming and resources to enhance access to the following:

- Indigent population
- Veteran population
- Terminally ill with several specific diseases

PruittHealth offers that it is best positioned of the competing applicants to fill the gap in hospice services to indigent residents, rural population, veterans and particularly those residing in rural areas of the subdistrict, and patients with specific terminally ill diseases and diagnoses.

Concerning population growth and aging in SA 1, PruittHealth states the use of the University of Florida Bureau of Economic and Research (UF BEBR), Bulletin 190, to indicate that, in SA 1 the 85+ population grew by 58.4 percent from 2010 to 2020 representing 2.1 percent of the subdistrict population, with this same age cohort expected to increase by 45.7 percent from 2020 to 2030 to become 2.7 percent of the district's total population.

PruittHealth states that the 85+ age cohort is projected to have the highest growth in every SA 1 county from 2020 to 2030, as shown below.

County	Percent of Growth
Santa Rosa	68.0
Walton	67.5
Okaloosa	41.5
Escambia	35.2

Source: CON Application# 10673, Page 72

PruittHealth provides that the 65-84 population grew by 41.8 percent from 2010 to 2020 representing 15.5 percent of the subdistrict population, with this same age cohort expected to increase by 35.2 percent from 2020 to 2030 to become 18.8 percent of the subdistrict. The applicant contends that the 65-84 age group is projected to have the 2nd highest growth in every county in SA 1 2020 to 2030, shown below:

County	Percent of Growth
Santa Rosa	47.0%
Walton	43.0%
Okaloosa	37.5%
Escambia	35.2%

Source: CON Application# 10673, Page 72

The applicant produces a projections percentage of population by age increase chart from 2010 to 2030 in SA 1 but offers no commentary.

Concerning population demographics in SA 1, PruittHealth again states use of the same source (UF BEBR, Bulletin 190), to indicate that, in SA 1 (pages 73 - 75 of this application):

- White residents make up 72.5 percent of SA 1’s population with Escambia County having the largest population of while Santa Rosa and Walton Counties have the largest percentage of white residents.
- Black residents make up 14.9 percent of SA 1’ s population, with Escambia County having both the largest population of black residents and the largest percentage of black residents
- Hispanic residents make up 8.9 percent of SA 1’ s population with Escambia County having the largest population of Hispanic residents and with Okaloosa County have the largest percentage of Hispanic residents.

PruittHealth provides the following SA 1 Medicare beneficiaries deaths and percentage of death by race (provisionally in 2021):

County	Asian	Black	Hispanic	White	Other	Total
Medicare Beneficiary Deaths	48	684	22	5,476	94	6,324
Percent of Deaths	.08%	10.8%	0.3%	86.6%	1.5%	100.0%

Source: CON application #10673, page 74, Figure 54

PruittHealth states that most residents of the service area’s Medicare population were white, and offers Figure 58 for the following breakdown:

- White 83 percent
- Black 13 percent
- Hispanic two percent
- Other three percent

The applicant commits it will serve all patients and families who need hospice care regardless of payer source and understands that racial and ethnic minorities face barriers to hospice care.

Regarding indigent-related demographics and homelessness in SA 1, PruittHealth identified the following need exists according to the Florida Council on Homelessness, Annual Report 2021, June 30, 2021, as:

- The Homeless Point-in-Time Counts
 - From 2017 to 2020 declined yet remained consistent for the last two years.

- County Identified Homeless Students
 - The homeless student count (2015-2020, page 78, Figure 58 of the application) has fluctuated over the last five years mainly due to hurricane activity in the Gulf of Mexico.
- Population Living under <185 percent of Federal Poverty Level
 - Regarding those residents living under 185 percent of the Federal Poverty Level, PruittHealth offers tables (page 59 , Figures 59 and 60 of the application) to reflect the 2019 family/household income thresholds that represent 100 percent and 185 percent of the Federal Poverty Level (by number of family members/households). The applicant notes that although Escambia County has a population living under 185 percent of federal poverty level than the overall Florida percentage, that on average 26.9 percent of service area residents live under 185 percent of poverty level or less than one in four residents.
- Residents Experiencing Food Insecurity
PruittHealth offers Feeding America as its 2019 source to confirm its stated percentages that:
 - 13 percent of Escambia County residents and 20.1 percent of children and
 - 11.6 percent of Okaloosa County residents and 15.3 percent of children and
 - 12.3 percent of Santa Rosa County residents and 15.9 percent of children and
 - 13.2 percent of Walton County residents and 16.6 percent of children were food insecure during this period.

Per PruittHealth, since the onset of COVID-19, financial and food insecurity have increased significantly.

- Rural Counties
 - PruittHealth offers a map (Florida's Rural Counties, per 2010 Census, Figure 62 on page 80, but does not offer an actual source to confirm) that SA 1 identifies that Walton County makes up 10 percent of the SA 1 population and is considered a rural county.

- Elderly Residents Living Alone
PruittHealth maintains that (Figure 63 District 1 County Elderly Residents Living Alone) according to the Department of Elder Affairs (DOEA) 60 and over live alone and that this population has special care needs at end-of-life:

County	2014-2018
Santa Rosa	21.0 %
Walton	20.8%
Okaloosa	15.4%
Escambia	22.5%

Source: CON Application# 10673, Page 81

- One goal of the 2022-2025 Florida State Plan on Aging is to “increase the resources and support available to caregivers of older adults.”

The applicant offers that it conditions this application for four hours of Companion Care for eligible patients and their caregivers per week.

The applicant discusses its commitment to serve the indigent population of SA 1 stating its plan that includes support, planning and arranging for care.

- PruittHealth provide Figure 64 on page 82 to show the area’s four existing hospice programs admissions 2019 through 2020.
- PruittHealth offers Figure 65 on page 83 to assure that it will follow specific disease programs (PruittHealth Care Pathways) currently deployed at PruittHealth hospice programs and Figure 66 on page 84 to show the four existing hospice programs’ Death Rate Trend and stating it has projected reasonable and achievable volume in its first two years.

Regarding veterans in SA 1, PruittHealth indicates the total number of veterans in the area projected for each year from 2021-2030, with the veteran total population currently over 100,000 and expected in 2030 to be 92,432 (page 85, Figure 68 of the application), veteran deaths are still projected to be 10.5 percent in 2030 (Figure 69, page 86). The applicant provides further information on the service area’s veteran and military populations on pages 87 through, along with narratives and other descriptions of PruittHealth’s hospice services targeted to veterans:

- History Serving Veterans
 - Recognition Program
 - We Honor Veterans

- Veteran's Last Patrol
- Management Contracts (in the states of Georgia and North Carolina)

Regarding PruittHealth's enhancement of access to disease-specific programs in consideration of deaths by type of illness in SA 1, PruittHealth provides tables (page 793, Figure 73 of the application) to indicate that, in 2019, per FLHealth CHARTS-Death County Query System, the following were the eight leading causes of deaths: Cancer, Heart Disease, and Chronic Lower Respiratory were the top three with Stroke, Alzheimer's, Diabetes, and kidney related diseases following. The reviewer notes that the applicant's same figure also indicates death rates per 100,000 residents.

- Cancer death rates per 100,000 population in Escambia County is higher than the state rate (234.7 to 210.5).
- Chronic Lower Respiratory disease death rate per 100,000 population in every county is higher than the state rate:
- Escambia County has higher death rates in every cause of death but heart disease

PruittHealth explains that the following specific disease programs (Care Pathways) (PruittHealth Pathways) are currently deployed at PruittHealth hospice programs (with each of the following described in detail on pages 78-81 of the application):

- Oncology Program
 - 24/7 Support
 - Help with understanding and managing medications
 - Stress management
 - Spiritual support by trained chaplains
 - Nutrition and diet recommendations for those with lung disease
 - Help with understanding lung disease – cause and treatments
 - Medications to manage symptoms
 - Medical equipment which can include any from oxygen to hospital bed
 - Nursing assistants who are available to assist with personal care
 - Psychological and emotional support for guidance for PruittHealth Hospice's highly trained licensed clinical social workers
 - Volunteers for socialization and other needs as identified
 - Pre-arranged Action Plans so everyone is calm and confident when breathing suddenly gets more difficult

- Cardiac Program Pulmonary Disease Program (including a respiratory therapy program)
- Stroke Program
- Alzheimer’s/Dementia Program
- End Stage Liver Disease
- End Stage Renal Disease

The applicant also offers dialogue of on pages 94 through 96 of this application.

PruittHealth estimates the following admissions, average length of stay (ALOS) and patient days for year one and year two, as shown below.

Projected Admissions/Utilization		
	Year One	Year Two
Admissions	105	324
ALOS	60.4	66.3
Patient Days	6,342	24,297
Under 65	32	97
Over 65	73	227

Source: CON application #10673, page 99, Figure 74 and 75 (reviewer summarized)

The applicant offers Figure 76, page 100 to show that it will have no negative impact on the existing providers.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) states that it will focus on the low African American hospice penetration rate in SA 1. The applicant states it respects cultural and religious diversity and has a proven track record with all minority populations and will:

- Embrace the difference in beliefs and preferences of African Americans
- Provide outreach and education within the African American community
- Cooperate with identified spiritual leaders

St Joseph contends it will embrace the difference in beliefs and preferences of African Americans, providing outreach and education within the African American community by cooperating with identified spiritual leaders.

The applicant’s Vulnerable Populations (Table 15 on page 51) provides the population by zip code and percent of the population that is African-American based on 2019 Escambia-Santa Rosa Community Needs Assessment with 2020 Data Update Addendum. It also indicates the 2021 and 2019 average daily hospice census. The applicant notes that

several zip codes had less hospice Average Dailey Census numbers in 2021 compared to 2019. As these are in the Pensacola area, St. Joseph indicates it will open its first office in Escambia.

The second location will be in the Crestview – Fort Walton Beach corridor as this will provide easy access to both Okaloosa and Walton County residents. St. Joseph indicates its decision is based on the population, poverty rate, percent of African Americans and Hispanics, Medicare enrollees, veterans, and hospice penetration rates in these counties. The applicant states that with I-10, which is a major interstate horizontally running through the center of both counties, Walton County can easily be served from the Okaloosa location. The applicant's Table 16 provides data on Okaloosa and Walton Counties stated to be based on U.S. Population Statistics 2019 and HealthPivots Data Lab.

The applicant states that the most recent Community Health Needs Assessment shows that the leading causes of death in SA 1 are heart disease, respiratory disease, diabetes, and cancer. St Joseph offers Table 9, page 25 to support that when compared to the existing hospices, it has a higher percentage of heart and respiratory disease patients than all SA 1 hospice providers and has the resources and support to provide care to non-cancer patients.

St Joseph states that the CHNA and the Hospice and Palliative Care Organization mirror that the leading causes of death among African Americans is heart and respiratory disease and cancer. The applicant assures that it provides its community outreach and church alliance is proof at 26.3 percent African Americans served, its ability to provide specific care for this population.

St Joseph contends it will follow the National Association for Hospice and Palliative Care guidelines by:

- Ensuring patient care and services provided are responsible for to the needs of the population
- Facilitating access to care by providing services as well as clinical and management staff that are sensitive to the culturally diverse needs of the community
- Periodic needs assessments that examine both private and public resources, with special attention to securing access to care for underserved populations in the community is used to inform the development of hospice services
- Providing bereavement education and support services are offered to the community at large

St. Joseph’s Tables 6 and 7, on the application’s pages 14 and 15 use 2021 HealthPivots data to compare the number of admissions for SA 1 from 2018 through 2020 for the existing hospices services with St. Josephs Hospice affiliated programs. The applicant contends that the 2020 SA 1 minority hospice admissions were 9.1 percent (reviewer notes table presents 9.2) compared to St. Joseph Hospice affiliates 25.7 percent, which shows its commitment to the African American population.

Estimated Proportion of African American Medicare Hospice Admissions SA1				
Hospice	2018	2019	2020	Three Years
Covenant Hospice Inc	11.2%	11.0%	11.7%	11.3%
Emerald Coat Hospice	6.9%	6.4%	5.7%	6.4%
Regency Hospice of NW Florida Inc	9.0%	8.6%	7.8%	8.4%
VITAS Healthcare Corporation of Florida	11.8%	8.9%	10.8%	10.4%
Other	8.8%	8.2%	5.6%	7.4%
All Hospices	9.4%	9.1%	9.1%	9.2% (9.125 for existing providers)
St. Joseph Averages	25.0%	24.5%	25.7%	25.1%

Source: St. Joseph Hospice Florida Panhandle, LLC (CON application #10674), page 14-reviewer combined

St. Joseph next discusses its hospice community outreach efforts along with its unique program with spiritual leaders and cites its Condition number 11 with the Englewood Baptist Church to support continuation of these programs. The applicant states its TCHN educational curriculum include the training that assures employees understand differences cultures and uphold the inclusion of these principals. The applicant offers a table summarizing the course outline on page 18 of the application. St. Joseph cites its conditions for:

- LGBT populations (Condition number 10, page 65)
- Jewish populations (Condition number 8, page 65)
- Veteran populations (Condition number 12, page 65)
- Homeless populations (Condition number 13, page 65)
- Its St. Joseph Hospice Foundation (Condition number 7, page 65)
- Community Education Van (Condition number 14, page 65)

The applicant states it provides 14 treatments and procedures that are not always provided by hospice providers and includes its Complex Care Protocol: Appendix-Clinical.

St. Joseph’s “Hospice Philosophy – Hospice is not a place; it is a concept about the quality of life as it nears its end for the patients and their families and friends” and a detailed 11-bullet description on page 40 of the application. St. Josephs states its hospice and palliative care services include:

- General medical care and support

- Intensive bedside hospice support (Crisis Care)
- Social Services
- Physicians Visits
- Spiritual Support
- Education
- Psychosocial and bereavement counseling

St. Joseph states its team is comprised of the following:

- Board-certified hospice and palliative care physicians
- Registered nurses
- Licensed practical nurses
- Certified nursing assistants
- Medical social workers
- Non-denominational chaplains and pastors
- Bereavement professionals
- Hospice Trained Volunteers

The applicant states it will actively recruit from minority populations with the goal of a culturally diverse workforce that consists of 10 percent minority employees.

St. Joseph states that during September 30, 2020 - October 1, 2021 the St. Joseph Foundation distributed \$16,226 to patients and family to assist with funeral expenses, utility costs, and other needs.

St. Joseph's Table 13 on the application's page 49 shows it projects 200 year one and 336 year two admissions.

Transitions Intermediate Holdings, LLC (CON application #10675) provides brief discussion of the fixed need pool and contends that CON application #10675 is submitted in response to the special circumstances provision of the applicable hospice rules in order to demonstrate additional grounds for approval of a new hospice program (page 55 of the application). The applicant directs the Agency to its response to item E.2. (Rule Preferences) in this report.

Transitions contends that this proposed hospice program should be approved for the following reasons (page 50 of the application):

- Above and beyond clinical care model including:
 - 24/7/365 availability
 - Comprehensive IDG care team
 - Extensive ancillary services including but not limited to End-of-Life Doula support, music and massage therapy, animal visits, and more
 - Vigil sitting commitments

- Palliative-to-hospice connection
- Extensive software integration
- Remote patient monitoring
- Exceeding national standards, receiving a 4.5 Star Rating
- Hospice and palliative operations in MI, IL, IN, and PA
- Access to Routine, Respite, Continuous and InPatient care in either the home or a care facility

Transitions provides exhibits regarding data from 2014 to 2018 as follows (pages 50-59 of the application):

- Exhibit 19 - Santa Rosa County Medicare and Hospice Usage:
 - 19 percent increases in Medicare beneficiaries (from 27,740 in 2014 to 33,068 in 2018) and a 33 percent increase in hospice users (from 558 in 2014 to 740 in 2018)
 - Exhibit 20 - Okaloosa County Medicare and Hospice Usage: 14 percent increases in Medicare beneficiaries (from 34,017 in 2014 to 38,756 in 2018) and a 14 percent growth in hospice usage rate (from 858 in 2014 to 985 in 2018).
 - Exhibit 21 - Walton County Medicare and Hospice Usage: 8 percent increases in Medicare beneficiaries (from 11,683 in 2014 to 14,400 in 2018) coinciding with the 18 percent growth in hospice usage rate (from 279 in 2017 to 349 2018)
 - Exhibit 22-Service Area 1 addresses the need for both end of life and care solutions that allow the patient to stay at home and not in the hospital. SA 1 Medicare Beneficiaries 73,440 in 2014 to 86,233 in 2018
 - SA 1 Hospice users 1,711 in 2014 to 2,074 in 2018
 - In the service area, cancer related deaths have increased 13 percent which included a 16 percent increase in the median charge for a single cancer hospitalization.
 - The applicant states that this data shows that the three counties in the service area are in need of not only end-of-life care solutions but care solutions that allow patients to stay at home and not in the hospital.
 - Transitions provides that it has the capacity to provide the patient from discovery through passing from cancer thus reducing the economic burden of cancer on patients, their families and their communities, but allow them to receive care at their place of residence, not the hospital.
 - Exhibits 23-31 are presented on pages 54 – 59 to support this response.

- Exhibit 23 SA 1 Cancer Deaths - 13 percent increase (760 to 860) from 2014 – 2018
- Exhibit 24 SA 1 Cancer Related Charges - 27 percent increase (100,921 to 128,102) from 2014 – 2018
- Exhibit 25 SA 1 Median Charge per Cancer Hospitalization - 16 percent increase (190,049 to 220,834) from 2014 – 2018
- Exhibit 26 SA 1 Santa Rosa Cancer Deaths - increase (259 to 302) from 2014 – 2018
- Exhibit 27 SA 1 Santa Rosa County Cancer Hospitalization Charges - increase (30,318 to 43,029) from 2014 – 2018
- Exhibit 28 SA 1 Okaloosa Cancer Deaths - increase (361 to 377) from 2014 – 2018
- Exhibit 29 SA 1 Okaloosa County Cancer Hospitalization Charges - increase (55,834 to 65,736) from 2014 – 2018
- Exhibit 30 SA 1 Walton Cancer Deaths - increase (140 to 181) from 2014 – 2018
- Exhibit 31 SA 1 Walton Cancer Hospitalization Charges - increase (14,769 to 19,337) from 2014 – 2018

The applicant explains that to reduce the financial burden on patients and their families, care services that aim to reduce the number and acuity of hospital stays are needed.

Transition's Schedule 5 indicates it will have 57 year one (9,189 patient days) and 54 year two admissions with 22,889 patient days. Schedule 5 and 7A indicates year one will have 9,189 patient days and year two 22,889 patient days.

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 targeted hospice services.

The following applicants discussed hospice licensure standards in Rule 59A-38 Florida Administrative Code, demonstrating their understanding of these standards:

- Florida Hospice, LLC
- Peoples Hospice and Palliative Care of Florida, LLC
- OMNI Home Health-District 1, LLC

- PruittHealth Hospice – West Florida, LLC
- Transitions Intermediate Holdings, LLC

The reviewer notes that Amedisys has Florida licensed hospice and complies with licensure requirements.

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

Amedisys Hospice, LLC (CON application #10668) states a commitment to serve the following populations that the applicant identifies as having unmet need:

- Persons with end-stage disease(s) of the following:
 - Heart
 - Pulmonary
 - Dementia and Alzheimer's
- Veterans

Compassus of Florida, LLC (CON application #10669) reiterates its “Underserved Diagnoses and Populations” Medically Underserved Areas (MUAs) in SA 1. The applicant particularly highlights MUA designations as follows:

- Northern Escambia County
- Santa Rosa Service Area
- Baker/Laurel Hill Service Area in Okaloosa County
- Low-income portions of Cantonment
- Low-income portions of Pensacola
- Low-income portions of Walton County

The applicant cites the SA 1's high prevalence of chronic respiratory disease and heart disease and contends there is unmet need for disease-specific Cardiac Care and COPD programs. Further, SA 1 populations with unmet need include suicide and Black and Hispanic residents. Compassus “Top Health Priorities for District 1” summarize its top SA 1 priorities (Figure 9 on page 36).

Florida Hospice LLC (CON application #10670) directly answers this by noting its review of the median incomes in Escambia and Walton Counties and meetings with area representatives indicates the uninsured, working poor, persons living in poverty, low-income elderly, and the homeless have unmet needs .

Florida Hospice indicates it will serve these populations by:

- Enhancing Health Care Provider Hospice Education
- Community Outreach

- The Journey Program (with greater detail in Appendix C of this application) and its
- Hospice Foundation

OMNI Home Health-District 1, LLC (CON application #10671)

states that the services and/or populations currently realizing unmet need in hospice care include:

- Palliative care
- Patients without primary care givers
- Homeless
- Veterans
- Aged 65+
- Minority populations
African American residents
Latino/Hispanic community)

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672)

states being committed to serving the needs of the following underserved groups in addition to all other hospice eligible terminally ill residents in SA 1:

- The growing elderly population 65 and older
- Minority populations-specifically African American
- Low Income Persons, the Homeless and nearly homeless
- Underserved Counties (hospice discharges and CMS data)
- Veteran population
- Terminally ill with several specific diseases (Cancer, Heart disease, etc.)

PruittHealth Hospice – West Florida, LLC (CON application #10673)

states being committed to serving the needs of the following underserved groups in addition to all other hospice eligible terminally ill residents in SA 1:

- Indigent population
- Veteran population
- Terminally ill with several specific diseases

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674)

states a commitment to serving the following populations with unmet needs (persons with/persons who are):

- Minority (particularly the African American Community)
- LGBT Community
- Jewish Community
- Veterans
- Homeless

Transitions Intermediate Holdings, LLC (CON application #10675) states a commitment to serving the following populations with unmet needs (persons with/persons who are):

- Cancer
- End Stage Renal Disease
- End Stage Dementia and Alzheimer’s Disease
- End Stage Pulmonary Disease
- End Stage Vascular Disease
- Veterans

The reviewer notes that in item E.3.a. of this report, the applicant does not include the above as being populations unmet hospice needs.

- (2) **Preference shall be given to an applicant who proposes to provide the inpatient care component of the hospice program through contractual arrangements with existing health care facilities, unless the applicant demonstrates a more cost-efficient alternative.**

Amedisys Hospice, LLC (CON application #10668) states plans to contract with local hospitals, inpatient units, or SNFs throughout SA 1, to provide inpatient care as necessary for patients with terminal diagnoses. Amedisys Hospice references its Attachment 21-General Inpatient Services Addendum with Hospitals and Nursing Homes.

Compassus of Florida, LLC (CON application #10669) states that it is new to Florida and still in the process of identifying facilities. The applicant contends that the “Unique Advantages of Compassus: Continuity of Care Ascension” relationship with Ascension/Ascension Sacred Heart Pensacola Hospital and Ascension Sacred Heart Emerald Coast Hospital will serve patients throughout SA 1 and that this partnership makes it “uniquely well-suited” for this area.

Florida Hospice LLC (CON application #10670) states that it will provide inpatient hospice care through contractual arrangements with existing health care facilities and will ensure ready and convenient inpatient access to care when necessary.

OMNI Home Health-District 1, LLC (CON application #10671) states that it will provide inpatient hospice care through contractual arrangements with existing health care facilities.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) states it will contract with hospitals and skilled nursing facilities. The applicant states that its sister facility, Community Hospice contracts with four hospitals and eight skilled nursing facilities. Peoples supplies letters from nine nursing homes agreeing “to contract” with them upon approval, including: University Hills Health and Rehabilitation Center, The Manor at Blue Water Bay, Fort Walton Rehabilitation Center.

PruittHealth Hospice – West Florida, LLC (CON application #10673) maintains that the applicant will contract with affiliated skilled nursing facilities in SA 1, PruittHealth- Santa Rosa, a 120-bed skilled nursing facility, and Pruitt Health- Escambia, a skilled nursing facility in the design phase of development, to provide scatter beds for inpatient care.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) states that it will provide inpatient hospice care through contractual arrangements with existing health care facilities and will ensure ready and convenient inpatient access to care when necessary. The applicant includes an excerpt from a letter of support from Santa Rosa Medical Center hospital from Donna Walls, Director of Case Management stating it “would consider a contract with them”.

Transitions Intermediate Holdings, LLC (CON application #10667) does not respond to this rule preference. The applicant addresses this on page 62 of its application stating it will serve its patients in residential facilities including: hospitals and skilled nursing homes, assisted living facilities, and the home. The applicant states it has no intention of constructing a residential facility but will contract with them as appropriate. The applicant responds on page 6 of this application that if the CON is granted it plans to partner with the following organizations: Florida Hospice and Palliative Care Association, Florida Hospital Association. Florida Association of Health Plans.

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

Amedisys Hospice, LLC (CON application #10668) maintains it is committed to serving all SA 1 patients including those who do not have primary caregivers at home, the homeless and patients with HIV or AIDS.

Compassus of Florida, LLC (CON application #10669) states its commitment to serve patients who do not have primary caregivers at home, the homeless and patients with AIDS.

Florida Hospice LLC (CON application #10670) states its commitment to serve patients who do not have primary caregivers at home, the homeless and patients with AIDS.

OMNI Home Health-District 1, LLC (CON application #10671) states its commitment to serve patients who do not have primary caregivers at home, the homeless and patients with AIDS.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) states its commitment to serve patients who do not have primary caregivers at home, the homeless and patients with AIDS.

PruittHealth Hospice – West Florida, LLC (CON application #10673) responds to this rule preference and states being committed to serving all residents, including the homeless, patients who do not have primary caregivers at home and patients with AIDS.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) states its commitment to serve patients who do not have primary caregivers at home, the homeless and patients with AIDS.

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference. The reviewer notes that after CON application #10675 responds to Rule 59C-1.0355(4)(e)1., Florida Administrative Code (pages 64-69 of the application), the applicant next includes letters of support and then responds to ss 408.035(1), (2) and (5), Florida Statutes (beginning on page 70 of the application).

- (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 1 includes Escambia, Okaloosa, Santa Rosa, and Walton Counties. Of the four existing providers there are two main and two satellite offices located in Pensacola, Escambia County.

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There are four satellite offices in Okaloosa County in the cities of Crestview, Fort Walton Beach, Niceville, and Shalimar, four satellite offices in Santa Rosa (Milton (2), Pace, and Shalimar), and two in Walton County (Defuniak Springs and Miramar Beach).

There are no freestanding inpatient hospice facilities in SA 1.

Amedisys Hospice, LLC (CON application #10668) it conditions with approval of this application on the provision it will open a main office in the Pensacola area of Escambia County and two satellite/branch offices:

- One in the Crestview area of Okaloosa County within 12 months of licensure and operations.
- One in the Destin area of Okaloosa County within 18 months of licensure and operations.

Compassus of Florida, LLC (CON application #10669) indicates it will establish an office in Escambia County, and in Okaloosa and Walton Counties by the end of year two.

Florida Hospice LLC (CON application #10670) indicates it will establish an office in Escambia County that it contends is most underserved by the existing hospice provider.

OMNI Home Health-District 1, LLC (CON application #10671) indicates it will establish an office in Escambia County at the principal care delivery site at 8880 University Pkwy, Pensacola, 32514.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) indicates it will establish an office in Pensacola-Escambia County and Niceville-Okaloosa County within the first two years of operation with offices planned to open in Milton-Santa Rosa County and Defuniak Springs-Walton County by year three. Peoples is the only applicant to condition approval to establishing offices in all four SA counties.

PruittHealth Hospice – West Florida, LLC (CON application #10673) contends all four counties are underserved and will establish a presence in each one and it will establish an office in Escambia County with a satellite office in Walton County during the first year.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) states it has determined that, of the four counties in SA 1, Escambia County is the most underserved in terms of hospice care. Upon final award of the certificate of need to St. Joseph Hospice Florida Panhandle, an initial office will be opened in Escambia County. A second office will then be opened in the Crestview community area, in Okaloosa County, in the second year of operations after initial licensure of the first office.

Transitions Intermediate Holdings, LLC (CON application#10675) does not respond to this rule preference.

- (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 #10668) states its full non-discrimination policy (particularly emphasizing non-discrimination due to ability to pay) and the “Power of Yes” (Open Access philosophy). The applicant does not list non-core services.

Compassus of Florida, LLC (CON application #10669) indicates services may include:

- Aromatherapy
- Healing Touch (or energy therapies such as massage or Reiki)
- Music therapy
- Virtual reality
- We Honor Veterans Level IV
- Community-based palliative care (non-hospice care to patients with life-limiting illness with Compassus’ affiliate Beyond Home Health as the licensed provider)

Volunteers will provide pet therapy.

Florida Hospice LLC (CON application #10670) indicates it will provide: The Journey Program, Journey Counselors, My Care Central, Bereavement Services, Bereavement Risk Assessment, Grief Workshops, Virtual Teens- Teen Grief Support Groups, An Evening With Elves, Healing Heart Children’s Camp, Passages- A Bereavement Newsletter, Music And Meditation Therapy, Massage And Aromatherapy, We Honor Veterans Program, Pet Therapy, Drumming Circle, Nibble And Stitch, Legacy Projects, And Residential Hospice Foundation. Descriptions of these are in the application’s appendices C, D, E, and F.

OMNI Home Health-District 1, LLC (CON application #10671) bullets 11 Medicare hospice benefits, narratively describes services possibly needed but not paid for by the Medicare hospice benefit and states that Mederi Hospice will provide patients without means of payment the services they require. OMNI reiterates its condition to provide \$25,000 for local requests for patient support.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) states that it will provide the following services not covered by Medicare or other insurance carriers:

- Music therapy
- Pet Therapy
- Falls – offers fall monitoring technology to patients who are at risk
- Caring Hearts- a cardiac program for all late stage diagnosed cardiac patients that includes disease specific care, telehealth monitoring and daily calls which is led by a board-certified cardiologist
- Camp HUG (Helping Understand Grief)- a camp for children and adolescents offered each summer will be held in one of the SA 1 counties
- Homemaker/Companion Services- offers up to six hours a week of services to patients that live alone

PruittHealth Hospice – West Florida, LLC (CON application #10673) states that it will provide the following services/programs that are not covered by private insurance, Medicaid, or Medicare:

- Veterans Recognition Program
- Tuck-In Program and 11th Hour Vigil Program
- Second Wind Dreams Program
- Caring Hands Program
- Camp Cocoon for Grieving Children
- Concierge Program

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) indicates services may include:

- Music therapy
- Art therapy
- Pet Therapy
- Massage
- Reiki
- Assisted to write memoirs, production of videos for the patient's family, scrapbooking and photo albums

- Wish fulfillment-applicant citing an example of having taken a patient to see Drew Brees and the New Orleans Saints practice.
- To family's children's sports events
- Fishing

St. Joseph provides its training and policies on the application's pages 41 and 42 and refers to its appendix titled *Volunteers*.

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference. The applicant previously addressed this in response to Fixed Need (page 50 of the application):

- 24/7/365 availability
- Comprehensive IDG care team
 - Extensive ancillary services including but not limited to End-of-Life Doula support, music and massage therapy, animal visits, and more
 - Vigil sitting commitments
 - Palliative-to-hospice connection
 - Extensive software integration
 - Remote patient monitoring

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 #10668) addresses its staff and volunteer's roles and duties in the application's pages 142 -182 and states that it will bring in a paid Volunteer Coordinator. FTEs do not include contracted therapy staff (Occupational, Speech, Physical, etc.). Amedisys projects 19.5 year one and 52.7 year two staffing FTEs.

Compassus of Florida, LLC (CON application #10669)

projects 13.58 FTEs for year one and 18.42 FTEs for year two. The applicant states that it will bring in a paid Volunteer Coordinator and that volunteers will assist with:

- Hospice Patient and Family Support
- Bereavement Support
- Community Counseling Program
- Special Events Support
- Veterans Program

Compassus provides a six-bullet narrative for all volunteers and a nine-bullet orientation information narrative for patient care volunteers and references its 'Exhibit P: Volunteer Recruitment and Info'.

Florida Hospice, LLC (CON application #10670) projects 20.15 FTEs in year one ending June 2023 and 29.80 FTEs in year two ending June 2024. Staff and volunteer roles and duties are detailed on page 54 of the application. Florida Hospice states that it will bring in a paid Volunteer Coordinator.

OMNI Home Health-District 1, LLC (CON application #10671) projects 18.18 FTEs in year one (ending June 30, 2023) and 23.36 FTEs in year two (ending 2025). The reviewer notes that the year one ending date (6/30/2023) on Schedule 6 is consistent with the applicant's Schedule 10 initiation date, but the year two ending date (2025) is not as the year one and year two ending dates do not account for a contiguous 24-month period.

OMNI states that its hospice volunteers serve as a member of the interdisciplinary team working with terminally ill patients and their families. OMNI comments that some of the key roles provided by volunteers are:

- Patient Care
- Bereavement Support
- Administrative

OMNI maintains that in 2020, LHCG volunteers provided 100,121 hours of support, including 2,613 in Florida.

Schedule 6A shows staffing for a Volunteer Coordinator.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) addresses its staff and volunteer's roles and duties in application's page 2-20. The applicant projects it will have a total of 19.2 FTEs in year one ending December 31, 2023 and 32.0 FTEs in year two ending December 31, 2024. Peoples will also bring in a paid Volunteer Coordinator and volunteer services fall into the following categories:

- patient volunteers
- bereavement volunteers
- errands and transportation volunteers
- office volunteers

Volunteer duties includes visiting with the patient, playing music, assisting with shopping or home maintenance, preparing and delivering meals, recording memories through scrapbooking and videos.

PruittHealth Hospice – West Florida, LLC (CON application #10673) projects 14.64 FTEs in year one ending June 2023 and 33.79 FTEs in year two ending June 2024. Notes to the applicant's Schedule 6A indicate that the local operations will be supported by PruittHealth corporate staff via a management fee and a clinical fee.

The reviewer notes that the year one and year two ending dates (June 2023, and June 2024, respectively) are inconsistent with the applicant's Schedule 10, which indicates that year one licensure and initiation of service would commence on January 1, 2023.

The applicant addresses its staff and volunteer's roles and duties in application's pages 103, 111 and 112 and states it intends to employ a Volunteer Coordinator.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) projects 21.25 FTEs for year one and 34.85 FTEs for year two. The applicant provides a job description of its Volunteer Coordinator under the appendix *Volunteers* but does not list an FTE for it on Schedule 6.

Transitions Intermediate Holdings, LLC (CON application #10675) projects 27.7 year one (ending 2022) and 44.1 FTEs in year two (ending 2023). The reviewer notes that:

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- The applicant's year one ending date (2022) and year two ending date (2023) are both inconsistent with CON application #10675 Schedule 10, which indicates that both initiation of license and initiation of service are to occur in October 2022
- Notes to Schedule 6 (bullet 5 of 8) indicates plans to initially hire three Regional Hospice Coordinators (community liaisons). However, Schedule 6 lists no Regional Hospice Coordinator FTEs and no community liaison FTEs.

(b) Expected sources of patient referrals.

All applicants except as noted below, state they expect referrals from the following that include, but are not limited to: area physicians, hospitals, home health agencies, skilled nursing facilities, assisted living facilities, independent living facilities continuing care retirement communities, personal care and companion services, managed care organizations, social workers, social services agencies, community health programs, communities of faith (churches mosques, synagogues, temples, etc.), family and friends and patient self-referrals.

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference.

(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.

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Year One and Year Two – Admissions by Payer

Year One	Medicare	Medicaid	Commercial Ins.	Self-Pay/Charity Indigent	Total
Amedisys	158	5	4	5	172
Compassus	146	5	4	3	158
Florida Hospice	162	7	19	3	191
OMNI	214	12	12	2	240
Peoples	135	4	8	5	152
PruittHealth	96	3	3	3	105
St. Joseph	128	0	38	6	200
Transitions	Not Provided				
Year Two	Medicare	Medicaid	Commercial Ins.	Self-Pay/Charity Indigent	Total
Amedisys	423	14	12	10	460
Compassus	226	8	6	5	245
Florida Hospice	299	12	35	5	351
OMNI Home	251	14	14	3	282
Peoples	274	8	15	11	308
PruittHealth	296	10	8	10	324
St. Joseph	234	0	70	11	366
Transitions	Not Provided				

Source: CON applications #10668 – 10675.

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference. The applicant’s Schedule 5 shows 57 year one and 54 year two admissions.

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

Amedisys Hospice, LLC (CON application #10668) provides the following projected number of admissions by terminal illness for the first two years of operations.

**Amedisys Hospice, LLC
CON application #10668
Year One and Year Two – Admissions by Terminal Illness**

Admissions by Diagnosis	Year One		Year Two	
	Admissions	Percent	Admissions	Percent
Cancer	44	25.6%	117	25.4%
Other	128	74.4%	343	74.6%
Total	172	100.0%	460	100.0%

CON application #10668, page 137

Compassus of Florida, LLC (CON application #10669):

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

Disease	Year One Admissions	Year Two Admissions	% Annual Total
Cancer	38	59	24.9%
Non-Cancer	120	186	75.1%
Total	158	245	100%

Source: CON application #10669, Table 9, page 39

Florida Hospice, LLC (CON application #10688):

	Year One Admissions			Year Two Admissions		
	Under 65	65+	Total	Under 65	65+	Total
Cancer	14	36	50	26	67	93
Other	15	126	141	28	230	258
Total	29	162	191	54	297	351
% Annual Total	15.2%	84.8%	100.0%	15.4%	84.6%	100.0%

Source: CON application #10688, page 55

OMNI Home Health-District 1, LLC (CON application #10671):

**OMNI Home Health-District 1, LLC
Admissions by Terminal Illness
by Age Cohort and Under Age 65 and Age 65+
Years One & Two**

Disease	Year One Admissions	Year Two Admissions
Cancer Under 65	16	18
Cancer 65+	35	41
Non-Cancer Under 65	53	63
Non-Cancer 65+	136	160
Total	240	282
Under 65	69	81
65+	171	201
All Ages Cohort Total	240	282

Source: CON application #10671, page 92

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672):

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

Disease	Year One Admissions	Year Two Admissions
Cancer	39	79
Non-Cancer	113	229
Total	152	308

Source: CON application #10672, page 2-21, Table 2-3

PruittHealth Hospice – West Florida, LLC (CON application #10673):

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

Disease	Year One Admissions	Year Two Admissions
Cancer	34	105
Non-Cancer	69	213
Total	105*	324*

Source: CON application #10673, page 113, Figure 83

*Admissions total 103 and 318 not 105 and 324 as shown by the applicant.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674):

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

Disease	Year One Admissions	Year Two Admissions
Cancer	60	110
Non-Cancer	140	256
Total	200	366

Source: CON application #10674, page 49, Figure 14

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference.

- (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 #10668) provides the following projected number of admissions by age cohort (under 65 or over 65) for the first two years of operations.

**Amedisys Hospice, LLC
CON application #10668
Year One and Year Two – Admissions by Age Cohort**

Admissions by Age Cohort	Year Two	
	Admissions	Admissions
Under 65	22	60
Over 65	150	400
Total	172	460

CON application #10668, page 150

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Compassus of Florida, LLC (CON application #10669):

Age Group	Year One Admissions	Year Two Admissions
Under 65	22	36
65 and Older	136	209
Total	158	245

Source: CON application #10689, Table11, page 40

Florida Hospice, LLC (CON application #10670):

Age Group	Year One Admissions	Year Two Admissions
Under 65	29	54
65 and Older	162	297
Total	191	351

Source: CON application #10688, page 56

OMNI Home Health-District 1, LLC (CON application #10671):

Age Group	Year One Admissions	Year Two Admissions
Under 65	69	81
65+	171	201
Total	240	282

Source: CON application #10671, page 92

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672):

Age Group	Year One Admissions	Year Two Admissions
Under 65	23	48
65 and Older	129	260
Total	152	308

Source: CON application #10672, page 2-22, Table 2-4

PruittHealth Hospice – West Florida, LLC (CON application #10673):

Age Group	Year One Admissions	Year Two Admissions
Under 65	32	97
65 and Older	73	227
Total	105	324

Source: CON application #10673, Figure 84, page 114

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674):

Admissions by Age Group	Year One Admissions	Year Two Admissions
Under 65	58	106
65 and Older	142	260
Total	200	366

Source: CON application #10674, Table 14, page 49

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference.

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

Amedisys Hospice, LLC (CON application #10668) offers 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

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

Amedisys references the application's:

- Attachment 21-General Inpatient Services Addendum with Hospitals and Nursing Homes
- Attachment 23-Respite Care Addendum
- Attachment 24-Therapy Services Agreement

Compassus of Florida, LLC (CON application #10669)

indicates it ensures that substantially all core services are provided by hospice employees. Compassus states these include:

- Physician
- Nursing
- Medical social services (social work)
- Spiritual care/pastoral counseling
- Dietary counseling
- Bereavement counseling

Compassus may make complementary/alternative therapies available to patients through contracted arrangements and these may include:

- Aromatherapy
- Healing Touch (energy therapies such as massage or Reiki)
- Music therapy
- Other modalities (determined by the members of the IDT to be beneficial for supporting the patient's comfort)

Further, Compassus non-core services include PT/OT/SLP either directly or under specific agreement. Additional services provided under arrangement may include:

- therapy services
- homemaker services
- day care
- funeral service

Compassus states it does not provide financial assistance with day care or funeral services but will support identification of planning and resource needs and connect patients/caregivers with those resources. Further, it has written agreements for non-core services including clinical laboratory, services and radiological services which can be made available based on assessed patient need 24 – hours / days/, 7 – days / week as ordered by the hospice physician.

Florida Hospice, LLC (CON application #10688) states the hospice services will be provided by members of the hospice care team: Individualized case management, Routine Care, Continuous care, Physician medical services, Nursing services, Hospice aide, Counseling and social services, Bereavement- grief and spiritual counseling services, Patient, family, and caregiver education, Volunteer services, Community outreach and education. Hospice staff training and continuing education, Quality assurance and utilization review.

Florida Hospice contends it will provide the following services through contractual arrangements and volunteers, except for General Inpatient Care, Respite Care, Physical, Occupational, and Speech Therapy, Nutritional and Dietary Services, Durable Medical Equipment Through (StateServ DME Solutions) Medical Supplies (McKesson Medical-Surgical), Pharmaceuticals (One Point Patient Care), Patient transportation services, and other services deemed necessary to maintain quality hospice care and services.

OMNI Home Health-District 1, LLC (CON application #10671) will directly provide all core services - Routine Care, Inpatient Care, and Continuous Care and bullets 14 services to be provided directly by Mederi Hospice staff on pages 92 and 93. The applicant also bullets 24 administrative functions it states may be procured in whole or in part from LHC Group on pages 93 and 94. OMNI states that it will contract for:

- medical director
- inpatient general care
- inpatient respite care

Further, OMNI will always maintain administrative, clinical and legal responsibility and oversight for the care provided by contracted individuals. A list of administrative services/functions that it may procure in whole or in part is included in this response.

The applicant maintains that at all times, Mederi Hospice will directly provide those services and functions mandated by State and Federal regulations.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) indicates its staff will provide routine, respite, inpatient and continuous care. Staff will provide symptom management, inpatient pain control, physician directed medication, medical equipment, therapy services, including regular nursing visits, 24-hour on-call service, chaplains, social workers, music therapy, respite services, bereavement, personal care, light housekeeping and errands, palliative care and other services. Volunteer services are cited in detail and Peoples will have a Volunteer Coordinator (see Schedule 6 and Tab 5 of the application.) Exhibit 3 includes Peoples Volunteer Services Policy and Procedure. The applicant states that it will contract for:

- Medical director
- Physical, Speech and Occupational Therapists
- Dietary Consultant
- Other services such as transportation or medical equipment.

PruittHealth Hospice – West Florida, LLC (CON application #10673) states it will directly provide all core services, including physician, nursing bereavement services as well as pastoral and dietary counseling. The applicant states that complementary services such as massage, pet, and aroma therapies (etc.) will be provided by volunteers. Notably, PruittHealth contends, its Caring Hands Program also trains caregivers in several holistic techniques.

The applicant will contract for certain services as needed by the patient. DME, medical supplies, medication pharmacy services, rehabilitation.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) does not directly respond to this rule preference. However, on pages 41 and 42 of the application, St. Joseph bullets the core services its hospice team will provide and a discussion of volunteers and training. St. Joseph indicates it will provide the following services through contractual agreements:

- General Inpatient Care
- Respite Care
- Therapy Services.

The applicant provides its training policy on pages 41 and 42 of the application and in its Appendix labeled *Volunteers*.

Transitions Intermediate Holdings, LLC (CON application #10675) does not directly respond to this rule preference. However, the applicant states it will hire a Volunteer Coordinator (page 66 of this application); will use volunteers (see page 17) for Vigil Sitting Program, Companionship, Family Support, Internships, Assisted Animal Volunteers, Veteran Support, Grief and Bereavement Support, Contracts for DME (page 23), Medical Director (page 61) and Nutritional Services (page 62).

(g) Proposed arrangements for providing inpatient care.

Amedisys Hospice, LLC (CON application #10668) 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 1. The applicant references its Attachment 21-General Inpatient Services Addendum with Hospitals and Nursing Homes.

Compassus of Florida, LLC (CON application #10669) states it is still in the process of identifying high-quality facilities to provide inpatient care and has no plans to construct a freestanding inpatient facility. Compassus Policy C27-Inpatient Care Provided Under Arrangement and includes a state-specific addendum for Florida is concluded in CON application #10669, Exhibit T. The applicant references its relationship with Ascension as a source for inpatient care. See item E.2.a.(2) of this report.

Florida Hospice, LLC (CON application #10670) states it will contract with hospitals and skilled nursing facilities, or hospice inpatient care for hospice patients as needed within the service area with the expectation that it will be able to successfully establish formal written contractual arrangements upon approval of this application.

OMNI Home Health-District 1, LLC (CON application #10671) reiterates arrangements for providing inpatient care through contacts with existing SA 1 providers.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) states it will contract with hospitals and skilled nursing facilities. The applicant states that its sister facility, Community Hospice contracts with four hospitals and eight skilled nursing facilities. Peoples has letters from nine nursing homes agreeing to contract with them upon approval. Those willing to contract for inpatient units at their facilities include University Hills Health and Rehabilitation Center, The Manor at Blue Water Bay, Fort Walton Rehabilitation Center.

PruittHealth Hospice – West Florida, LLC (CON application #10673) reiterates that it will contract for scatter beds with its affiliates, PruittHealth-Santa Rosa, a 120-bed skilled nursing facility, and Pruitt Health-Escambia, to be used for inpatient care.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) states that it will not construct a freestanding inpatient hospice but will provide general inpatient level of care through contractual agreements.

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference. The applicant addresses this on page 62 of its application stating it will serve its patients in residential facilities including: hospitals and skilled nursing homes, assisted living facilities, and the home. The applicant states it has no intention of constructing a residential facility but will contract with them as appropriate. The applicant responds on page 6 of this application that if the CON is granted it plans to partner with the following organizations: Florida Hospice and Palliative Care Association, Florida Hospital Association. Florida Association of Health Plans.

- (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 #10668) restates that it will enter into contractual agreements with hospitals, SNFs or hospice inpatient units to provide inpatient care to the residents of SA 1.

Compassus of Florida, LLC (CON application #10669) states it will contract with existing health care facilities to provide inpatient beds as needed.

Florida Hospice LLC (CON application #10670) states it will contract with existing hospitals and skilled nursing facilities, or hospice inpatient units as needed for residents of its service area.

OMNI Home Health-District 1, LLC (CON application #10671) states it will contract with existing health care facilities to provide inpatient beds as needed.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) states it will contract with existing health care facilities to provide inpatient beds as needed.

PruittHealth Hospice – West Florida, LLC (CON application #10673) states it will contract with existing skilled nursing facilities, PruittHealth - Santa Rosa, a 120-bed skilled nursing facility, and Pruitt Health - Escambia, a skilled nursing facility in the design phase of development, to provide scatter beds for inpatient care and will not be constructing hospice beds.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) restates that it will enter into contractual agreements to provide inpatient care.

Transitions Intermediate Holdings, LLC (CON application #10675) does not directly respond to this rule preference.

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

All applicants except as noted below, detail their understanding of the criteria that needs to be met to admit a patient for inpatient care.

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference.

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

Amedisys Hospice, LLC (CON application #10668)

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

Compassus of Florida, LLC (CON application #10669)

states it will care for SA 1 patients without primary caregivers at home and the homeless.

Florida Hospice LLC (CON application #10670)

states it will not provide primary family/caregiver or 24-hour coverage for its patients but will develop a plan with the hospice social worker to provide care in the event the patient's condition dictates the need for additional care. This care may be arranged through friends, volunteers and/or private pay attendant services.

OMNI Home Health-District 1, LLC (CON application #10671)

reiterates that patients remain in the most supportive environment possible and that as an existing hospice provider, it understands very well the challenges faced by patients without a primary caregiver at home. Further, every patient admitted to hospice care has a detailed plan of care that accounts for the status of their primary caregiver. According to OMNI, as needed and subject to patient choice, it may assist the patient in being placed within an assisted living, nursing home, or hospice house, as their plan of care dictates, when no patient caregiver is available. Such placements would occur when the patient is no longer independent in their activities of daily living (ADL) and an effective caregiver at home is unavailable.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672)

will coordinate with the patient and his/her family to select an assisted living or nursing home with the eligibility being determined by the patient's primary care physician or medical specialist handling the case.

PruittHealth Hospice – West Florida, LLC (CON application #10673) provides a brief narrative (page 116 of the application) detailing the applicant’s provisions for serving persons without a primary caregiver at home including.

- Developing a plan of care
- Assisting the patient in being placed within an assisted living, nursing home or hospice provider
- Assisting those without financial resources

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) will identify and monitor these “at risk” patients and a social worker will locate a family member, friend, neighbor, or church to assume the role of primary caregiver. If necessary, the social worker will explore placement in an ALF, SNF, or group home if appropriate and the patient agrees. The social worker will help arrange non-medical support such as sitters.

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference.

(k) Arrangements for the provision of bereavement services.

Amedisys Hospice, LLC (CON application #10668) states that bereavement services start when someone is first admitted to its hospice program and will continue for 13 months after the patient has died. Amedisys also states recognition that grief is experienced differently by every person and that it is its 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. Amedisys contends that bereavement support services are provided to help people navigate their unique grief journey and may include, but are not limited to:

- Resources and information on death, grief, coping skills and more
- Bereavement support mailings
- Supportive phone calls and/or in-person grief counseling
- Access and referral to services such as bereavement support groups, individual counseling and community resources

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- Announcements about special events such as workgroups, annual memorial services and other programming in your area

The applicant states it serves as a bereavement resource to anyone in the local community who has also experienced the death of a loved one. Bereavement volunteers are briefly described on page 32 and in greater detail on page 153 of the application:

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

Compassus of Florida, LLC (CON application #10669)

states that bereavement services are individualized and are made available before and at least up to a year after the death of a patient. Bereavement counseling is extended to residents of a SNF/NF or ICF/IID when appropriate and identified in the bereavement plan of care and that additional, bereavement services are available to colleagues and volunteers. Such services may include in-person visits, telephone calls, mailings, educational materials, grief workshops, memorial services and other events or processes which include ongoing and multifaceted support for the diverse range of grief and loss encountered.

Grief assessment data may include (but is not limited to)

- Risk factors for complicated grief response
- Coping skills/mechanisms
- Presence of stressors and impact on patient, family
- Need for additional counseling services outside the scope of the bereavement program

Compassus references CON application #10669 exhibits Q: Bereavement Services and R: Policy C19: Bereavement Resources.

Florida Hospice LLC (CON application #10670) states that it will have an interdisciplinary group team to determine need and monitor the client throughout the end-

of life process. Services are offered up to 13 months after a patient's death but can be extended as needed. Further details are provided on the application's pages 58 and 59 and Appendix E.

OMNI Home Health-District 1, LLC (CON application #10671) provides a brief narrative commenting that it will provide a full complement of bereavement services to hospice patients, their families and caregivers, both before and after the patient's death, in accordance with the interdisciplinary group's plan of care.

OMNI further comments that a purpose of this service is to prepare the individual to function independently of hospice and to identify a support system. Bereavement counseling will be extended to residents and staff of assisted living, skilled nursing and inpatient nursing facilities, when appropriate. Bereavement is also to be provided in coordination with a spiritual advisor, if any, as well as any other community resources judged to be useful and beneficial to the family/caregiver.

OMNI indicates that due to the pandemic, LHCG has implemented state-of-the-art virtual bereavement services. Further, bereavement services include at least 13 months of follow-up by specifically trained staff and volunteers by:

- Mailings/phone calls
- Educational offerings
- Individual and group counseling
- Referral to community resources
- Crisis intervention counseling
- Grief support groups
- Memorial service(s)

The applicant reiterates its bereavement condition.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) states caregivers are eligible to receive bereavement services a minimum of one year following the death of the patient and that the purpose of the services is to facilitate a normal grieving process and to identify those who may need additional support for their grief, beyond those services provided by the hospice.

Peoples asserts that the hospice first makes contact with the family member/caregiver by mail, outlining the bereavement services the hospice provides.

For children, the hospice will offer a summer camp for children affected by the death of a loved one. Camp HUG (Helping to Understand Grief) will be held each summer within one of the service area counties.

Peoples Hospice maintains that “Hope Through Healing” grief support is offered, through information, support groups, and individual counseling by the hospice and that volunteers may be used to provide bereavement support.

PruittHealth Hospice – West Florida, LLC (CON application #10673) provides a brief narrative detailing its understanding of the criteria that needs to be met in order to make or have arrangements for the provision of bereavement services. PruittHealth states bereavement counseling will be provided by the chaplain or medical social worker with an emphasis on patient and family support with maximum utilization of community resources. PruittHealth provides core bereavement services and its Camp Cocoon for children is discussed and previously conditioned in CON application #10673, Schedule C.

The applicant states it provides services a minimum period of 13 months after the death of a patient.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) states that bereavement services will be provided for adults, adolescents, and children.

- The applicant will work to establish grief support groups at publicly accessible areas such as churches, health care providers, and community meeting locations.
- Camps for children through the Carpenter Foundation
- Will provide a specially trained Bereavement Specialist. And is described under *Appendix Job Description Bereavement Specialist-clinical*
- Memory Events such as Christmas and Spring memorials.

Transitions Intermediate Holdings, LLC (CON application #10675) does not directly respond to this rule preference. The reviewer notes it responds on pages 21, 22 and 62 briefly.

(1) Proposed community education activities concerning hospice programs.

Amedisys Hospice, LLC (CON application #10668) 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.

Amedisys discusses specific community education activities including community:

- Expectations
- Communication and activities
- Events

Compassus of Florida, LLC (CON application #10669) states that it will use staff, volunteers or contracted experts to speak at community workplaces, schools, faith congregations, clubs, or other community organizations. The applicant states having contacted Ascension Sacred Heart's Senior Spirit program which offers free care to those 55 and older.

Compassus states having conducted professional briefings (in other areas) on topics including:

- Choices in end-of-life care
- Communicating bad news
- Cultural diversity in healthcare
- Strategies to combat elder abuse
- The last hours of living
- Loss, grief and bereavement
- Managing of pain and dyspnea in hospice
- Prognostication: indicators and tools
- Timely and effective hospice discussions
- Hospice discharge planning for hospice general inpatient or respite care

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- Cardiac & pulmonary disease – reducing hospice readmissions
- Combating compassion fatigue
- Nursing care for the tracheostomy patient

CON application #10669, Exhibit U: Community Education Materials/Professional Education Activities is referenced.

Florida Hospice LLC (CON application #10670) proposes to utilize its experience in supporting community education and hospice outreach activities concerning hospice programs to develop similar community education and hospice outreach activities in the SA 1 hospice program. The applicant states it will leverage its experience in presenting and facilitating discussions regarding The Journey Program, the benefits of hospice, pain management concerns, end-of-life issues, grief and bereavement, additional services provided by hospice (music therapy, massage therapy, etc.). Further, hospice staff will reach out and offer community education and outreach to churches, mosques, synagogues, temples, and other places of worship, senior community centers, assisted living facilities, skilled nursing facilities, continuing care retirement communities, active senior living communities, physicians and physician groups, hospitals, home health agencies, healthcare training programs, business groups and Chamber of Commerce, and civic groups.

OMNI Home Health-District 1, LLC (CON application #10671) states that community outreach will include

- educational materials,
- online tutorials to hospice care for patients/family members and physicians and
- provide clear admission guidelines online to communicate eligibility and
- provide education on when hospice is appropriate for patients and family members.

Among other materials and documents, OMNI specifically refers to its:

- Hospice Guide to Effective Communication
- Hospice Diagnosis Booklet

OMNI refers to CON application #10671's Appendix II (Information Brochures and Documents) for review of these and other outreach and related documents.

OMNI contends that reaching patients earlier in the process and providing education allows patients to take full advantage of hospice benefits, including:

- Pain management and symptom control
- Caregiver support
- Medications, equipment and supplies related to the hospice diagnosis
- Help with understanding physiological changes and what to expect
- Emotional counseling for stresses of a serious illness
- Spiritual and grief support
- Volunteer support
- 24 hours/7 days a week on-call RN

OMNI provides an excerpted portion from the Average Length of Stay and # of Visits, in LHGC's "End-Of-Life Impact" publication, which shows increasing numbers of total visits at 10 days, three months and six months, for its 2017-2020 patient discharges. OMNI concludes that LCHG has a strong record of community education and activities which it will quickly implement a similar education and community engagement strategy in SA 1.

The applicant reiterates its outreach condition.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) states plans for a comprehensive outreach program for hospitals, SNFs, ALFs and physician offices about the hospice and palliative care programs, including special programs, such as its proposed *Heart of Peoples* end-stage heart disease program. The applicant states it will offer quarterly education to the staff in hospitals and nursing homes when it has contracted inpatient hospice and respite beds. Education topics include appropriate care for the hospice patient, documentation, and other topics specific to hospice care.

Peoples expects to offer continuing education seminars for nurses and social workers. The medical director and/or clinical director will have oversight of educational events offered for credit. Advertising may include educational activities using pamphlets, flyers, newspapers, posters,

websites, social media, television or radio, as appropriate. All advertisements will contain the information required by the respective professional boards, according to the applicant, including, but not limited to:

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

The applicant also plans to provide community education events, such as participating in health fairs and other similar community activities. Peoples indicates that the hospice will work with its referral partners (e.g., hospitals, physician groups, nursing homes, ALFs) to promote the community educational event. The applicant references and the review confirms CON application #10672, Tab 10-Additional Information,

PruittHealth Hospice – West Florida, LLC (CON application #10673) responds to this rule preference on pages 116 and 117 of the application. The applicant discusses the community education responsibilities/ functions of the Community Relations Representative.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) conditions that, upon opening of the first Hospice office, it will:

- Provide hospice education through traditional methods
- Community Outreach
- Church Alliance Program
- Englewood Baptist Church for African American and other minority populations with identified spiritual leaders.

- Will begin using a van for community education purposes, not advertising. The van will be staffed by a Saint Joseph Hospice Florida Panhandle clinical employee who will provide both general and specific medically and support related services information to the public. The van will particularly be used in the more rural areas of service area one where access to useful health related information can be problematic. The van will operate on an established schedule of visits to organizations, physician group practices, churches com service organizations and similar entities for the purpose of presentations. Although discussions regarding end-of-life care, both Hospice and palliative, will be offered, the clinician will also be trained to answer questions of a more general nature and in some cases help direct individuals to an appropriate level of care.

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference.

(m) Fundraising activities.

Amedisys Hospice, LLC (CON application #10668) maintains that all services, programs, and activities resulting from the proposed project will be directly funded by the operations of the SA 1 program. Amedisys also maintains that should additional capital be needed to fund the operations of the proposed hospice, Amedisys Inc. (the parent), is in position to be financially supportive.

Compassus of Florida, LLC (CON application #10669) maintains that it will limit its fundraising efforts within SA 1 to memorial gifts on behalf of Compassus patients who have died, and it will not conduct other fundraising within the four counties.

Florida Hospice LLC (CON application #10670) states its Residential Hospice Foundation (RHF) is a nonprofit separate entity established by its parent organization Graham, provides support and financial assistance to patients and families impacted by a family member facing a terminal illness. The Residential Hospice Foundation provides funding for community events that are in line with

its mission, focus on hospice issues, grief and bereavement, end of life issues, pain management, benefits hospice care, charitable non-profit events, and are open to the public.

OMNI Home Health-District 1, LLC (CON application #10671) states that it will build upon the existing fundraising activities of LHCG, mostly notably the Hospice Promise Foundation. OMNI contends that as part of the same operating entity, it will benefit from the LHCG's donations and while it will be open to donations from area residents and corporations, it is committed to supporting the needs of the hospice through corporate funds.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) states plans to operate the Peoples Hospice Foundation, Inc. to support programs not covered by reimbursement, such as the homeless program. The applicant notes that this 501(c)3 non-profit entity is not prohibited from raising funds and the owners plan to donate a portion (\$50,000 donation for start-up).

PruittHealth Hospice – West Florida, LLC (CON #10673) points out that PruittHealth Hospice does not actively raise funds from the community and that therefore, it does not compete with non-profit hospice organizations or other groups in obtaining funds from the community.

PruittHealth contends that as a result, the applicant will not dilute potential contributions available in the community or adversely impact existing hospice program fundraising efforts.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) maintains that it will not actively solicit donations, but will provide a list of charitable giving options, including the Carpenter Health Foundation and the St. Joseph Hospice Foundation and direct donations of gratitude to the St. Joseph Hospice Fund, a 501-(c)(3) non-profit foundation.

Transitions Intermediate Holdings, LLC (CON application #10675) does not respond to this rule preference.

- b. **Rule 59-1.0355(8) Florida Administrative Code: Semi-Annual Utilization Reports. Each hospice program shall report utilization information to the Agency or its designee on or before July 20th of each year and January 20th of the following year.**

All applicants except as noted below directly respond that they will comply with this reporting requirement.

Florida Hospice LLC (CON application #10670), St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) and Transitions Intermediate Holdings, LLC (CON application #10675) do not address this question.

However, all applicants completed Schedule D-1 “Certification By the Applicant” which has as Item H. commitment to provide utilization reports to the Agency.

3. **Statutory Review Criteria**

- a. **Is need for the project evidenced by the availability, quality of care, accessibility and extent of utilization of existing health care facilities and health services in the applicant’s service area? ss. 408.035(1)(2) and (5), Florida Statutes.**

As previously stated, the applicants are applying in response to published need.

Service Area 1 is currently served by:

- Covenant Hospice Inc.
- Emerald Coast Hospice
- Regency Hospice of Northwest Florida Inc
- VITAS Healthcare Corporation of Florida

The following chart illustrates SA 1’s hospice admissions for the five-year period ending June 30, 2021. As shown below, with the exception of the 12-month period ending June 30, 2020 (which experienced a decrease of 49 admissions over the 12 months ending June 30, 2019), SA 1’s total admissions increased every year from the 12 months ending June 30, 2017 (4,143 admissions) to the 12 months ending June 30, 2021 (5,726 admissions).

**Service Area 1 Admissions
Five Years Ending June 30, 2021**

12 Months Ending:	Admissions
June 30, 2021	5,726
June 30, 2020*	5,273*
June 30, 2019	5,322
June 30, 2018	4,889
June 30, 2017	4,143

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued September (2017 and 2018), October 2019 and August 2021

Note: * The 12 months ending June 30, 2020 include 683 admissions reported to the Agency for the months of July – December 2019, that were not published due to cancellation of the July 2020 batch.

Amedisys Hospice, LLC (CON application #10668) contends that through approval of CON application #10668, SA 1 residents will have enhanced access to the full post-acute continuum of care through Amedisys and its partners such as:

- Personal Care
- Home Health
- Palliative Care
- Hospice

Amedisys Hospice again states its commitment to serve the following populations that the applicant identifies as having unmet hospice need in SA 1:

- Persons with end-stage disease(s) of the following:
 - Heart
 - Pulmonary
 - Dementia and Alzheimer’s
- Veterans

Compassus of Florida, LLC (CON application #10669) responded to this criterion. For convenience, the reviewer relocated Compassus’ need argument from this section to item E.1.a. of this report.

Florida Hospice LLC (CON application #10670) reiterates previous responses and that it will utilize the organization’s operational experience for efficiency. The applicant proposes to be geographically accessible and provide the following specialty services: Cancer Specialty Program, Heart Failure Patients, Dementia Patients. The applicant goes into further detail on pages 61 - 64.

OMNI Home Health-District 1, LLC (CON application #10671)

reiterates its first two tables described in item E.1.a. of this report. OMNI reproduces its last table in E.1.a. (projected admissions) in this report showing 240 patient admissions/16,208 patient days (in year one) and a total of 282 admissions/21,633 patient days (in year two).

Peoples Hospice and Palliative Care of Florida, LLC (CON

application #10672) discusses availability, quality of care, access (financial and geographical) and its plans to make several services and programs available to service area residents and their families who participate in hospice care. The applicant points out that these are services not reimbursed by Medicare nor other insurance carriers. Below is the applicant's brief description of these previously stated services:

- ✓ **Music Therapy.** Peoples Hospice identified a board-certified music therapist, willing to work with the hospice upon licensure. The music therapist submits a letter of support for the application. Music therapy is a service that is not reimbursed as a standard hospice service but has many benefits for the patient and their families, including through the bereavement period. The music therapist is included in the applicant's proposed staffing.
- ✓ **Pet Therapy** (Pet Partners submits a letter of support for the application).
- ✓ **Falls.** Peoples Hospice offers fall monitoring technology to patients who are at risk of falls.
- ✓ **Heart of Peoples.** The hospice will offer a cardiac program for all late-stage diagnosed cardiac patients that includes disease specific care, telehealth monitoring, and daily calls. The program is led by a board-certified cardiologist.
- ✓ **Camp HUG (Helping Understand Grief).** A grief camp for children and adolescents is offered each summer for children experiencing grief. The camp is held in one of the 2A counties.
- ✓ **Homemaker /Companion Services.** The hospice expects to offer up to six hours a week of homemaker/companion services to patients who live alone and would benefit from this service.

Peoples also addresses the extend of SA 1 utilization and its conformity with health care access criteria. The applicant's response to quality is addressed in item E.3.b. of this report. Peoples also restates its commitment to serve the homeless population and its projected year one and two patient days and admissions by payer source.

PruittHealth Hospice – West Florida, LLC (CON application #10673)

reiterates discussion of penetration rates among existing hospice programs in SA 1, as well as statewide penetration rates.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) states a commitment to serving the following populations with unmet needs (persons with/persons who are):

- Minority (particularly the African American Community)
- LGBT Community
- Jewish Community
- Veterans
- Homeless

Transitions Intermediate Holdings, LLC (CON application #10675) references its statutory review criteria response as “408.035(1)(a) and (b), F.S.” (page 65 of the application). Transitions contends that due to programmatic accessibility challenges in the area, the following five groups are underserved and have unmet hospice needs:

- Individuals with End-Stage Cardiac Disease
- Individuals with End-Stage Pulmonary Disease
- Individuals with Dementia Disease
- Individuals with Alzheimer’s Disease
- Veterans

The reviewer notes that in addition to the above, in item E.2.a.(1) of this report, Transitions had combined dementia/Alzheimer’s into a single category of unmet hospice need in the area and had also included to categories not stated here:

- Persons with cancer
- Persons with renal disease

Regarding geographic accessibility, CON application #10675 states that SA 1 includes three counties and that the applicant has taken into consideration the needs of each county and its residents and will provide personalized services in each geographic area (page 72 of the application).

The applicant also briefly discusses financial accessibility and extent of utilization. Particularly regarding financial accessibility, the reviewer notes that CON application #10675 states agreeing to the provision of at least five percent annually of total patient days to patients who are reimbursed under traditional Medicaid, Managed Medicaid, or uncompensated care.

- b. Does the applicant have a history of providing quality of care? Has the applicant demonstrated the ability to provide quality care? ss. 408.035(3), Florida Statutes.**

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The Agency maintains a Hospice Quality Reporting Program (HQRP) website at <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>. In this website, the Agency shares hospice quality characteristics through the following Centers for Medicare and Medicaid Services' reporting requirements found in the assessment sources and survey instruments of:

- CAHPS® (Patients and Family Experience Measures-Consumer Assessment of Healthcare Provider and Systems)
- HIS (Quality of Patient Care Measures-Hospice Item Set)

The timeframes for CAHPS® and for HIS are as follows:

- CAHPS® - January 1, 2018 through December 31, 2019
- HIS – January 1, 2019 through December 31, 2019

Below is the Agency’s publicly available HQRP information for the two applicants with licensed Florida hospices.

**CAHPS®
January 1, 2019 – December 31, 2019**

Hospice	Willing to Recommend This Hospice	Communn. With Family	Getting Timely Help	Treating Patients with Respect	Emotional and Spiritual Support	Help for Pain and Symptom	Training Family to Care for Patient	Caregivers Rated the Hospice a 9 or 10	Average Score
Amedisys	77%	74%	71%	80%	87%	65%	60%	75%	74%
Brevard HMA/LHC Group /OMNI	90%	81%	79%	90%	92%	72%	72%	86%	83%
State Average	84%	78%	75%	88%	89%	73%	70%	80%	80%

Source: <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>

The CAHPS® (Patients and Family Experience Measures-Consumer Assessment of Healthcare Provider and Systems) data above shows the following regarding overall scores of each co-batched hospice compared to the statewide average of 80 percent. LHC Group purchased Brevard HMA Hospice LLC in May of 2020) and has the highest overall average score (85 percent) and Amedisys was below the state’s overall 80 percent.

**HIS – (Quality of Patient Care Measures-Hospice Item Set)
January 1, 2019 – December 31, 2019**

Hospice	Patients who got an assessment of all HIS quality measures
Amedisys	91.3%
OMNI - Brevard HMA d/b/a Wuesthoff	98.2%
State Average	94.2%

Source: <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>

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The HIS– (Quality of Patient Care Measures-Hospice Item Set) data above shows how each co-batched applicant scored (compared to the statewide score) for each of eight measures. The Agency notes regarding the measure of patients who get an assessment of all HIS quality measures, the statewide average score was 94.2 percent. Brevard HMA/OMNI/LHC was above the state average at 98.2 percent and Amedisys at 91.3 percent was below the state average.

Amedisys Hospice, LLC (CON application #10668) maintains that the parent, Amedisys, Inc. owns/operates a total of 519 care centers as follows:

- 328 Medicare-certified home health care centers
- 177 hospice care centers
- 14 personal care centers.

Further, Amedisys, Inc. has more than 2,900 hospitals and 78,000 physicians nationwide choosing Amedisys as its partner to provide post-acute care to patients.

The applicant further discusses its scoring on pages 174 - 177 stating that Amedisys outperformed national averages of other SHP Clients and CMS national averages in all eight quality measures and that the Florida hospices equaled or exceeded the CMS National Averages in six of the eight quality measures.

Amedisys offers Exhibit 29 on page 174. The applicant states that its three Florida hospices have improved CAHPS quality performance across all eight measures when comparing November 2020 trailing twelve-month performance vs January 2020.

Quality Measures	January 2020	August 2020– July 2021	Change
Hospice team Communication	73%	80%	+7.0%
Getting Timely Care	54%	73	+19.0%
Treating Family Member& Patient with Respect	84%	91%	+7.0%
Getting Emotional; and Religious Support	84%	95%	+11.0%
Getting Help for Symptoms	54%	76%	+22.0%
Getting Hospice Care Training	73%	74%	+1.0%
Overall Rating of Hospice	69%	86%	+17.0%
Recommend Hospice	81%	86%	+5.0%
Overall Composite	72%	82%	+10%

The applicant offers the table below to present its improvement in its three Amedisys hospices in Florida’s HIS quality performance values from January 2020 its overall composite was 72 percent and the period of August 2020 through July 2021 it was 82 percent.

Compassus of Florida, LLC (CON application #10669) as previously stated in this report, has no licensed and no CON-approved hospice programs in Florida and is ultimately parented by FC Compassus, LLC (FCC). Compassus describes its parent as a nationwide post-acute care provider, offering a continuum of home-based services, with nearly 6,000 colleagues, in 200 locations in 30 states.

The applicant states that in 2020, Compassus' unique care methodology, called Care Delivery, The Compassus Way™, received honors from the National Quality Forum (NQF) for its success in creating a standardized, reproducible model of care with measurable impacts on serious illness at the end-of-life.

The reviewer notes that Care Delivery, The Compassus Way™ is a person-centered, outcomes-focused program that draws upon best practices to elevate care in seven key areas including pain and symptom management, safety and autonomy, and quality of life. Compassus states it is implemented in 30 states and the model closely aligns with the objectives outlined by the NQF.

Compassus states it works with the Community Health Accreditation Partner (CHAP) organization and holds CHAP accreditation for 95 of its hospice locations. Compassus states participation in the Hospice Quality Reporting Program (HQRP) of CMS, the hospice CAHPS survey and the Hospice Item Set (HIS).

Compassus states there is the news release from Cision Distribution by PR Newswire (referenced above) as well as Compassus' own publication of its 2020 honors from the NQF. The reviewer further notes in this same exhibit a Satisfaction Survey Summary: CAHPS Hospice 12/01/2019 -11/30/2020, showing a "Willingness to Recommend this Hospice" rating of 83 percent.

Compassus provides a table listing programs/locations where Compassus has received community awards outside Florida, with the award named, as well as the awarding organization named.

Florida Hospice LLC (CON application #10670) cites its affiliation with Graham Healthcare Group and Graham's history high quality care and reports that all seven of Graham's hospice agencies exceeded CMS National Benchmarks on Quality Scores for each of the eight Hospice Item Set (HIS). The applicant provides the overall CAHPS Scores for January – June 2021, see the table below.

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Hospice	Willing to Recommend This Hospice	Commun. With Family	Getting Timely Help	Treating Patients with Respect	Emotional and Spiritual Support	Help for Pain and Symptom	Training Family to Care for Patient	Caregivers Rated the Hospice a 9 or 10	Average Score
Graham Healthcare Group (Florida Hospice, Inc.)	83%	84%	77%	92%	93%	78%	75%	No Response	85%

Source: CON application #10670, page 69 from Strategic Healthcare Programs, CAHPS Analysis.

The reviewer notes the applicant’s chart (page 68) indicates Graham’s HIS ‘Comprehensive Assessment of Admission’ score was 99.6 percent.

OMNI Home Health-District 1, LLC (CON application #10671)

reiterates that the following factors support the applicant’s/parent’s quality of care history:

- LHC Group’s history, licensure, quality and accreditation and that Mederi Hospice will be building on LHC Group’s operations
- Letters of support are a testament to the organization’s quality and reputation

The applicant provides a background (pages 16-19) with the following quality headings:

- National Leader in Hospice and Post-Acute Care with a Local Focus
 - Local focus
 - National presence/experience
 - Highly capable executive leadership
- Best-in Class Services
 - Quality
 - Diverse post-acute care experience and services
 - Population health initiatives
 - Unique partnership experience
- Human Capital Resources
- Robust Financial Resources
- Leading Technology Platforms
 - a. HomeCare HomeBase
 - b. Medscope
 - c. Medalogix
 - d. Strategic HealthCare Programs (SHP)
- Hospice Promise Foundation Support
- Prepared for the Future of Hospice/Post-Acute Care

The above major quality headings are further delineated in greater detail (pages 20-58 of the application).

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The applicant maintains that LHC Group’s services can be broadly classified into the following five principal segments, with narrative offered for each (pages 25-33 of the application):

- Home health services
- Hospice services
- Home and community-based
- Facility-based services offered through affiliated LTACHs
- Healthcare Innovation Services or HCI

Comment is provided regarding the LHC Group’s Quality Assurance and Performance Improvement (QAPI) Department (page 33).

In CON application #10671, page 35, under the major heading “Hospice Service Line Aggregate Results 2020”, the applicant briefly discusses CAHPS and HIS measures and provides a stated May 2020 to August 2020 CHAPS quality measurement table – stating to compare CAHPS scores for LHC Group from May 2020 to August 2020. The Agency notes that these stated release dates are more recent than the data available to the Agency, indicated at the beginning of this section of the report (E.3.b. above). In the table below, the reviewer:

- Reproduces the portion of the Agency’s most available CAHPS quality scores for Brevard (SA 7A)
- Overlays the stated August 2020 CAHPS scores (rounded the nearest whole number)

**CAHPS Data
Brevard HMA (January 1, 2018, through December 31, 2019) and
LHC Group (August 2020)**

Co-Batched Applicant Hospice Provider	Measures								
	Communication With Family	Getting Timely Help	Treating Patient with Respect	Emotional and Spiritual Support	Help for Pain and Symptoms	Training Family to Care for Patient	Caregiver Rated the Hospice 9 or 10	Willing to Recommend this Hospice	AVG Score
Brevard	81	79	90	92	72	72	86	90	83
LHC Group	84	82	92	91	*	*	84	87	*

Source: <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>, as of October 5, 2021, and CON application #10671, pages 35 and 36 (partially reproduced)

Note: * The applicant did not provide scores for these measures.

The applicant directs the Agency to CON application #10671, Appendix IV (CAHPS Score vs. SHP Benchmark Detail) indicating that the Appendix IV results are for a 12-month period but offers no additional explanation or description of its Appendix IV. The reviewer notes according to CON application #10671, page 524 (the first page of the applicant’s Appendix IV), the time period is 12/01/2019 – 11/30/2020, with a report date of 3/23/2021. Again, according to the applicant’s

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SHP Scores and Benchmarks data (page 524 of the application), LHC Group has the following quality measure scores:

**SHP Scores and Benchmarks
12/01/2019 – 11/30/2020
LHC Group, Inc.**

LHC Group, Inc.	Measures								
	Communication With Family	Getting Timely Help	Treating Patient with Respect	Emotional and Spiritual Support	Help for Pain and Symptoms	Training Family to Care for Patient	Caregiver Rated the Hospice 9 or 10	Willing to Recommend this Hospice	Overall Composite
Actual	86%	82%	93%	94%	81%	80%	89%	89%	86%
Ranking	70%	71%	63%	64%	73%	74%	70%	66%	74%
SHP National	82%	76%	91%	91%	76%	74%	85%	85%	82%

Source: CON application #10671, Appendix IV, page 524

Agency records indicate that for the three-year period ending October 25, 2021, the applicant’s sole Florida hospice provider in SA 7A had no substantiated complaints.

Peoples Hospice and Palliative Care of Florida, LLC(CON application #10672) provides the following chart for its CAHPS scores.

Family Hospice Group CAHPS Scores as of March 2021

Measure	Community Hospice of Baldwin County (103 Survey Days)	DaySprings Hospice (148 surveys)	Family Hospice Average
Communication With Family	89%	87%	88%
Timely Help	87%	85%	86%
Treating Patients With Respect	99%	93%	96%
Emotional and Spiritual Support	94%	93%	94%
Help for Pain and Symptoms	81%	80%	80%
Training Family to Care for Patient	86%	87%	87%
Rating for Hospice	95%	90%	92%
Willing to Recommend This Hospice	95%	90%	92%

Source: CON Application #10672, Table 4-1, page 4-3.

The applicant states that Family Home Group, of which the applicant is an affiliate, currently operates two hospice programs in Alabama which borders SA 1 counties. Peoples also states that it follows the guiding principles of Family Home Group, which are:

- Our word is our bond
- We treat everyone with respect
- We are open, honest, and consistent in all communications
- We go the extra mile to ensure every customer experience is a positive one

The applicant emphasizes that Family Home Group, like itself, focuses exclusively on the provision of hospice and palliative care services – no other services compete for resources within the company.

Peoples Hospice states that its mission is to:

“Surround patients and their families with compassionate care that enables them to embrace the end-of-life with dignity, courage, and peace.”

PHPC maintains that elements of quality include:

- Accreditation within one year of licensure by CHAP (Community Health Accreditation Partner)
- Membership in the National Hospice and Palliative Care Organization (NHPCO)
- Reporting hospice quality measures to CMS
- Employing Certified Hospice and Palliative Nurses (CHPNs) in supervisory roles

According to the applicant, the principals of Peoples Hospice are members of NHPCO and as such, the hospice embraces the ten components of quality in hospice care, identified by the NHPCO’s Quality and Standards Committee. The applicant states that these include:

- ✓ **Patient and Family Centered Care**
Providing care and services that are responsive to the needs and exceed the expectations of those we serve
- ✓ **Ethical Behavior and Consumer Rights**
Upholding high standards of ethical conduct and advocating for the rights of patients and their family caregivers
- ✓ **Clinical Excellence and Safety**
Ensuring clinical excellence and promoting safety through standards of practice
- ✓ **Inclusion and Access**
Promoting inclusiveness in our community by ensuring that all people-regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age or other characteristics-have access to our programs and services
- ✓ **Organizational Excellence**
Building a culture of quality and accountability within our organization that values collaboration and communication and ensures ethical business practices

- ✓ **Workforce Excellence**
Fostering a collaborative, interdisciplinary environment that promotes inclusion, individual accountability and workforce excellence, through professional development, training, and support to all staff and volunteers
- ✓ **Standards**
Adopting the NHPCO Standards of Practice for Hospice Programs and/or the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care as the foundation for an organization
- ✓ **Compliance with Laws and Regulations**
Ensuring compliance with all applicable laws, regulations, and professional standards of practice, and implementing systems and processes that prevent fraud and abuse
- ✓ **Stewardship and Accountability**
Developing a qualified and diverse governance structure and senior leadership who share the responsibilities of fiscal and managerial oversight
- ✓ **Performance Measurement**
Collecting, analyzing, and actively using performance measurement data to foster quality assessment and performance improvement in all areas of care and services

Peoples states that its combined Family Home Group affiliate hospices average a willingness score of 92 percent and compares this to the four existing hospices in SA 1 average, Florida and national averages of 84 percent.

Peoples Hospice states plans to perform quality assessment and performance improvement (QAPI), using a plan to guide its efforts and a committee to review information, make recommendations, and propose actions to remedy any identified problems. According to Peoples Hospice, the QAPI plan will meet all CMS Conditions for Participation, including goals and objectives of the program, ways of identifying and resolving problems, methods for evaluating the quality and appropriateness of care, and the impact the actions had on resolving problems. The applicant expects the formation of an 18-member Voluntary Council, with three members from each of the six HSA 2A counties. The QAPI committee would obtain input from this group.

Peoples Hospice reiterates the following program components to enhance quality:

- ❖ Retaining a BC-MT to provide clinically-indicated music therapy to patients
- ❖ Offering rural outreach to underserved populations

- ❖ Providing end-of-life care to the homeless
- ❖ Identifying patients earlier so they do not die in the hospital
- ❖ Serving veterans
- ❖ Reaching the elderly living in ALFs
- ❖ Providing *Heart of Peoples* to end-stage heart disease patients, with the program supported by a contracted board-certified cardiologist
- ❖ Contracting with a pediatrician to develop protocols for serving the pediatric population and to oversee any pediatric hospice admissions

Peoples Hospice reiterates having experience working with rural populations in its other affiliated hospices and that additionally, the program components offered as part of the application are specifically tailored to the needs of the six-county area.

PruittHealth Hospice – West Florida, LLC (CON application #10673)

previously indicated to be a development-stage entity with no licensed hospice programs in Florida, states that PruittHealth has a total of 25 hospice programs spread among three states (Georgia, North Carolina, and South Carolina), with an aggregative of 4,527 hospice admissions in 2019 (page 13, Figure 6 of the application).

PruittHealth lists a total a 35 “Best Practices” at PruittHealth hospice (pages 15-17 of the application) and provides a table to describe where hospice and palliative care differ or are the same (page 21, Figure 7 of the application). Additionally, the applicant provides the PruittHealth Model of Care (CON application #10673, page 60, Figure 38) and offers a brief narrative of the model’s five components. Further, PruittHealth offers a diagram of the PruittHealth Continuum of Care (page 123, Figure 87 of the application).

PruittHealth indicates participation in (and can track and trend) quality outcome measures to assess clinical and performance indicators, through the Strategic Healthcare Programs data analysis system. Additionally, PruittHealth indicates that PruittHealth Hospice participates in CAHPS and HIS.

PruittHealth indicates a source of HQRP and CAHPS to indicate that for the 12 months ending July 31, 2020 (most recently available data), PruittHealth Hospice exceeded the national average in 13 of 16 quality-related metrics, some of which include: (page 124, Figure 88 of the application):

- Overall Rating of Hospice
 - PruittHealth 2019 (85.0 percent) and 2020 (83.0 percent)

- National average of 81 percent
- Comprehensive Assessment
 - PruittHealth 2019 (90.8 percent) and 2020 (93.5 percent)
 - National average of 88.7 percent
- Visits in the Last 3 Days by an RN
 - PruittHealth 2019 (90.8 percent) and 2020 (92.1 percent)
 - National average of 82.6 percent
- Getting Timely Care
 - PruittHealth 2019 (77.0 percent) and 2020 (79.0 percent)
 - National average of 78.0 percent
- Getting Help for Symptoms
 - PruittHealth 2019 (78.0 percent) and 2020 (76.0 percent)
 - National average of 75.0 percent

The reviewer notes that the five bulleted measures above were those expressly listed in narrative by PruittHealth, in the applicant's response to item E.3.b. of this report. The reviewer notes that CON application #10673, page 124, Figure 77, shows the following:

- Would Recommend Hospice
 - PruittHealth 2019 (82.0 percent) and 2020 (81.0 percent)
 - National average of 84.0 percent

PruittHealth maintains that in 2002, PruittHealth began its "Committed to Caring" campaign and the applicant provides the following (page 125 of the application):

- Mission
- Vision
- The Commitment to Caring Pledge

PruittHealth offers discussion of the following quality of care characteristics (pages 126-132 of the application):

- Corporate Standards
- Memberships
- PruittHealth
 - Consulting Services
 - Pharmacy
- CMS Quality Improvement Organization
- Satisfaction Surveys (with benchmarks purchased from *My InnerView*)
- The Joint Commission
- PruittHealth
 - Quality Report
 - Quality Assurance and Performance Improvement (QAPI) and various QAPI staff and their responsibilities

- Staffing, Training and Career Development
 - Pruitt University
 - CNA Career Ladder
 - Leadership Mirroring
 - Bi-Annual Leadership Conference
 - Orientation for Professional Nurses
 - CPR Instructor Training
 - The Green Sweep Program

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) states in reference to its history of providing quality care it documents the “accomplishment of St. Joseph Hospice thorough this application”. Further St. Joseph’s monitoring quality measure through SHP, a vendor providing analytics in the hospice industry. The following scores are stated to be from the electronic medical record and to provide “an approximation of what would have appeared on the Care Compare Website”. The applicant states the scores below “once again that St. Joseph Hospice providers are equal to or above the national average.

St. Joseph Hospice Composite Scores-Family Experience

Measure	1/1/2018-12/31/2019		6/1/2020-5/31/2021	
	SJH%	NAT AVG	SJH%	NAT AVG
Communication With Family	85	81	85	82
Timely Help	79	78	78	76
Treating Patients With Respect	91	01	91	91
Emotional and Spiritual Support	91	90	92	92
Help for Pain and Symptoms	81	75	81	76
Training Family to Care for Patient	78	76	76	74
Rating for Hospice	86	81	85	85
Willing to Recommend This Hospice	85	84	85	85

Source: CON application #10674, Table 29, from Medicare Hospice Compare 1/1/2018-12/31/2019 and SHP Analytics 6/1/2020-5/31/2021

Transitions Intermediate Holdings, LLC (CON application #10675) contends that due to programmatic accessibility challenges in the area, the following five groups are underserved and have unmet hospice needs:

- Individuals with End-Stage Cardiac Disease
- Individuals with End-Stage Pulmonary Disease
- Individuals with Dementia Disease
- Individuals with Alzheimer’s Disease
- Veterans

The reviewer notes that in addition to the above, in item E.2.a.(1) of this report, Transitions had combined dementia/Alzheimer’s into a single category of unmet hospice need in the area and had also included two categories not stated here:

- Persons with cancer
- Persons with renal disease

Regarding geographic accessibility, CON application #10675 states it has taken into consideration the needs of each county and its residents and will provide personalized services in each geographic area (page 73 of the application).

The applicant also briefly discusses financial accessibility and extent of utilization. Particularly regarding financial accessibility, the reviewer notes that CON application #10675 states agreeing to the provision of at least five percent annually of total patient days to patients who are reimbursed under traditional Medicaid, Managed Medicaid, or uncompensated care.

- c. What resources, including health manpower, management personnel, and funds for capital and operating expenditures, are available for project accomplishment and operation? ss. 408.035(4), Florida Statutes**

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

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

Amedisys Hospice, LLC (CON application #10668): Below is an analysis of the audited financial statements for the applicant, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

CON Action Numbers: 10668 - 10675

10668 - Amedisys, Inc.		
	Dec-20	Dec-19
Current Assets	\$361,984,000	\$350,544,000
Total Assets	\$1,567,198,000	\$1,262,745,000
Current Liabilities	\$456,337,000	\$326,943,000
Total Liabilities	\$756,457,000	\$621,232,000
Net Assets	\$810,741,000	\$641,513,000
Total Revenues	\$2,071,519,000	\$1,955,633,000
Excess of Revenues Over Expenses	\$183,608,000	\$126,833,000
Cash Flow from Operations	\$288,952,000	\$202,000,000
Short-Term Analysis		
Current Ratio (CA/CL)	0.8	1.1
Cash Flow to Current Liabilities (CFO/CL)	63.32%	61.78%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	37.0%	45.9%
Total Margin (ER/TR)	8.86%	6.49%
Measure of Available Funding		
Working Capital	(\$94,353,000)	\$23,601,000

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$1,509,844.92, which includes the CON currently under review, and one other CON #10652.

The applicant indicates on Schedule 3, line 1 that funding will come from cash on hand. However, written statements attached to the schedule from both the applicant and the parent company state that funding for the project will be provided by Amedisys, Inc., the ultimate parent of the applicant.

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Staff further notes that the parent company provided a signed letter of financial commitment from its EVP and CFO of the company acknowledging the project along with its commitment to provide funding for it.

With \$81.8 million in cash and cash equivalents, the parent company 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.

Compassus of Florida, LLC (CON application #10669) provides its patent's audited financial statements.

10669 FC Compassus, LLC		
	Dec-20	Dec-19
Current Assets	\$322,477,908	\$99,178,523
Total Assets	\$1,568,882,174	\$1,136,678,690
Current Liabilities	\$153,227,181	\$72,199,666
Total Liabilities	\$709,832,255	\$457,670,235
Net Assets	\$859,049,919	\$679,008,455
Total Revenues	\$617,670,421	\$482,773,647
Excess of Revenues Over Expenses	\$3,392,637	(\$35,036,726)
Cash Flow from Operations	\$181,495,142	(\$21,510,544)
Short-Term Analysis		
Current Ratio (CA/CL)	2.1	1.4
Cash Flow to Current Liabilities (CFO/CL)	118.45%	-29.79%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	64.8%	56.8%
Total Margin (ER/TR)	0.55%	-7.26%
Measure of Available Funding		
Working Capital	\$169,250,727	\$26,978,857

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

CON Action Numbers: 10668 - 10675**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$1,116,022, which includes the CON currently under review, and CON 10643.

The applicant indicates on Schedule 3, line 3 that funding will come from related company financing of \$755,847.

With \$194,791,469 million in cash and cash equivalents, FC Compassus, LLC 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.

Florida Hospice LLC (CON application #10670) provides its parent's audited financial statements.

10670 - Graham Holdings Company		
	Dec-20	Dec-19
Current Assets	\$1,774,192,000	\$1,663,485,000
Total Assets	\$6,444,119,000	\$5,931,236,000
Current Liabilities	\$949,646,000	\$1,041,871,000
Total Liabilities	\$2,677,726,000	\$2,604,440,000
Net Assets	\$3,766,393,000	\$3,326,796,000
Total Revenues	\$2,889,121,000	\$2,932,099,000
Excess of Revenues Over Expenses	\$100,407,000	\$144,546,000
Cash Flow from Operations	\$210,663,000	\$165,164,000
Short-Term Analysis		
Current Ratio (CA/CL)	1.9	1.6
Cash Flow to Current Liabilities (CFO/CL)	22.18%	15.85%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	45.9%	47.0%
Total Margin (ER/TR)	3.48%	4.93%
Measure of Available Funding		
Working Capital	\$824,546,000	\$621,614,000

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$1,489,227, which includes the CON currently under review, and two other CONs.

The applicant indicates on Schedule 3, line 4 that funding will come from non-related company financing. However, written statements attached to the schedule from both the applicant and the parent company state that funding for project will be provided by Graham Holding Company, the ultimate parent of the applicant.

Staff further notes that the parent company provided a signed letter of financial commitment from its CFO and senior vice president of the company acknowledging the project along with its commitment to provide funding for it.

With \$414 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.

OMNI Home Health-District 1, LLC (CON application #10671) provides its parent's audited financial statements.

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10671 - LHC Group, Inc. and Subsidiaries		
	Dec-21	Dec-19
Current Assets	\$647,022,000	\$380,274,000
Total Assets	\$2,483,354,000	\$2,140,295,000
Current Liabilities	\$681,436,000	\$230,972,000
Total Liabilities	\$870,000,000	\$633,044,000
Net Assets	\$1,613,354,000	\$1,507,251,000
Total Revenues	\$2,063,204,000	\$2,080,241,000
Excess of Revenues Over Expenses	\$178,105,000	\$151,614,000
Cash Flow from Operations	\$529,247,000	\$130,462,000
Short-Term Analysis		
Current Ratio (CA/CL)	0.9	1.6
Cash Flow to Current Liabilities (CFO/CL)	77.67%	56.48%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	11.7%	26.7%
Total Margin (ER/TR)	8.63%	7.29%
Measure of Available Funding		
Working Capital	(\$34,414,000)	\$149,302,000

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$13,969,743, which includes the CON currently under review, and six other CONs.

The applicant indicates on Schedule 3, line 3 that funding will come from related company financing. However, written statements attached to the schedule from both the applicant and the parent company state that funding for project will be provided by LHC Group, Inc., the ultimate parent of the applicant.

Staff further notes that the parent company provided a signed letter of financial commitment from its Executive Vice President of the company acknowledging the project along with its commitment to provide funding for it.

With \$286,569 million in cash and cash equivalents, the parent company 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.

Peoples Hospice and Palliative Care of Florida, LLC (CON

application #10672): 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 applicant provided a development stage audit with \$1,503,001 in cash.

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$264,836 consisting of this CON currently under review.

The applicant indicates on Schedule 3, line 1, that funding will come from cash on hand.

Conclusion:

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

PruittHealth Hospice – West Florida, LLC (CON application #10673):

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 provided a development stage audit showing 0 assets, 0 liabilities and 0 revenues and expenses. The applicant submitted a letter stating that the ultimate parent, United Health Services, would be supplying the funding. The parent submitted a bank printout showing an available cash balance of \$6,293,187.55.

Capital Requirements and Funding:

The applicant failed to complete Schedule 2. Schedule 1 shows the total project cost to be \$336,986. On Schedule 3, the applicant indicates related company financing of \$336,154, which is \$832 less than the total project cost. With \$6.3 million in cash on hand, 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.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674): The applicant provided a development stage audit with \$1,000,000 in cash, no liabilities and \$1,000,000 in equity.

Capital Requirements and Funding:

The applicant failed to complete Schedule 2 which is a listing of all capital projects. Schedule 3 indicates the total project cost of \$458,630. However, since Schedule 2 was not completed, staff has no information relative to any other possible capital projects. According to Schedule 3, the CON that is currently under review, has a projected cost of 458,630

The applicant indicates on Schedule 3, that funding will come from cash on hand, should this project be approved.

Conclusion:

Funding for this project should be available as needed.

Transitions Intermediate Holdings, LLC (CON application #10675)

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 applicant did not provide audited financial statements, but instead compiled financial statements for the period ending 6/30/2021. These types of financial statements are not acceptable and cannot be used to determine the applicant's access to, and/or ability to secure, the necessary funding.

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$619,348, which consists solely of the CON currently under review. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand.

Conclusion:

Funding for this project and the entire capital budget could not be verified.

d. Will the proposed project foster competition to promote quality and cost-effectiveness? ss. 408.035(5) and (7), Florida Statutes]

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

Conclusion:

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

e. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035 (6), Florida Statutes

Applies to all applicants - 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 financially 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.

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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.

Staff notes that the filing involves four Counties: Escambia, Santa Rosa, Okaloosa, and Walton. Staff calculated an average rate for the wage component of the calculation. The results of the calculations are summarized below.

Amedisys Hospice, LLC (CON application #10668):

CON 10668	Amedisys Hospice, L.L.C.				
Escambia, Okaloosa, Santa Rosa, and Walton	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.61	0.8489	\$111.72	\$67.80	\$179.52
Routine Home Care 61+ days	\$104.00	0.8489	\$88.29	\$53.58	\$141.87
Continuous Home Care	\$1,078.25	0.8489	\$915.33	\$355.59	\$1,270.92
Inpatient Respite	\$283.32	0.8489	\$240.51	\$181.14	\$421.65
General Inpatient	\$665.05	0.8489	\$564.56	\$382.28	\$946.84
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.057	\$189.72	\$1,754,895		9,250
Routine Home Care 61+ days	1.057	\$149.92	\$3,282,886		21,897
Continuous Home Care	1.057	\$1,343.08	\$69,421	24	52
Inpatient Respite	1.057	\$445.59	\$5,396		12
General Inpatient	1.057	\$1,000.61	\$376,006		376
		Total	\$5,488,604		31,587
				Days from Schedule 7	33,470
				Difference	1,883
				Percentage Difference	5.63%

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As such, the applicant’s projected patient days are 5.63 percent or 1,883 days less than the number of patient days calculated by staff. Operating profits from this project are expected to increase from an operating loss of \$981,637 in year one to a net loss of \$735,054 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be overstated and/or revenues understated.

Compassus of Florida, LLC (CON application #10669):

Escambia, Santa Rosa, Okaloosa, and Walton Counties	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.61	0.8356	\$109.98	\$67.80	\$177.78
Routine Home Care 61+ days	\$104.00	0.8356	\$86.91	\$53.58	\$140.49
Continuous Home Care	\$1,078.25	0.8356	\$901.02	\$355.59	\$1,256.61
Inpatient Respite	\$283.32	0.8356	\$236.75	\$181.14	\$417.89
General Inpatient	\$665.05	0.8356	\$555.74	\$382.28	\$938.02
Year Two Comparison					
	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.032	\$183.46	\$795,212		4,335
Routine Home Care 61+ days	1.032	\$144.98	\$1,936,424		13,357
Continuous Home Care	1.032	\$1,296.78		24	0
Inpatient Respite	1.032	\$431.25	\$1,337		3
General Inpatient	1.032	\$968.00	\$248,265		256
		Total	\$2,981,238		17,951
		Days from Schedule 7			17,238
		Difference			-713
		Percentage Difference			-4.14%

As such, the applicant’s projected patient days are -4.14 percent or 713 days less than the number of patient days calculated by staff. Operating profits from this project are expected to increase from an operating loss of \$761,254 in year one to a net profit of \$302,510 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be understated and/or revenues overstated.

Florida Hospice LLC (CON application #10670):

CON 10670	Florida Hospice, LLC				
Escambia	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.61	0.8489	\$111.72	\$67.80	\$179.52
Routine Home Care 61+ days	\$104.00	0.8489	\$88.29	\$53.58	\$141.87
Continuous Home Care	\$1,078.25	0.8489	\$915.33	\$355.59	\$1,270.92
Inpatient Respite	\$283.32	0.8489	\$240.51	\$181.14	\$421.65
General Inpatient	\$665.05	0.8489	\$564.56	\$382.28	\$946.84
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.042	\$181.99	\$1,997,268		10,975
Routine Home Care 61+ days	1.042	\$143.81	\$2,129,334		14,807
Continuous Home Care	1.042	\$1,282.72	\$276,096	24	215
Inpatient Respite	1.042	\$428.44	\$40,179		94
General Inpatient	1.042	\$960.97	\$237,346		247
		Total	\$4,680,223		26,337
				Days from Schedule 7	24,219
				Difference	-2,118
				Percentage Difference	-8.75%

As such, the applicant’s projected patient days are -8.75 percent or 2,118 days less than the number of patient days calculated by staff. Operating profits from this project are expected to increase from an operating loss of \$186,801 in year one to a net profit of \$939,438 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be understated and/or revenues overstated.

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OMNI Home Health-District 1, LLC (CON application #10671):

CON 10671	OMNI Home Health-District 1, LLC.				
Escambia, Santa Rosa, Okaloosa, Walton	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.61	0.8489	\$111.72	\$67.80	\$179.52
Routine Home Care 61+ days	\$104.00	0.8489	\$88.29	\$53.58	\$141.87
Continuous Home Care	\$1,078.25	0.8489	\$915.33	\$355.59	\$1,270.92
Inpatient Respite	\$283.32	0.8489	\$240.51	\$181.14	\$421.65
General Inpatient	\$665.05	0.8489	\$564.56	\$382.28	\$946.84
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.042	\$187.04	\$1,248,549		6,675
Routine Home Care 61+ days	1.042	\$147.81	\$2,072,530		14,022
Continuous Home Care	1.042	\$1,324.16		24	0
Inpatient Respite	1.042	\$439.31	\$92,882		211
General Inpatient	1.042	\$986.51	\$623,291		632
		Total	\$4,037,251		21,540
				Days from Schedule 7	21,633
				Difference	93
				Percentage Difference	0.43%

As such, the applicant’s projected patient days are .43 percent or 93 days more than the number of patient days calculated by staff. Operating profits from this project are expected to increase from an operating loss of \$116,276 in year one to a net profit of \$296,190 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be overstated and/or revenues understated.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672):

CON 10672	Peoples Hospice and Palliative Care of Florida, LLC.				
Escambia, Santa Rosa, Okaloosa, Walton	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.61	0.8356	\$109.98	\$67.80	\$177.78
Routine Home Care 61+ days	\$104.00	0.8356	\$86.91	\$53.58	\$140.49
Continuous Home Care	\$1,078.25	0.8356	\$901.02	\$355.59	\$1,256.61
Inpatient Respite	\$283.32	0.8356	\$236.75	\$181.14	\$417.89
General Inpatient	\$665.05	0.8356	\$555.74	\$382.28	\$938.02
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.057	\$187.87	\$1,195,103		6,361
Routine Home Care 61+ days	1.057	\$148.46	\$2,788,575		18,783
Continuous Home Care	1.057	\$1,327.97	\$947,956	24	714
Inpatient Respite	1.057	\$441.62	\$18,441		42
General Inpatient	1.057	\$991.28	\$409,677		413
		Total	\$5,359,752		26,313
			Days from Schedule 7		20,944
			Difference		-5,369
			Percentage Difference		-25.64%

As such, the applicant’s projected patient days are 25.64 percent or 5,369 days less than the number of patient days calculated by staff. Operating profits from this project are expected to increase from an operating loss of \$688,448 in year one to a net profit of \$215,254 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be understated and/or revenues overstated.

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PruittHealth Hospice – West Florida, LLC (CON application #10673):

CON 10673	PruittHealth Hospice - West Florida, LLC				
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$131.61	0.8489	\$111.72	\$67.80	\$179.52
Routine Home Care 61+ days	\$104.00	0.8489	\$88.29	\$53.58	\$141.87
Continuous Home Care	\$1,078.25	0.8489	\$915.33	\$355.59	\$1,270.92
Inpatient Respite	\$283.32	0.8489	\$240.51	\$181.14	\$421.65
General Inpatient	\$665.05	0.8489	\$564.56	\$382.28	\$946.84
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.042	\$187.06	\$2,317,231		12,387
Routine Home Care 61+ days	1.042	\$147.82	\$1,247,740		8,441
Continuous Home Care	1.042	\$1,324.29	\$254,529	24	192
Inpatient Respite	1.042	\$439.36	\$28,127		64
General Inpatient	1.042	\$986.61	\$437,725		444
		Total	\$4,285,352		21,528
				Days from Schedule 7	21,483
				Difference	-45
				Percentage Difference	-0.21%

As such, the applicant’s projected patient days are -.21% percent or 45 days less than the number of patient days calculated by staff. Operating profits from this project are expected to increase from an operating loss of \$859,978 in year one to \$116,446 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be understated and/or revenues overstated.

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St. Joseph Hospice Florida Panhandle, LLC (CON application #10674):

CON 10674	St. Joseph Hospice Florida Panhandle, LLC				
Escambia, Santa Rosa, Okaloosa, Walton	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.61	0.8489	\$111.72	\$67.80	\$179.52
Routine Home Care 61+ days	\$104.00	0.8489	\$88.29	\$53.58	\$141.87
Continuous Home Care	\$1,078.25	0.8489	\$915.33	\$355.59	\$1,270.92
Inpatient Respite	\$283.32	0.8489	\$240.51	\$181.14	\$421.65
General Inpatient	\$665.05	0.8489	\$564.56	\$382.28	\$946.84
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.034	\$185.71	\$3,070,659		16,535
Routine Home Care 61+ days	1.034	\$146.75	\$384,473		2,620
Continuous Home Care	1.034	\$1,314.69	\$138,190	24	105
Inpatient Respite	1.034	\$436.17	\$149,321		342
General Inpatient	1.034	\$979.46	\$1,841,632		1,880
			\$5,584,275		21,483
			Total		
				Days from Schedule 7	22,265
				Difference	782
				Percentage Difference	3.51%

As such, the applicant’s projected patient days are 3.51 percent or 782 days less than the number of patient days calculated by staff. Operating profits from this project are expected to increase from an operating loss of \$89,725 in year one to a net profit of \$504,469 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be overstated and/or revenues understated.

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Transitions Intermediate Holdings, LLC (CON application #10675):

10675	Transitions Intermediate Holdings, LLC				
Escambia, Santa Rosa, Okaloosa, Walton	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$131.61	0.8489	\$111.72	\$67.80	\$179.52
Routine Home Care 61+ days	\$104.00	0.8489	\$88.29	\$53.58	\$141.87
Continuous Home Care	\$1,078.25	0.8489	\$915.33	\$355.59	\$1,270.92
Inpatient Respite	\$283.32	0.8489	\$240.51	\$181.14	\$421.65
General Inpatient	\$665.05	0.8489	\$564.56	\$382.28	\$946.84
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.037	\$186.15	\$1,349,292		7,248
Routine Home Care 61+ days	1.037	\$147.10	\$2,470,358		16,793
Continuous Home Care	1.037	\$1,317.85	\$318,119	24	241
Inpatient Respite	1.037	\$437.22	\$47,430		108
General Inpatient	1.037	\$981.81	\$216,285		220
		Total	\$4,401,484		24,612
					Days from Schedule 7
					22,889
					Difference
					-1,723
					Percentage Difference
					-7.53%

The applicant indicated a 2024 fiscal year end on Schedule 7 and a 2023 fiscal year end on Schedule 6. Staff used the 2024 fiscal year end for the above calculations. As such, the applicant’s projected patient days are 7.53 percent or 1,723 days less than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$375,548 in year one to a net gain of \$314,875 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be understated and/or revenues overstated.

- f. Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? Please address those items found in “Architectural Criteria” (Schedule 9). ss. 408.035 (8), Florida Statutes; Ch. 59A-4, Florida Administrative Code.**

There are no construction costs and methods associated in establishing the proposed hospice programs.

- g. Does the applicant have a history of providing health services to Medicaid patients and the medically indigent? Does the applicant propose to provide health services to Medicaid patients and the medically indigent? ss. 408.035(9), 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. Therefore, the Agency would not impose a charity care or Medicaid patient day condition on an applicant.

**Service Area 1 Applicants
Medicaid and Charity Care
History & Projections**

Applicant/CON #	Discusses Applicant/Parent History	Year One Medicaid Proposed	Year Two Medicaid Proposed	Year One Charity Care	Year Two Charity Care
Amedisys Hospice, LLC/CON application #10668	Yes	3.0%	3.0%	0.2%	0.2%
Compassus of Florida, LLC/CON application #10669	Yes	2.0%	3.3%	2.0%	3.3%
Florida Hospice LLC/CON application #10670	Yes	3.5%	3.5%	1.5%	1.5%
OMNI Home Health-District 1, LLC/CON application #10671	Yes	5.0%	5.0%	1.0%	1.0%
Peoples Hospice and Palliative Care of Florida, LLC/CON application #10672	Yes	0.0%	0.0%	0% 3.5% (self-pay)	0% 3.5% (self-pay)
PruittHealth Hospice – West Florida, LLC/CON application #10673	Yes	3.0%	3.0%	3.0%	3.0%
St. Joseph Hospice Florida Panhandle, LLC/CON application #10674	Yes	18.18%	16.39%	3.03%	3.28%
Transitions Intermediate Holdings, LLC /CON application #10675	Yes	7.23	2.91	*Applicant’s percentages are the combination of Medicaid, Self-Pay and Charity	

Source: Applicant’s responses to Item E. 3. g. and Schedules 7A.

F. SUMMARY

The co-batched applicants' proposed projects are in response to the fixed need pool for a new hospice in SA 1.

Amedisys Hospice, LLC (CON application #10668) is a for-profit foreign limited liability company and an affiliate of Amedisys, Inc., whose affiliates provide hospice services in SAs 3E, 6B and 11. Amedisys has CON #10652 approved to establish a new SA 7A program.

The applicant proposes \$733,621.92 in total project costs.

Amedisys expects issuance of license and initiation of service in December 2022.

Pursuant to project approval, Amedisys offers a total of 29 Schedule C conditions.

Compassus of Florida, LLC (CON application #10669), ("Compassus of Florida"), is a for-profit, development stage Florida entity, and wholly owned subsidiary of FC Compassus, LLC.

Compassus expects issuance of license and initiation of service on March 1, 2022.

The applicant proposes \$755,847 in total project costs.

Pursuant to project approval, Compassus offers 14 Schedule C conditions.-

Florida Hospice, LLC (CON application #10670) also referenced as the applicant, is a for-profit, development stage Florida Limited Liability Company affiliated Residential Healthcare Group, Inc., whose ultimate parent is Graham Holdings Company.

The companies that comprise Graham Healthcare Group, provide hospice services in Illinois, Michigan and Pennsylvania and do not have a hospice program in Florida

In this batching cycle, Florida Hospice, LLC also proposes to establish new hospice programs in SA 6B, 9A and 9C.

Total project cost is projected to \$432,321. The applicant expects issuance of license and initiation of service on or about July 2022.

Pursuant to project approval, Florida Hospice, LLC offers 19 Schedule C conditions.

OMNI Home Health-District 1, LLC (CON application #10671) is a for-profit, Florida Limited Liability Company and an affiliate of LHC Group, Inc. OMNI references the proposed project as Mederi Hospice.

The affiliate (parent/manager) has healthcare operations in 35 states and provides hospice services in SA 7A as Brevard HMA Hospice LLC d/b/a Wuesthoff Health System Brevard Hospice and Palliative Care.

In this batching cycle, LHC Group also proposes to establish new hospice programs in SAs 3B, 6B, 9A and 9C.

The applicant expects issuance of license and initiation of service in July 2022.

The applicant proposes \$459,685 in total project costs

Pursuant to project approval, OMNI Home Health-District 1, LLC proposes 12 Schedule C conditions.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) is a for profit, Florida Limited Liability Company and an affiliate of Family Hospice Group, which currently operates two hospices in Alabama that serve counties contiguous to SA 1.

Peoples Hospice projects \$264,836 in total project costs. The applicant expects issuance of license in December 2022 and initiation of service in January 2023.

Pursuant to project approval, the applicant proposes 20 Schedule C conditions:

PruittHealth Hospice – LLC (CON application #10673), is a for-profit, Florida limited liability company whose parent is PruittHealth, Inc. PruittHealth currently provides administrative-related services to all its affiliated health care providers in Florida, Georgia, North Carolina and South Carolina. PruittHealth Hospice has hospice programs in Georgia, South Carolina and North Carolina. The ultimate parent company is United Health Services, Inc., which does not currently provide hospice services in Florida.

In this batching cycle, PruittHealth also proposes to establish new hospice programs in SAs 3B, 6B and 9C. PruittHealth, Inc. has four licensed community nursing homes in Florida. One of these,

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PruittHealth – Santa Rosa (Santa Rosa County) is located in hospice SA 1 and PruittHealth also has CON approval to establish a new 120-bed community nursing home in Escambia County.

Total project cost is projected to be \$336,986. The applicant expects issuance of license and initiation of service on January 1, 2023.

Pursuant to project approval, PruittHealth offers Schedule C conditions which are divided under seven categories and listed in The Project Summary portion of this review.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) is a for-profit, Foreign Limited Liability Company, whose parent Carpenter Health Network provides post-acute cares services in Louisiana, Mississippi, Texas, and Alabama and operates STAT Home Health in Pensacola and Fort Walton Beach since 2012.

Total project costs are projected to be \$458,630. The applicant expects issuance of license on March 21, 2022 and initiation of service on April 18, 2022.

Pursuant to project approval, the applicant proposes 17 Schedule C conditions.

Transitions Intermediate Holdings, LLC (CON application #10675) is a for-profit, Limited Liability Company states its parent, Transitions has licensed hospices in Michigan, Illinois, Indiana, and Pennsylvania. In this batching cycle, Transitions also proposes to establish new hospice programs in SAs 3B, 6B, and 9C.

Total project cost is \$619,348. The applicant expects issuance of license and initiation of service in October 2022.

CON application #10675's Schedule C did not include proposed conditions.

Need/Access:

The proposed projects are in response to the fixed need pool for a new hospice in SA 1.

Amedisys Hospice, LLC (CON application #10668) states plans to remedy/address the following unmet hospice need among the following populations in the service area that it believes are sufficient to grant project approval:

CON Action Numbers: 10668 - 10675

- Persons with end-stage disease(s) of the following:
 - Heart
 - Pulmonary
 - Dementia and Alzheimer's
- Veterans

Amedisys projects 172 year one and 460 year two admissions.

Compassus of Florida, LLC (CON application #10669) contends that the underserved include:

- Northern Escambia County residents
- Santa Rosa Service Area residents
- Baker/Laurel Hill Service Area in Okaloosa County residents
- Low-income portions of Cantonment residents
- Low-income portions of Pensacola residents
- Low-income portions of Walton County residents
- African American and Hispanic residents
- Residents with cardiovascular diseases
- Veterans

The applicant forecasts 158 admissions in year one and 245 admissions in year two of operation.

Florida Hospice LLC (CON application #10670): The applicant contends there will be a significant increase in the 85 years and older population at 12.5 percent from 2010 to 2019 followed by the 75 to 84 age group at 7.4 percent. The applicant cites a study by *Edgemont Capital Partners, LP Market Outlook and Insights* to share that it projects an anticipated need and peak in hospice utilization for the youngest baby boomers between 2026 and 2050 to be approximately 76 million. Florida Hospice extrapolates that, with the AHCA projected growth along with this trend, there is a projected growing need for additional hospice services in the SA 1 and that it has a proven track record in Michigan, Illinois, and Pennsylvania as Residential Hospice of providing hospice services to the socioeconomically disadvantaged.

Florida Hospice projects 191 year one and 351 year two admissions.

OMNI Home Health-District 1, LLC (CON application #10671) states particularly targeting the following services and/or populations currently realizing unmet need in hospice care (pages 75-80 of the application):

- Palliative care
- Patients without primary care givers
- Homeless

- Veterans
- Aged 65+
- Minority populations
African American residents
Latino/Hispanic community)

OMNI projects 240 year one and 282 year two admissions.

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672): Peoples estimates 152 year one and 308 year two total admissions.

PruittHealth Hospice – West Florida, LLC (CON application #10673) states a commitment to serve the following underserved groups with unmet hospice needs in the area:

- Indigent residents and particularly
 - The homeless
 - The population living under 185 percent of the Federal Poverty Level
 - Residents experiencing food insecurity
 - Elderly residents living alone
- Veterans
 - Particularly veterans residing in rural areas of SA 1
- Patients with specific terminally ill diseases and diagnoses who can benefit from PruittHealth's Pathways Programs particularly Cancer, Cardiac and Pulmonary disease.
- Minorities

The applicant estimates 105 year one and 324 year two admissions.

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) states a commitment to serving the following populations with unmet needs (persons with/persons who are):

- Minority (particularly the African American Community)
- LGBT Community
- Jewish Community
- Veterans
- Homeless

St. Joseph projects 200 year one and 366 year two admissions.

Transitions Intermediate Holdings, LLC (CON application #10675) contends that this proposed hospice program should be approved for the following reasons:

- Above and beyond clinical care model including:
 - 24/7/365 availability
 - Comprehensive IDG care team
 - Extensive ancillary services including but not limited to End-of-Life Doula support, music and massage therapy, animal visits, and more
 - Vigil sitting commitments
 - Palliative-to-hospice connection
 - Extensive software integration
 - Remote patient monitoring
- Exceeding national standards, receiving a 4.5 Star Rating
- Hospice and palliative operations in MI, IL, IN, and PA
- Access to Routine, Respite, Continuous and InPatient care in either the home or a care facility
- Staffing capabilities

Additionally, Transitions states a commitment to serving the following populations with unmet needs (persons with/persons who are):

- Cancer
- End Stage Renal Disease
- End Stage Dementia and Alzheimer's Disease
- End Stage Pulmonary Disease
- End Stage Vascular Disease
- Veterans

The applicant estimates 57 year one and 54 year two admissions.

CON application # 10672 Peoples Hospice and Palliative Care of Florida, LLC, on balance, best satisfied the statutory and rule criteria for a new hospice provider in SA 1 pursuant to published need—this included identifying:

- *The proposed populations that are being underserved for hospice*
- *Services/programs proposed to make hospice more accessible and available to underserved populations*
- *The applicant's parent has an existing home health agency in SA 1*
- *Being a high quality provider serving adjoining Alabama service areas, with strong local community support from SA 1 health organizations, social services organizations, two colleges for educational clinical affiliation agreements and other entities*

Quality of Care:

Each co-batched applicant demonstrated the ability to provide quality care.

Amedisys Hospice, LLC (CON application #10668)

Amedisys's most currently available Agency-linked CHAPS measure for:

- Willingness to Recommend the Hospice score was 77 percent
- An overall CHAPS average score of 74 percent
- Amedisys's most currently available HIS measure for:
 - Patients who got an assessment of all 7 HIS Quality Measures was 86.3 percent

Amedisys commits to develop and maintain a Quality Assurance Performance Improvement Plan similar to those that are already utilized by its affiliated programs.

Amedisys Hospice affiliates had no substantiated complaints for the three years ending October 25, 2021.

Compassus of Florida, LLC (CON application #10669) ultimate parent, FC Compassus, LLC:

- Is a nationwide post-acute care provider, offering a continuum of home-based services
- Provides hospice services in 30 states
- In 2020, received honors from the NQF for Compassus' Care Delivery, The Compassus Way™
 - This recognition was for creating a standardized, reproducible model of care with measurable impacts on serious illness at the end of life
 - Care Delivery, The Compassus Way™ closes aligns with the objectives outlined by NQF and has been implemented across Compassus' hospices
- Holds CHAP accreditation for 95 of its 104 hospice locations
- Participates in the Hospice Care Index (HCI) of CMS
- Received a combined score of 94.3 percent for the HIS comprehensive assessment at admission score, which is higher than the national average
- Received for the period CAHPS Hospice 12/01/2019 -11/30/2020, a "Willingness to Recommend this Hospice" rating of 83 percent.

Florida Hospice LLC (CON application #10670) commits to develop and maintain a Quality Assurance Performance Improvement Plan similar to those already utilized by its affiliated programs.

- The applicant provided its most currently available CAHPS measure for:
 - Willingness to Recommend the Hospice score was 83 percent
 - An overall CAHPS average score of 85 percent

OMNI Home Health-Jacksonville, LLC (CON application #10671)

- Is affiliated with LHC Group which current operates one hospice program in Florida in SA 7A
- LHC's most currently available Agency-linked CAHPS measure for:
 - Willingness to Recommend the Hospice score was 90
 - Compared to an average score of 81
 - An overall CAHPS average score of 83
- LHC's most currently available HIS measure for:
 - Patients who got an assessment of all 7 HIS Quality Measures was 98.2 percent
- For the three years ending October 25, 2021, LHC's Wuesthoff hospice program (in SA 7A) had no substantiated complaints

Peoples Hospice and Palliative Care of Florida, LLC (CON application #10672) is a newly formed entity with no hospice operations in Florida. However, Family Hospice Group's two Alabama CMS quality of care measures (March 2021) and CAHPS survey results:

- Programs exceed the national averages on some measures
- A commitment to operate by the 10 components of quality in hospice care, identified by the NHPCO's Quality and Standards Committee
- A commitment to operate under a QAPI plan that will meet all CMS Conditions of Participation
- The applicant's most currently available CAHPS measure for:
 - Willingness to Recommend the Hospice score was 92 percent
 - An overall CAHPS average score of 89 percent

PruittHealth Hospice – West Florida, LLC (CON application #10673)

is a development stage Florida entity with no licensed hospice operations in Florida and is not CON-approved to have licensed operations in Florida. However, PruittHealth has exceeded 13 of 16 quality measures when compared to national averages, pursuant to HQRP and CAHPS data results (for the 12 months ending June 30, 2020). The first five bullets below are results narratively highlighted by PruittHealth and the sixth bullet is noted by the Agency:

- Overall Rating of Hospice
 - PruittHealth 2019 (85.0 percent) and 2020 (83.0 percent)
 - National average of 81 percent
- Comprehensive Assessment
 - PruittHealth 2019 (90.8 percent) and 2020 (93.5 percent)
 - National average of 88.7 percent
- Visits in the Last 3 Days by an RN
 - PruittHealth 2019 (90.8 percent) and 2020 (92.1 percent)

- National average of 82.6 percent
- Getting Timely Care
 - PruittHealth 2019 (77.0 percent) and 2020 (79.0 percent)
 - National average of 78.0 percent
- Getting Help for Symptoms
 - PruittHealth 2019 (78.0 percent) and 2020 (76.0 percent)
 - National average of 75.0 percent
- Would Recommend Hospice
 - PruittHealth 2019 (82.0 percent) and 2020 (81.0 percent)
 - National average of 84.0 percent

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) offers Table 29 on page 68 showing its SHP data which St. Joseph's states provides an approximation of what would appear on the Care Compare Website:

- most currently available CAHPS measure for:
 - Willingness to Recommend the Hospice score was 85
 - Compared to the national average score of 85 for 6/1/2020-5/31/2021

Transitions Intermediate Holdings, LLC (CON application #10675) states its Transitions parent's compliance with the CHAP Standards of Excellence will continue to be put forward in Florida if the project is approved. Affiliated Transitions Hospice, LLC dba Transitions Hospice (in the State of Illinois):

- Received CHAP 2020 Accreditation letter indicating that the affiliate was found to be in compliance with the CHAP Standards of Excellence (site review dates of June 8, 2020 to June 12, 2020)
- Transitions Hospice of Central Illinois received the following CHAP scores/ratings:
 - 85 percent-overall rating of hospice care compared to
 - National rating of 85 percent
 - State of Illinois rating of 82 percent
- Would You Recommend This Hospice?
 - 85 percent (definitely yes)

Capital Requirements and Funding:

The **Funding** conclusion below **applies to** CON application numbers **10668 – 10673**.

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

St. Joseph Hospice Florida Panhandle, LLC (CON application #10674) - Funding for this project should be available as needed.

Transitions Intermediate Holdings, LLC (CON application #10675) - Funding for this project and the entire capital budget could not be verified.

Financial feasibility

Applies to CON application numbers 10668, 10671 and 10674.

This project appears to be financially feasible, although patient days may be overstated and/or revenues understated.

Applies to CON application numbers 10669, 10670, 10672, 10673 and 10675.

This project appears to be financially feasible, although patient days may be understated and/or revenues overstated.

Applies to all applicants:

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

Medicaid/Indigent/Charity Care:

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

See Item E. 3.(g) - Medicaid and indigent care

G. RECOMMENDATION

Approve CON #10672 to establish a new hospice program in Service Area 1. The total project cost is \$264,836.

CONDITIONS:

1. Peoples Hospice and Palliative Care of Florida is a locally owned and operated company committed to running a community-based hospice program in Hospice Service Area 1. Peoples Hospice will establish hospice locations in each of the four counties in the following cities: Pensacola, Milton, Niceville and Defuniak Springs.

2. Peoples Hospice's governing board will include African American and Veteran representatives to ensure their commitment to serving populations with unmet needs in Area 1.
3. Peoples Hospice will partner with Pensacola State College of Nursing and Northwest State College to provide preceptorships for the upcoming nurses in the area's premier nursing schools.
4. The Peoples Foundation of NW Florida, Inc will commit
 - This 501c3 is dedicated to providing financial support to those in our community who are suffering while they have elected to hospice benefit. The funds are not exclusive to People's patients, it is open to all hospice patients who need help with turning their power back on, utilities, groceries etc.
 - A minimum \$15,000 a year for the first 5 years of operations to the Catholic charities where the funds will be used to place the homeless patients or near homeless patients suffering with end of life illness a safe place to die with dignity and peace. This is for all four counties.
 - Camp H. U. G. Is the final pillar of support the foundation seeks to serve in our community. This is an annual camp held for children 17 and younger who have lost a love one from any cause. The Camp will be filled with licensed grief counselors and social workers as well as several camp activities for the participants.
5. Haven for the Homeless Good Samaritan Program: This is a unique collaborative effort with both the Catholic Charities Northwest Florida as well as with Opening Doors of Northwest Florida, Inc. whereas People's Hospice will provide Hospice care for the indigent homeless.
6. Provide technology support to hospice patients, including, but not limited to cell phones (provided via Verizon Wireless), fall monitoring devices, and other telemedicine options that may be required.
7. Caring Hearts/Cardiac Connections: Peoples Hospice will provide Tele-monitoring to our end stage heart failure patients offering data and trending vitals alerting us of a patient who needs daily visits.
8. Inspirations Pulmonary Program: the Peoples Hospice will provide Tele-monitoring to end-stage lung disease patients offering data and trending vitals alerting us of a patient who needs daily visits.

9. People's Hospice will include Non-Hospice Palliative Care services led by a nurse practitioner for those with twelve-month or less prognosis.
10. People's Hospice intends to pursue at least Level 4 status with the We Honor Veterans Program and will appoint a Veteran's Liaison position as part of the staff.
 - o Peoples Hospice will also have an Honor Flight Program in partnership with Naval Aviation Museum Foundation. A letter of support from Admiral Kyle J. Cozad, President and CEO, is included in this application.
11. People's Hospice will provide a Pet Therapy program for its patients.
12. Tuck in program: Where as a CNA stays with patient for the first night up to 11 PM after a direct admit from hospital. The CNA goes to home before the admitting nurse visit is complete to allow relief for family and ease anxiety about the first night of hospice, often increases likelihood patient will elect hospice benefit at hospital.
13. Peoples Hospice will have a Wound Care Specialist available as part of the hospice staff.
14. Employee board-certified music therapist to provide individualized music to activities to meet patient needs.
15. Employ a specifically-trained social worker to provide patients assistance with their eligibility for financial assistance, including Medicaid.
16. Contract with a board-certified cardiologist to oversee the end-stage heart disease program.
17. Develop and distribute and annual report of community benefit.

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18. Create a Community Outreach Council, comprised of one individual from each of the four counties. The Council provides feedback on the hospice's rural program, improved access, and identifies any problems within the counties. The Council meets three times a year.
19. Contract with a chaplain in each of the four counties to provide spiritual counseling to hospice patients.
20. Peoples Hospice will arrange for six nurses from its affiliated hospices in Alabama (three from Dayspring Hospice and three from Community Hospice) to receive their Florida registered nurse (RN) licenses as part of its Emergency Preparedness Plan. Peoples Hospice will cover coursework, testing, and licensing fees for the six nurses to become dually licensed.

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: December 17, 2021

James B. McLemore

James B. McLemore
Operations and Management Consultant Manager
Certificate of Need