

STATE AGENCY ACTION REPORT
ON APPLICATIONS FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Alleo Health of Florida, LLC/CON #10677

4411 Oakwood Drive
Chattanooga, Tennessee 37416

Authorized Representative: Tracy Wood
Chief Executive Officer
(423) 892-4289

Brevard HMA Hospice, LLC/CON #10678

7840 Graphics Drive, Suite 100
Tinley Park, Illinois 60477

Authorized Representative: Bryan Niehaus, J.D., C.H.C.
Vice President – Advis, Inc.
(708) 478-7030

Bristol Hospice – Miami Dade, LLC/CON #10679

5201 Blue Lagoon Drive, Suite 570
Miami, Florida 33126

Authorized Representative: Hyrum Kirton
President & CEO
(801) 325-0175

Cornerstone Hospice & Palliative Care, Inc./CON #10680

2445 Lane Park Road
Tavares, Florida 32778

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

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ProMedica Hospice of Marion County, FL, LLC/CON #10681

803 Middlebrooks Circle
Tallahassee, Florida 32312

Authorized Representative: Michael D. Jernigan
Health Care Consultant
(850) 877-4332

PruittHealth Hospice – West Central Florida, LLC/CON #10682

1626 Jeurgens Court
Norcross, Georgia 30093

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

Transitions Intermediate Holdings, LLC/CON #10683

1551 Bond Street #143
Naperville, Illinois 60563

Authorized Representative: Jennifer Yarbrough
Vice President of Strategies
(224) 760-9011

VITAS Healthcare Corporation of Florida/CON #10684

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

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

2. Service District/Subdistrict

Service Area (SA) 3B – Marion County

B. Public Hearing

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

Letters of Support

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

Alleo Health of Florida, LLC (CON application #10677) provides some letters of support in Appendix 8 of the application.

The applicant presents various excerpts of letters of support on CON application #10677, pages 32-35 and 53.

Brevard HMA Hospice, LLC (CON application #10678): The Agency particularly notes letters of support from:

- Senator Dennis Baxley, 12th District, The Florida Senate
- Representatives Joe Harding, District 22 and Stan McClain, District 23, The Florida House of Representatives

The Agency notes that the applicant provides a large number of letters of support in Appendix I of the application (beginning on page 296 of CON #10678). CON application #10678 breaks down its Appendix I letters of support into the following categories:

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

The applicant presents various excerpts of letters of support on CON application #10678, pages 24 and 25, 35, 43-44, 46 and 81-83. The reviewer notes that some of the letters of support presented by excerpt are LHC Group staff/executives/board member(s).

Bristol Hospice – Miami Dade, LLC (CON application #10679)

provides numerous letters of support in Tab 10/Additional Information-Letters of Support. In the same tab, the applicant also provides (in both English and Spanish) published Bristol Hospice Miami Dade “Sweet Dreams” testimonials from patients/families expressing appreciation for the applicant’s services. Further, on pages 2-14 and 2-15 of the application, the applicant bullets four quotes that Bristol Hospice – Miami Dade, LLC indicates are brief stories shared by Bristol Hospice team members concerning what the applicant describes as Bristol Foundation incredible outcomes.

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For a review of area hospitals/skilled nursing facilities (SNFs) that express interest in seeking a contractual agreement with Bristol Hospice – Miami Dade, LLC for the general inpatient (GIP) hospice component, see item E.2.a.(2) of this report.

CON application #10679 provides excerpts of its Tab 10 letters of support on the following pages of the application: 1-2, 1-10, 2-8 and 2-11.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680): The applicant includes letters of support from:

- U.S. Congressman Daniel Webster, 11th District Florida, House of Representatives, Congress of the United States
- Senator Dennis Baxley, 12th District, The Florida Senate
- Representative Brett T. Hage, District 33, The Florida House of Representatives
- Sheriff Billy Woods, Marion County
- Heather Long, MSN, Senior Vice President and Chief Executive Officer, UF Health Villages Hospital, stating that:
 - My team has worked with Cornerstone for many years. The provide outstanding inpatient care within our hospital and our discharge planners have coordinated with Cornerstone for transitions for home care or local facilities for thousands of patients over the years. We appreciate the wide variety of care of programs that they provide beyond core hospice services, including special support for children, veterans, specific demographic groups, and a variety of illnesses
- Gary Tester, President, Catholic Charities of Central Florida/Diocese of Orlando¹, stating that his organization:
 - Is a local, nonprofit support agency that believes that Marion County needs more local, community-based healthcare providers
 - Appreciates and supports Cornerstone's plan to provide care for the homeless community around and in the Ocala National Forest², which his organization also supports with medical care and services
 - Looks forward to collaborating with Cornerstone on medical care for the Hispanic community at , Catholic Charities of Central Florida's La Guadalupana Free Medical Clinic in Ocala

¹ The reviewer confirms that per the website [Search – Catholic Charities of Central Florida \(cficc.org\)](http://cficc.org), among its total of 20 locations, [Catholic Charities](http://cficc.org) of Central Florida/Diocese of Orlando has two Marion County locations – Ocala and Dunnellon.

² See CON application #10680, Schedule C, Condition #15.

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- David Houck, CEO, Help Agency of the Forest, Inc.³, states that:
 - The Help Agency supports the needs of adults and children in rural poverty communities, veterans and inmates in the prison (population)
 - There is a significant population in the community in need of resources and services
 - Cornerstone has shared its focus on meeting the needs of these underserved individuals
 - If approved, The Help Agency plans to partner with Cornerstone to bring much needed resources and meet these needs
- Gary L. Lester, Vice President/Director of Communications, The Villages, states:
 - Cornerstone has served tens of thousands of Villagers over the past 38 years, but could have served even more if they had been able to get into The Villages neighborhoods located in Marion County
- Thomas G. Chase, Chief Executive Officer, Langley Health Services (LHS)⁴, President, WellFlorida Council, Inc.⁵, and Director, Cornerstone Foundation states:
 - LHS is an active collaborative partner with Cornerstone
 - LHS patients in southeast Marion County would clearly benefit from having Cornerstone as an end-of-life option
 - The service area of LHS includes The Villages
 - LHS' Marion County patients are the only ones who cannot avail themselves of Cornerstone and approving the Cornerstone proposal mitigates that challenge
 - He can think of no other organization that is in a better position to assist in meeting Marion County's needs for end-of-life services

The Agency notes that the applicant provides a large number of letters of support in Tab 3 of the application. The applicant presents various excerpts of letters of support on the following pages of CON application #10680: 4-5, 12-17, 42, 55-56.

³ This organization is a 501(c)3, non-profit organization that has been serving those in rural poverty since 1993. Approximately 45,000 people live within the borders of the Ocala National Forest, and are in abject rural poverty. The Help Agency has food banks and serves meals at feeding sites, serving more than 7,500 people every month. I.

⁴ Langley Health Services is a non-profit 501(c)(3) Federally Qualified Health Center (FQHC) and a provider of comprehensive primary healthcare services, with seven sites, located throughout Sumter, Marion and Citrus Counties. LHS is a member of the Florida Association of Community Health Centers.

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Cornerstone indicates having contacted more than 180 individuals/organizations in SA 3B to share information regarding Cornerstone's quality hospice programming and to solicit details regarding perceived issues/gaps in existing services that need to be addressed.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) provides letters of support/appreciation as follows:

- Attachment 4 – The reviewer notes that many of these letters of support (the highest single concentration of letters of support from the same provider/entity) are from Swallowing Diagnostics, Inc., which has a Parkland, Florida address of origin. The reviewer notes that Parkland, Florida is located in SA 10 – Broward County
- Attachment 7 – Typed letters of appreciation
- Attachment 11 – A September 10, 2010 “To Our Employees” letter from President of ProMedica Senior Care and a January 14, 2010 letter from the Vice President/General Manager, HCR ManorCare

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) includes letters of support from:

- Senators Jennifer Bradley, 5th District and Dennis Baxley, 12th District, The Florida Senate

The Agency notes that the applicant provides a total of nine letters of support in Exhibit 34 of the application (as indicated in the CON application #10682/Book 1 master table of contents and the Book 3 subsidiary table of contents). After the two state senators listed above, the remainder of the letters of support are from area assisted facilities and home health agencies.

Additionally, PruittHealth offers what appears to be a single redacted handwritten testimonial (a PDF version) concerning respiratory therapy services at one of its hospices (pages 57 and 58, Figure 35 of the application).

Transitions Intermediate Holdings, LLC (CON application #10683) provides no letters of support.

VITAS Healthcare Corporation of Florida (CON application #10684) provides letters of support in the application's:

- Tab 16 – Letters and Stories from VITAS Patients and Their Families
 - This is a combination of a total of 30 typed comments (typed on nine pages), listed as either “Florida Reviews 202, 2020 or 2019” that indicate a first name and a first letter of

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- last name from patients/families who have received services from VITAS in Florida.
- Of the 30 comments, 17 are highlighted
- Other publications are from VITAS
- These 30 comments are highly complementary and indicate appreciation of VITAS services
- Tab 48 – Letters of Support for Inpatient Care
 - This is a total of two senior executives representing Marion County SNFs that indicate a willingness to contract with VITAS for the provision of inpatient services (see item E.2.a.(2) of this report for a more in-depth listing of these letters)
- Tab 49 – Letters of Support
 - This is a total of 69 letters of support in favor of the proposed project. VITAS provides a table of contents of these 69 support letters by a letter of support (LOS) number “#”, signatory name and organization/type

The applicant presents various excerpts of letters of support on the following pages of CON application #10684: 28-29, 35-37, 49-50, 54, 64-65, 79-80, 82, 84, 98-99, 102 and 150.

C. PROJECT SUMMARY

Each of the co-batched applicants proposes to establish a new hospice program in SA 3B in response to the published need.

Alleo Health of Florida, LLC (CON application #10677), also referenced as Alleo Health or the applicant, is a for-profit, development stage Florida entity. The applicant’s immediate parent, Hospice of Chattanooga, Inc. has been in operation since 1980. In September 2021, Hospice of Chattanooga, Inc./Alleo Health and its subsidiary entities and subsidiary hospice programs-together described as the “Hospice of Chattanooga Group” (or the Group), were acquired by Care Hospice – a national, hospice-only organization, based in Charlottesville, Virginia.

The applicant indicates that:

- The Group provides hospice programs in the states of Alabama, Georgia, North Carolina and Tennessee
- Care Hospice provides hospice care in 95 locations in 17 states and is the ultimate parent

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Alleo Health is CON-approved, through CON #10642, to establish a new hospice program in SA 4A (Baker, Clay, Duval, Nassau and St. Johns Counties). CON application #10642 was Alleo's first effort to establish a new hospice program in Florida.

The applicant expects both issuance of license and initiation of service to occur in June 2022.

Total project costs are projected to be \$441,121 and include equipment, project development, financing and start-up costs.

Pursuant to project approval, Alleo Health of Florida, LLC offers the following Schedule C conditions:

1. Alleo Health of Florida will begin operations no later than 120 days after receiving final CON approval and licensure from AHCA.
2. Alleo Health of Florida will open our first office in Ocala after receiving the initial hospice license. Alleo Health of Florida will also open a satellite office within 12 months following service initiation in or around the Fort McCoy area to promote hospice to promote hospice awareness and the Alleo open access program.
3. Alleo Health of Florida will provide inpatient and respite services through the utilization of hospital or skilled nursing facilities in Service Area 3B.
4. Alleo Health of Florida will offer educational grants (\$25,000 per year for three years) to Rasmussen University Ocala nursing school students pursuing focused studies in end of life and hospice care.
5. Alleo Health of Florida will provide clinical rotations to nursing students from Rasmussen University to support the student's clinical education and to enable these students to better understand end of life and hospice issues and services.
6. Alleo Health of Florida will apply to the Florida Commission of Education, Commission for Independent Education to become a nursing assistant training program within 12 months of receiving the hospice license. Finding nursing assistants is becoming more difficult and this program will offer free training to qualified candidates to be eligible for hire in the Marion County area. The purpose of this program is to:

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- Train eligible and interested students without charge to become a nursing assistant in healthcare that will work in Marion County
- Provide the students with the opportunity to complete their clinical training with Alleo Health of Florida or with contracted resources.

Alleo Health will allocate \$75,000 over 3 years to this program to provide the curriculum and educators.

7. Alleo Health of Florida will provide Advance Care Planning seminars to Marion County Veterans through the Veterans Helping Veterans USA organization as well as provide a seminar on Hospice of Chattanooga Group's By the Peace program to the Veterans Helping Veterans USA organization. In addition, Alleo Health of Florida will allocate \$1,500 per year for 3 years to the Veterans Helping Veterans USA organization to be used to deliver meals to the homeless and shut-in Veterans of Marion County. This organizational investment will also expand the awareness and understanding of hospice care and benefits within the aging veteran's population within Marion County.
8. Alleo Health of Florida will expand its existing We Honor Veterans program to Service Area 3B and obtain Level 4 certification within 24 months of initial licensure.
9. Alleo Health of Florida will offer Pride Community Center of North Central Florida a grant in the amount of \$1,000 per year for 2 years to help provide meals for Marion County residents with HIV/AIDS and to expand awareness and education of hospice care and benefits within the LGBTQ+ community.
10. Alleo Health of Florida will offer internships to the homeless women supported by Marion County's Project of Hope that are living in a complex, at-risk environment, with the goal for them to see the community through a different optic and be able to identify with a female leader. The initiative will also expand the awareness of hospice care and hospice benefits in this underserved population. The women will be provided with much needed support to understand the work environment and help prepare them to enter the work force. Alleo Health of Florida will provide a stipend in the amount of \$2,000 per year for 2 years to fund needed supplies and clothing to prepare the women to go on interviews to become self-sufficient.

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11. Alleo Health of Florida will offer Inspiring Moments to Service Area 3B residents on Alleo Health hospice, a program to recognize a special event or activity that occurred in the patient's life and then re-create that event or activity as a memory for the patient/family/caregivers. Some examples of these special events include:
- Holding a tea party for the patient with special foods that were their favorites.
 - Identifying that the patient loved baseball, taking the patient to a game. This could be in person if the patient is able or bringing the game to the patient, through a TV with special baseball foods they can eat, soda, baseball hats.
 - Maybe the patient loved going to the beach, Alleo Health of Florida would bring the beach to them with sand buckets and toys, sea shells and special beach foods (if they can eat solids) to help re-create those special times they had at the beach.

In support of these activities, Alleo Health of Florida will allocate \$2,000 per year for 5 years for Inspiring Moments.

12. Alleo Health of Florida will extend our Open Access Program, *Alleo Access*, to Service Area 3B upon obtaining licensure and initiating patient care activity. Alleo Health of Florida will accept patients into its hospice service who are receiving complex medical treatments as part of the patient's Goals of Care or who are working through difficult end of life conversations and have complex psychosocial needs – yet are appropriate for the hospice benefit.
13. Alleo Health of Florida will offer in-services to seniors and their families at areas churches, nursing homes, assisted living facilities, Veterans groups on the Hospice of Chattanooga Group's program called "By the Peace" a document that contains a collection of important information at life's end. This document developed at the Hospice of Chattanooga Group, provides a single snapshot of key documents, information and wishes.
14. Alleo Health of Florida will provide advance care planning programs to churches in underserved areas of Service Area 3B to assist the members with end of life needs.
15. Alleo Health of Florida will extend our clinical preceptorship/clinical didactics/clinical workshops and Alleo University educational offerings for hospice staff in Service Area 3B as part of our initial onboarding and orientation to the organization and ongoing trainings.

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16. Alleo Health of Florida will expand our pediatric hospice program to Service Area 3B.
17. A Bereavement Children's Camp will be scheduled in Service Area 3B within 12-18 months of the start of operations. The bereavement coordinator hired for the program will also oversee the camp.⁶
18. Alleo Health of Florida will offer internships to high school students living in an at-risk environment with the goal for young adults to see the community through a different optic and be able to identify with a Black CEO and continue to expand community awareness and understanding of hospice care. The young adults will be provided with much needed support to understand this health care work environment and help prepare them to enter the work force.
19. Alleo Health of Florida has developed a series of Journey and specialty clinical and support programs that will be offered to hospice patients in Service Area 3B to provide additional support to the patient and their families within the first 6 months of full operation. The series includes:
 - Heart Touch Journey – for cardiac patients
 - Clear Journey – for COPD patients
 - Uplifting Journey for Cancer patients with virtual reality
 - Memorable Journey – for dementia patients with virtual reality
 - Petals of Hope Enrichment Program
 - Heartfelt Harmony and Art – art and music intervention programs
 - Heart to Heart Touch – gentle hand message
 - Heartfelt Helpers – the Alleo pet program
20. Alleo Health of Florida will extend our comprehensive telehealth/telemedicine services and capabilities to Service Area 3B to improve access to all patients throughout the Service Area.
21. Alleo Health of Florida will establish a palliative care program to serve Service Area 3B residents, including the provision of advanced illness management within 12 months of initial licensure. The palliative care program will be provided in several

⁶ The reviewer notes that CON application #10642's Schedule 6A includes FTEs in year one and in year two for Bereavement Counselors but no Bereavement Coordinator(s). Also, see item E.2.b.(1)(a) of this report.

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settings, including underserved areas, to improve access to the service. Palliative Care settings will include the patient's home, skilled nursing facility, assisted living facilities and in a clinic setting.

22. Alleo Health of Florida will obtain Joint Commission accreditation within 12 months of receiving licensure.
23. Alleo Health of Florida will become a Jewish Certified Hospice program through National Institute of Jewish Hospice (NIJH) within 12 months of starting the operation.
24. The Sacred Journey program, a program already developed and being used by Hospice of Chattanooga Group, where no patient dies alone, will be implemented in Service Area 3B within 12 months of hospice licensure.
25. Alleo Health of Florida will offer bereavement support for all segments of the Service Area 3B population, including those not aligned with the Alleo Hospice program. At least three community bereavement support groups will be held within the first 18 months of opening.
26. Alleo Health of Florida will expand our Care Navigation program, *Alleo Caring*, to the Service Area 3B population.
27. Alleo Health of Florida will provide continuing education units related to hospice and end of life topics at no charge to health care providers within Service Area 3B on end of life and hospice topics.
28. Alleo Health of Florida will develop and implement patient specific training programs that will be provided on the Alleo University educational platform for patients and caregivers. Patients, families and other caregivers will have access to this Alleo University education resources.

The applicant includes brief individual descriptions of how compliance will be reported to the Agency for each of the conditions in Schedule C.

Brevard HMA Hospice, LLC (CON application #10678), is a Florida for-profit Limited Liability Company. Brevard HMA Hospice, LLC provides hospice services in SA 7A d/b/a Wuesthoff Health System Brevard Hospice and Palliative Care. The applicant references the proposed project as Mederi Hospice.

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Brevard HMA Hospice is an affiliate of/managed by LHC Group (or LHC). The applicant indicates that LHC Group operates 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, Inc. also proposes to establish new hospice programs in SAs 1, 6B, 9A, and 9C in this batching cycle.

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

Total project costs are projected to be \$483,497.50 and include equipment, development, and start-up costs.

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

The applicant’s proposed conditions are presented below verbatim. We included portions of LHC Group’s “Measure” when they provide a timeline for meeting the condition.

Commitment to Nursing Program Support

- **COMMITMENT:** LHC Group, on behalf of Mederi Hospice, commits to offering \$35,000 to a local nursing program within District 3B 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 and supporting the growing workforce needs for hospice care into the future. LHC Group’s “Measure” indicates it expects to identify, select, and fund a partner within 2 years of its hospice program opening but will seek to conclude the process as soon as possible.

Commitment to Palliative Care Program Development

- **COMMITMENT:** 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 3B 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 Marion County Homeless Council, United Way, and other local churches and organizations 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 Elder Options organization with \$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. LHC Group's "Measure" states it will complete the donation within its first two years of operation and report on the donation to the Northwest Florida Area Agency on Aging (this organization is in SA 1) as part of its annual report to AHCA.

Hospice Promise Foundation

- **COMMITMENT:** Beyond its above commitments, LHC Group commits to funding its 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 healthcare providers and community organizations.

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- 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 needing 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 3021 SW 27th Ave Unit 1, Ocala, FL 34471 (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 of operation.

Medicaid Enrollment

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

The applicant also included condition ‘measures’ which were not addressed except as noted above.

Bristol Hospice – Miami Dade, LLC (CON application #10679), also referenced as Bristol or the applicant, is a licensed for-profit hospice provider serving SA 11. The applicant indicates its parent Bristol Hospice Parent, LLC, has 38 licensed programs in California, Florida, Georgia, Hawaii, Oregon, Texas, Nevada, Arizona, Michigan, Colorado, Washington, Wisconsin and Utah. Bristol states it has an additional four locations pending licensure.

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

Total project costs are projected to be \$323,635 and include equipment, development, financing and start-up costs.

Pursuant to project approval, Bristol Hospice Miami-Dade, LLC offers the following Schedule C conditions:

Bristol Hospice will provide all levels and components of Hospice care set forth by the Medicare Conditions of Participation as well as the Florida hospice licensure requirements. Bristol Hospice is committed to serving end of life needs for all community members without regard to race, religion, ethnicity, age, gender, diagnosis, ability to pay, insurance status, or any discriminating characteristic. It is willing to accept any conditions on its Certificate of Need based upon any representations made throughout its application. Specific conditions to be met by Bristol Hospice, if awarded a Certificate of Need, are listed below. Each will be measured by a signed declaratory statement submitted by the applicant to AHCA.

1. Bristol Hospice will implement its Sweet Dreams program upon licensure of the program. It will be made available to all eligible patients.
2. Bristol Hospice will implement its Bright Moments program upon licensure of the program. It will be made available to all eligible patients.
3. Bristol Hospice will implement its Namaste program upon licensure of the program. It will be made available to all eligible patients.

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4. Bristol Hospice will implement its Cancer Care program upon licensure of the program. It will be made available to all eligible patients.
5. Bristol Hospice will implement its Bridge Program upon licensure of the program. It will be made available to all eligible patients.
6. Bristol Hospice will provide support to the community through its Foundation upon licensure of the program.
7. Bristol Hospice will implement its Advanced Illness Management (AIM) program within 6 months of receiving its Medicare certification.
8. Bristol Hospice will implement We Honor Veterans and its Veterans outreach program upon licensure of the program.
9. Bristol Hospice will become accredited by CHAP upon licensure of the program.
10. Bristol will implement its Spanish Speaking program with all materials available in Spanish upon licensure of the program.
11. Bristol Hospice will provide Music Therapy upon licensure of the program.
12. Bristol Hospice will ensure that each patient has an individual plan of care that allows for 5 to 7 Home Health Aide visits per week provided that it is determined as need through the IDT, patient and family.
13. Bristol Hospice will ensure that each patient has an individual plan of care that allows for a minimum of 2 RN visits per week provided that it is determined as need through the IDT, patient and family.
14. Bristol Hospice will ensure a timely response to new admissions seeking to respond to new referrals within 1 hour and complete the admission within four hours if the patient/family so wish and the necessary orders are accessible.

Based upon the conditions of the application outlined above and the supporting detail throughout its application Bristol Hospice has demonstrated its ability and need for AHCA to approve its Certificate of Need application to improve access to Hospice services and bring unique and unparalleled end-of-life care to the community of Marion County.

The Agency notes that CON application #10679, Schedule C, provides a brief description of how each condition will be monitored in the annual condition compliance report, which are not included in the above.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680), also referenced as Cornerstone or the applicant, is a not-for-profit Florida hospice, which has operated in Florida since 1984. Cornerstone provides hospice services in SAs 3E, 6B and 7B.

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The applicant expects issuance of license on February 7, 2022 and initiation of service on February 14, 2022.

Total project costs are projected to be \$345,559 and include building (signage), equipment, project development, start-up and other tangible/deferred (donation to Foundation) costs.

The Agency notes that the applicant provides a brief description of how each condition will be monitored in the annual condition compliance report, which are not included in the conditions below. Pursuant to project approval, Cornerstone Hospice & Palliative Care, Inc., offers the following Schedule C conditions:

1. Cornerstone Hospice commits to implement its award winning Seven Day Case Management Program from the initiation of licensed hospice services in Service Area 3B.
2. Annually provide 4 percent of total patient days to medically indigent (Charity and Medicaid) patients.
3. Form cooperative and collaborative relationships with Service Area 3B indigent service organizations and the local Health Department office.
4. Cornerstone will immediately up licensure expand its existing We Honor Veterans Level IV (four) program to serve Service Area 3B. Cornerstone will provide the same broad range of programs and services to Veterans in Service Area 3B as it currently provides in its existing Service Areas. Every veteran patient & family that desires will be served by the “We Honor Veterans” program and recognized by “Cornerstone Salutes”.
5. Provide a part-time Medicaid Specialist to assist patients with Medicaid application process within the first two years of operation.
6. Allocate \$25,000 per year for transportation services for Patients and Caregivers who need transportation.
7. All restricted donations made to Cornerstone Hospice or the Foundation from Service Area 3B, or identified as a gift in honor of a patient served in the 3B program, shall be maintained in this dedicated account and only used for the benefit of patients and services in Service Area 3B.
8. Not hold or host any fund-raising events (such as golf tournaments) within Service Area 3B during the first two years of operation.
9. Development of Spanish language education and outreach, including having two full-time employees dedicated to this effort, and successfully recruit local bilingual volunteers to help serve migrant and minority populations for whom English is a second language.

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10. Implement a SAGECare cultural competency training program to better serve the LGBT population and become SAGECare certified during the second year of operations.
11. Establish a Cornerstone Centers for Wellbeing in conjunction and co-located with its office in Marion County in the first year of operation.
12. Cornerstone Hospice will develop a physician advisory committee, focusing on addressing community specific healthcare needs. A minimum of 2 community advisory meetings will be held in Service Area 3B during each of the first two years of operation.
13. Cornerstone will commit to extending free CEU in-services to the healthcare community in Service Area 3B. Topics will cover a wide range of both required and pertinent subjects and will include information on appropriate conditions and diagnoses for hospice admission. As part of these offerings, Cornerstone will make EPEC and ELNEC palliative educational programs available to community physicians and nurses. A minimum of 10 in-services will be offered in a variety of healthcare settings during each of the first five years. Additional CEU will be provided on an ongoing basis.
14. Establish its physical presence in Service Area 3B in central Marion County during the first year in the form of an office in the 34470 ZIP code area of Ocala.
15. Purchase an all-terrain vehicle to bring education and services to the isolated patients and families living in the Ocala National Forest that may be in need of hospice care.
16. Cornerstone Hospice will commit to expand the Pet Peace of Mind program into Service Area 5B similar to its other three territories.
17. Apply for licensure within seven (7) days of receipt of the CON and initiate services in 3B within seven (7) days of receipt of the 3B license to quickly enhance and expand hospice services in Service Area 3B.

The reviewer notes that concerning CON application #10680, Schedule C, Condition #2, the applicant's Schedule 7A, year one and year two indicate 3.8 percent of total patient days to Self-Pay and Medicaid patient days (combined). In reference to condition #5, the applicant's year one or year two Schedule 6A and the accompanying notes lack any FTEs specific to a Medicaid Specialist. Condition #6's yearly allocation has no start or end date(s) so it would be ongoing on an annual basis. The applicant's SA 5B reference in condition #16 is in error as the SA is 3B.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681), also referenced as ProMedica Marion or the applicant, is a not-for-profit development stage Florida entity. ProMedica Marion is a

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subsidiary of (domestic nonprofit LLC) ProMedica Health Systems and Subsidiaries (the Systems), established in 1986 and located in Toledo, Ohio, which operates in 28 states as well as providing health care consultative services in China.

The Systems, through its Florida affiliates, owns/operates two licensed hospice programs that serve SAs 4A, 10 and 11.

In this batching cycle, The Systems also proposes to establish a new hospice program in SA 9C.

The applicant expects both issuance of license and initiation of service to occur in January 2023.

The applicant proposes \$348,325 in total project costs, which include equipment, project development and start-up costs. These are the same project costs proposed for the 9C program.

The applicant's proposed "compliance" measures are included when pertinent. Pursuant to project approval, ProMedica Hospice of Marion County, FL, LLC offers the following Schedule C conditions:

1. ProMedica Hospice of Marion County, FL, LLC commits to provide a minimum of one educational seminar per quarter focusing on end-of-life issues for professionals who work with end-of-life patients (such as physicians, nurses, religious leaders, etc.). ProMedica Hospice of Marion County, FL, LLC will commit a minimum of \$75,000 within the first two years of operation for this effort. ProMedica Hospice of Marion County, FL, LLC will provide a listing of educational materials regarding end-of-life issues at these seminars. Compliance with this condition will be documented by annually providing to the Agency a list of seminars conducted and the dates the seminars are offered.
2. ProMedica Hospice of Marion County, FL, LLC commits to establish a patient/family "Special Needs Fund" of \$10,000 for each of the first five years of operation (i.e., \$50,000) of the Service Area 3B to be used by the clinical team members to meet unusual and uncovered patient, family, and employee needs. Examples include medical transportation, private duty caregivers, housing, meals, burial funds, music/pet therapist and massage/other alternative therapies.

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3. ProMedica Hospice of Marion County, FL, LLC commits, for at least the first five years of operation, to a minimum annual budget of \$10,000 per year for the provision of a special wish fund for hospice patients and families in Service Area 3B.
4. ProMedica Hospice of Marion County, FL, LLC commits to provide up to \$10,000 annually for tuition reimbursement for employees to continue education in hospice or end-of-life care. This includes tuition reimbursement for ProMedica Hospice staff to obtain Certified Hospice Palliative Nurse certification, further enhancing the quality of care for hospice residents, as well as supporting staff ability to advance professionally. There will also be an emphasis on promoting tuition reimbursement for the advancement of Hispanic staff.
5. ProMedica Hospice of Marion County, FL, LLC commits to implement a volunteer program within the first two years of operation that focuses on groups who traditionally have not been significantly involved in hospice programs such as teens, ethnic, and racial minorities. Included in the project will be issues of transportation, Wellness Management, Management of Medications, and food needs. This program is known as Social Determinants of Health and ProMedica commits \$100,000 over this two-year period in development this program in Service Area 3B, Marion County.
6. ProMedica Hospice of Marion County, FL, LLC commits to the development and implementation of programs focused on improving access to hospice services by Hispanics (and the subgroups within), and persons of Jewish heritage in Service Area 3B. The programs will include training on cultural differences and competencies and flexible programming to meet their unique needs. Special community education efforts, clinical care protocols, and bereavement services for families will be implemented to increase participation in hospice for groups traditionally underrepresented. Programs for other cultural groups will be developed as the needs are identified in the community.
7. ProMedica Hospice of Marion County, FL, LLC commits to employ bilingual, Spanish-speaking staff, Haitian-speaking staff, and Kreyol (Creole) and to provide translated forms and literature.

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8. ProMedica Hospice of Marion County, FL, LLC commits to provide specialized training for staff working with individuals with Alzheimer's disease to enhance the provision of hospice care to such individuals. Compliance with this condition will be documented by annually providing AHCA with a list of training dates to document that the training has taken place.
9. ProMedica Hospice of Marion County, FL, LLC commits to address the specific needs of patients who have HIV/AIDS/COVID and include information in clinical training programs to meet this identified community need. ProMedica Hospice of Marion County, FL, LLC will ensure that the community is made aware of our acceptance of patients with HIV/AIDS/COVID through our community outreach and education programs. Staff will receive specialized training to enhance the hospice care provided to such individuals. Compliance with this condition will be documented by annually providing AHCA with a list of training dates to documents that the training has taken place.
10. ProMedica Hospice of Marion County, FL, LLC commits to seek accreditation with the National Institute for Jewish Hospice within two years of opening to better serve Jewish residents of Marion County.
11. ProMedica Hospice of Marion County, FL, LLC commits to include representatives from the Hispanic and Jewish communities on its Community Advisory Board (CAB) in Service Area 3B. The CAB will be a volunteer advisory group created to more fully address community issues and will inform ProMedica Hospice of issues regarding hospice and end-of-life care viewed from the perspective of area residents and businesses (especially within the Hispanic and Jewish communities), conduct information sessions as deemed appropriate for the purposes of soliciting further community perspective and technical expertise, and communicate to other members of the community planned programs and services to address service gaps and access issues.
12. ProMedica Hospice of Marion County, FL, LLC commits to developing a Vigil Volunteer program in Service Area 3B, to ensure that patients do not die alone. Vigil Volunteers are also available to give support to family members who need a break from the bedside of their loved ones during the dying process.

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13. ProMedica Hospice of Marion County, FL, LLC commits to apply for accreditation by the Accreditation Commission for Health Care (ACHC) program within the first year of opening the proposed office in Service Area 3B.
14. ProMedica Hospice of Marion County, FL, LLC commits to contract for 1.0 FTE physician specializing in palliative care, in addition to the medical director, to offer palliative care consults for patients served by ProMedica Hospice of Marion County, FL, LLC as well as to hospitals, nursing homes, and other care settings in the community in the fiscal year following ProMedica Hospice of Marion County reaching an average daily census of at least 100 patients.
15. ProMedica Hospice of Marion County, FL, LLC commits to conduct semi-annual meetings with all contracted hospitals and long-term care facilities to review quality of service and responsiveness. ProMedica Hospice of Marion County, FL, LLC will establish a written policy in Service Area 3B to this effect.
16. ProMedica Hospice of Marion County, FL, LLC commits to create and implement a public education program about the benefits of hospice care in Marion County. The goal of this program is to raise awareness and understanding of patients and families regarding hospice care as an end-of-life option.
17. ProMedica Hospice of Marion County, FL, LLC commits to provide 24 hour, 7 days a week, telephone response provided directly by ProMedica Hospice staff. ProMedica Hospice of Marion County, FL, LLC also commits to provide 24 hour, 7 days a week interpretive services, either by ProMedica Hospice of Marion County staff or through a contracted interpretive service.
18. ProMedica Hospice of Marion County, FL, LLC commits to develop, in Year Two, a children's and family retreat program(s) to serve the residents of Service Area 3B, Marion County. These programs will augment traditional bereavement services especially for children experiencing grief or loss.
19. ProMedica Hospice of Marion County, FL, LLC commits that a pain assessment will be completed on all patients at the time of admission, as part of an ongoing pain management program focused on reducing pain to targeted goals within the first 48 hours of admission.

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20. ProMedica Hospice of Marion County, FL, LLC commits to developing a Palliative Care Program within Marion County in the first two years of operation.

The Agency notes that CON application #10681, Schedule C, provides a brief description of how each condition will be monitored in the annual condition compliance report and some additional wording that is not included in the above.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682), also referenced as the applicant, is a for-profit development stage Florida entity. The applicant is an affiliate of PruittHealth, Inc. (also referenced as PruittHealth), founded in 1969 as the Toccoa Nursing Center in Toccoa Georgia. PruittHealth currently provides administrative-related services to all its affiliated health care providers in Florida, Georgia, North Carolina and South Carolina and proposes to provide all the administrative-related responsibilities for the proposed project. PruittHealth Hospice has been providing end-of-life services to patients and families since 1993, and operates a total of 25 hospice programs in Georgia, South Carolina and North Carolina.

The ultimate parent company is United Health Services, Inc. (United or the parent). United does not currently provide hospice services in Florida.

United's PruittHealth, Inc., also proposes to establish a new hospice program in SAs 1, 6B and 9C.

The applicant expects both issuance of license and initiation of service to occur on January 1, 2023.

The applicant proposes \$266,942 in total project costs, which include equipment, project development and start-up costs.

Pursuant to project approval, PruittHealth Hospice – West Central Florida, LLC offers the following Schedule C conditions - Reflective of its commitment to serve all terminally ill residents of Subdistrict 3B, the Applicant is willing to accept any such conditions on its Certificate of Need based on any representations made throughout this document. The Applicant will provide all required core components of hospice care set forth by Medicare Conditions of Participation as well as Florida hospice licensure requirements including the provision of all four levels of service (routine, continuous care, general inpatient and respite) to all types of patients without regard to race, ethnicity, gender, age, religious affiliation, diagnosis, financial status, insurance status or any other discriminating factor.

The Applicant will provide terminally ill Subdistrict 3B residents with a proficient quality hospice provider dedicated to meeting the needs of the community. It will enhance the availability, accessibility, and quality of hospice programming provided to Subdistrict 3B residents, while dually reducing readmissions to area hospital. As demonstrated throughout this Certificate of Need application, the Applicant will meet the AHCA published need as well as the need identified by the market research for this Certificate of Need application.

Specific conditions to be met by the Applicant, if awarded a Certificate of Need to provide hospice services to Subdistrict 3B residents, are highlighted on the following pages 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 (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.

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- The Applicant conditions this application on incorporating PruittHealth Hospice's QAPI Plan.

Inpatient Hospice Services

- The Applicant conditions this application on entering into a “scatter bed” agreement with local inpatient bed providers (hospitals and skilled nursing facilities) to serve both inpatient respite and general inpatient patients.

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 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 Subdistrict 3B 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 Marion Therapeutic Riding Association 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.

Applicant Expense: Year 1-\$10,000 Year 2-\$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 for at the Marion Technical College's Practical Nursing Program to pay for six prospective nurse's tuition and fees. The scholarship will be funded such that \$25,000 per year for each of the first two years of the project.

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 First Step 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

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.

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.

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- 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 somewhat 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. The applicant also included suggested condition measures that are not included here.

Transitions Intermediate Holdings, LLC (CON application #10683), indicated the legal name of Transitions Intermediate Holdings, LLC on the application cover page (AHCA Form 3150-10001 August 2020). The reviewer notes that on page 3 of the application, Transitions Intermediate Holdings, LLC indicates that Transitions Hospice, LLC (not

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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 state 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 1, 6B and 9C.

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

The applicant proposes \$622,598 in total project costs, which include equipment, project development and start-up costs.

CON application #10683, 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 #10683 in its entirety reveals no Schedule C attachment pages. Therefore, the Agency concludes that Transitions Intermediate Holdings, LLC offers no Schedule C conditions by virtue of:

- Lacking any specifics in item C-Schedule C
- Lacking any Schedule C attachment page(s)

VITAS Healthcare Corporation of Florida (CON application #10684), also referenced as VITAS or the applicant, is an existing for-profit Florida hospice provider, parented by CHEMMED Corporation, a publicly traded company. VITAS was founded in 1978 in South Florida

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and provides hospice services in SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11.

VITAS presently has CON #10655 approved to establish a new hospice program in SA 8C (Glades, Hendry and Lee Counties).

The applicant expects issuance of license on March 2, 2022 and initiation of service on April 1, 2022.

Total project costs are projected to be \$921,488 and include equipment, project development and start-up costs.

Pursuant to project approval, VITAS Healthcare Corporation of Florida offers the following Schedule C conditions:

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

C.3 Special Programs:

1. VITAS NEW Diabetes Program

Diabetes is a leading cause of death in Marion County and is a significant contributor to the morbidity and mortality of persons with heart disease and dementia. The age-adjusted death rate for diabetes is 60 percent higher than the state average with a predilection for black and Hispanic patients. The hospitalization rate for diabetes is also significantly higher than the state average and increasing in recent years.

VITAS makes it a condition of this application to establish a new program for hospice patients in 3B. The program improves end of life care for persons dying with diabetes as well as those dying from other conditions such as heart disease and dementia where diabetes is a significant comorbidity. The following elements will be incorporated:

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- a. Staff Training:** All nurses, social workers, and chaplains will complete educational sessions related to diabetes within their first three months of their start date. Training will include at least three elements: 1) a general overview of diabetes prevention, diagnosis, and management; 2) a more nuanced approach to the benefits and harms of management depending upon remaining life expectancy, other comorbid conditions, and risks of hypoglycemia; and 3) an understanding of glycemic targets based upon the state of the science relative to a patients' clinical status.
- b. Healthcare Provider Input:** VITAS will publicize and hold semi-annual meetings open to area endocrinologists, primary care physicians, and other physicians managing patients with diabetes, their support staff and other physician stakeholders. These meetings will be a forum to discuss VITAS' NEW Diabetes Care program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- c. Healthcare Provider Education:** VITAS will offer Diabetes-related continuing education presentations to area healthcare providers. These presentations will focus on managing patients with diabetes and end of life and palliative care. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- d. Community Education:** VITAS will publicize and hold semi-annual "Ask the Doctor" events open to the public. These events will be a forum for area residents to ask a hospice physician and Other VITAS clinicians about hospice care, diabetes care, and caregiving and support for individuals with diabetes and co-morbid conditions such as dementia and heart disease. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- a. Dietician:** VITAS will include a 0.5 FTE dietician in its staffing plan for Subdistrict 3B. The dietician will provide patients care and serve as an educational resource to other hospice staff. Compliance with this condition will be documented by providing AHCA with the name and start date of the dietician.

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- e. **Community Support:** VITAS will provide donations to an organization that supports community education and awareness of diabetes for each of the first two years of operation including:
- \$30,000 annually for the first two years of operation to organizations such as the Estella Byrd Whitman Wellness and Community Resources Center for their weekly Diabetes Education program and/or the American Diabetes Association (<http://www.diabetes.org/>) to support education and support services for the prevention and treatment of diabetes and diabetes-related disease for the first two years of operation in Subdistrict 3B.

Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the first two annual condition compliance reports.

2. Alzheimer's and Dementia Education Support for Caregivers

There is a large and growing elderly population in Marion County, and Marion County is older on average than the state with almost 30 percent of residents age 65 and older. According to the Alzheimer's Association, one in nine people aged 65 and older has Alzheimer's dementia. More specifically, in Florida, the number of people aged 65 and older with dementia is expected to grow by 24.1 percent from 2020 to 2025. As a chronic and incurable disease, patients with Alzheimer's dementia represent a fast-growing group of hospice users. In addition, the high prevalence and death rate of diabetes in Marion County also result in co-morbid dementia increasing the Alzheimer's death rate in Marion County. VITAS is committed to bringing the latest innovations in end-of-life care to its patients and their caregivers. VITAS is also committed to providing patients' caregivers with support. VITAS conditions this application on two elements related to improving care and support for patients with Alzheimer's and their families.

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- b. Staff Training:** All nurses, social workers and chaplains will complete the training modules in the VITAS Alzheimer's and Dementia Care program within 3 months of their start date. VITAS Alzheimer's and Dementia Care program includes 2.5 hours of CEUs covering evidence-based protocols for behavioral symptoms. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion.

Healthcare Provider Education: VITAS will offer an annual Alzheimer's Disease and dementia-related continuing education presentation to area healthcare providers for at least the first three years of operations. The presentation will focus on end-of-life care for patients with Alzheimer's Disease and dementia diagnoses.

- c. Music Therapy:** It has been shown that Alzheimer's patients benefit from Music Therapy. VITAS conditions this application on hiring a Music Therapist. Compliance with this condition will be documented by providing AHCA with the name and start date of the music therapist.

- d. Community Support:** VITAS will provide donations to an organization that supports caregiver education and support for family member/caregivers to individuals with Alzheimer's Disease or dementia including for each of the first two years of operation including:

- a.** \$25,000 annually for the first two years of operation to the Alzheimer's Association, Florida Central and North Florida Chapter (www.alz.org/cnlf) to promote caregiver education and support.

Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the first two annual condition compliance reports.

3. VITAS Pulmonary Care Program

In comparison to the state average, Subdistrict 3B residents have a higher age adjusted death rate attributable to chronic lower respiratory disease. The age group driving the need for an additional hospice provider is the 65 and older population, who are often Medicare patients. Further, the major hospitals in Marion County are experiencing mortality rates and readmission rates for COPD and Pneumonia that are higher than the state

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average. Lastly, the dominant hospice provider in Marion County has an average and median hospice length of stay that is significantly below the state average. These metrics can be indicators of late referrals and a need for patient and staff education. VITAS proposes to improve these metrics in Marion County by targeted, diagnosis-specific outreach to area practitioners, improved care for pulmonary patients, and community education through its Pulmonary Care Program.

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

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

Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

- d. Healthcare Provider Education:** VITAS will offer COPD-related continuing education presentations to area healthcare providers. These presentations will focus on end of life and palliative care. VITAS will offer two programs to area providers each year, for at least the first three years of operation. The two programs will be Palliative Care for End-Stage COPD Patients and COPD: The Disease. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- e. Community Education:** VITAS will publicize and hold semi-annual “Ask the Doctor” events open to the public. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice care, end-stage pulmonary disease, and caregiving and support for individuals with respiratory disease. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

4. VITAS Cardiac Care Program

Cardiac disease is the primary cause of death among Marion County residents. Additionally, the age-adjusted death rate for coronary heart disease in Marion County is significantly higher than the age-adjusted death rate for coronary heart disease in Florida. The 65 and older population in Marion County is driving the need for an additional hospice care provider. Accordingly, data from AHD.com, the 30-day risk adjusted mortality rates and readmission rates for heart failure patients at the two local hospital systems are higher than the national average. Further, the average and median hospice length of stay for the dominant hospice provider in Marion County was significantly less than the state average. These statistics are indicators of late referrals and need for education. These metrics can be improved by targeted diagnosis-specific outreach to area practitioners, improved care for cardiac patients, and community education through the VITAS Cardiac Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 3B. The program, described in Schedule B, improves end of life care for patients with cardiac diagnoses, by using the following elements:

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- a. **Staff Training:** All nurses, social workers, and chaplains will complete the training modules in the VITAS Cardiac Program Resource Manual (or its successor) within 3 months of their start date. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.

Provider Input: VITAS will publicize and hold semi-annual meetings open to area cardiologists and their support staff. These meetings will be a forum to discuss VITAS' cardiac program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

Healthcare Provider Education: VITAS will offer an annual cardiac-related continuing education presentation to area healthcare providers for at least the first three years of operation. The presentation will focus on end-of-life care for patients with cardiac diagnoses. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

Community Education: VITAS will publicize and hold semi-annual "Ask the Doctor" events open to the public. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice care, cardiac disease, and caregiving and support for individuals with cardiac disease. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report

5. **VITAS Sepsis Program**

According to a study published in The Journal of the American Medical Association, 40 percent of sepsis deaths met hospice eligibility at time on hospital admission.⁷ The age adjusted death rate from Sepsis is significantly higher in Marion County than in the state as a whole. Septicemia is the largest single DRG group by discharges at the two hospital systems in Marion County.

⁷ Rhee C, Dantes R, Epstein L, et al. Incidence and Trends of Sepsis in US Hospitals Using Clinical vs Claims Data, 2009-2014. JAMA. 2017;318(13):1241-1249. doi:10.1001/jama.2017.13836

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Additionally, Sepsis, Medicare-insured patients receiving hospice services at the two hospitals in Marion County have shorter lengths of stays than the state average. Many healthcare providers miss the opportunity to recognize hospice eligibility for this disease demographic, and thus, additional education is needed. VITAS has developed a library of resources for healthcare professionals to better understand when to refer to hospice and what specific concerns they have with the value that VITAS can bring in the care model. These metrics can be improved by targeted, diagnosis-specific outreach to area hospitals and physicians through the VITAS Sepsis Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 3B. The program, described in Schedule B, improves end-of-life care for patients with sepsis diagnoses, by using the following elements:

- a. Staff Training:** All nurses, social workers and chaplains will complete the training modules in the VITAS Sepsis Program Resource Manual within 3 months of their start date. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- b. Provider Input:** VITAS will publicize and hold meetings with hospital staff and physicians to serve as a forum to discuss VITAS' sepsis program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- c. Healthcare Provider Education:** VITAS will offer an annual sepsis-related continuing education presentation to area healthcare providers for at least the first three years of operation. The presentation will focus on end-of-life care for patients with sepsis diagnoses. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

- d. **Community Education:** VITAS will publicize and hold semi-annual “Ask the Doctor” events open to the public. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice care, sepsis, and caregiving and support for individuals with sepsis. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

6. Veterans Program

Veterans have unique end-of-life needs and benefit from specialized programming and care. Veterans comprise 22.8 percent of the population 65 and older overall in Subdistrict 3B with an estimated 24,000 veterans age 65 and older. To meet the needs of this special population, VITAS will ensure programming and recognition for Veterans at end of life.

- a. **Honor Flight Network:** VITAS conditions this application on providing virtual reality "flightless" visits for veterans who cannot participate in the Honor Flight Network trips to Washington D.C. but are interested in the program. This program is described in detail in Schedule B. Compliance will be documented by submitting a dated number of patients who participate in the annual condition compliance report.
- b. **Veterans Wall:** VITAS also conditions this application on offering to install a Veterans Wall in at least 2 area assisted living facilities or nursing homes within the first two years of operation. The wall will showcase a VITAS-provided photo plaque for each veteran resident, engraved with name and branch of service. The wall serves as a resource for the community and a location for veteran-specific events. Compliance will be documented by submitting dated correspondence to area assisted living facilities offering to sponsor and create the wall in the annual condition compliance report.

- c. **We Honor Veterans:** VITAS conditions this application on the Subdistrict 3B program entering the We Honor Veteran program and achieving Level 4 commitment to the program within the first two years of operation. VITAS regularly participates in the We Honor Veterans Program, which is described in detail in Schedule B. Compliance will be documented by submitting the date the program becomes a recruit and the date it achieves Level 4 status in the annual condition compliance report.
- d. **Veterans Liaison:** Lastly, VITAS conditions this application on providing a Community Liaison that dedicates half of their time to Veterans in Subdistrict 3B, who will be included in staffing model. Compliance with this condition will be documented by providing AHCA with the start date of the Veterans Liaison.

7. Bridging the Gap Program and Medical/Spiritual Toolkit

Among residents in Marion County, Black Americans are the largest marginalized population. However, as it relates to hospital discharges to hospice, Black residents are the most underserved group of all racial groups in Marion County. This indicates that Black patients in Subdistrict 3B are either not referred to hospice services or are refusing hospice care. Provider and community education can help increase hospice use rates in marginalized communities.

- a. **Bridging the Gap Training and Discussion:** VITAS has created a Bridging the Gap training and panel discussion for healthcare professionals and spiritual leaders on the needs of Black and Hispanic peoples at the end of life, and how to engage families in end-of-life discussions. This program is described in detail in Schedule B. VITAS conditions this application on offering the Bridging the Gap program in Subdistrict 3B during the first year of operation. Compliance will be documented by submitting a dated list of correspondence and offers to provide the program, a description of the training, and a list of attendees.
- b. **Bridging the Gap Toolkit:** The Bridging the Gap Toolkit will also be offered to spiritual leaders to review evidence about preferences on end-of-life care and provide resources for end-of-life conversations including how to address a patient's faith and how to engage a terminally ill patient's family to provide support. VITAS conditions this application on providing the

toolkit to healthcare providers and spiritual leaders in Subdistrict 3B the first year it is available. Compliance will be documented by providing a copy of the materials and a list of people who received the toolkit in the annual condition compliance report.

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

VITAS analysis has determined that there are 33 ALFs in Subdistrict 3B of which many are very large facilities. The dominant provider of hospice service in Marion County provides a low percentage of days of care in the ALF setting. The ALF setting is home to many patients with Alzheimer's and dementia. Hospice staff who receive ALF CORE Training will be better equipped to meet ALF residents' needs and partner with ALF staff.

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

9. Palliative Care Program and Resources

VITAS offers to all of its patients' options for palliative care, as this care is a vital component of high-quality, comprehensive hospice care. The dominant provider of hospice services in Marion County has very short median and average hospice average length of stay indicating patients are not getting access to early care including palliative care program. The palliative care services offered by VITAS are described in detail in Schedule B. It is important to note that not all patients who could benefit from palliative care are eligible for hospice care. In order to determine what services are appropriate for patients seeking hospice care, it is important to have detailed, open discussion with the patient and his or her family concerning end-of-life goals and advance care planning. To ensure Subdistrict 3B patients who would benefit from palliative care receive the services they need, VITAS conditions this application on:

- a. **Engaging area residents with serious illness in advance care planning and goals of care conversations:** VITAS conditions this application on providing easy-to-understand

documents and aides to facilitate decisions on care for serious illness. Additionally, VITAS will use the Five Wishes document and a wishes and values guide during advance care planning and goals of care conversations. Compliance with this condition will be documented by providing copies of these documents in the annual CON condition compliance report.

- b. Bringing VITAS Palliative Care into 3B:** Because VITAS is committed to providing comprehensive care, for patients who are not yet eligible or ready for hospice care, VITAS Palliative Care, a VITAS-affiliated physician-led consultative practice, will provide services to palliative care to patients in Subdistrict 3B within the first two years of operation. Compliance with this condition will be documented by a letter from VITAS Palliative Care stating the physicians initially providing services, the office location and the opening date. This will be submitted in the annual CON condition compliance report.
- c. Providing Palliative Services to Cancer Patients in Subdistrict 3B:** Some cancer patients can only access hospice services if hospice can provide or arrange for palliative services including chemotherapy and radiation to manage pain. Not all hospice programs provide such services even if medical necessary. VITAS will provide palliative chemotherapy, inotrope drips, and radiation to manage patients' pain and symptoms, as appropriate. Compliance with this condition will be documented by a count of Subdistrict 3B patients that were offered and/or received palliative chemotherapy, inotrope drips, and radiation.

10. Provider Education and Training Programs

VITAS has spoken with numerous healthcare providers in Subdistrict 3B who indicate that there is a need for additional end-of-life care training of physicians, nurses, and social workers in the service area. Hospice education programs provide healthcare providers with vital information and tools to help appropriately identify patients that would qualify for and benefit from hospice care, thereby improving access to hospice care.

VITAS will offer an End-of-Life Nursing Education Consortium (ELNEC) training program within the first year of operation. VITAS will also offer an Education in Palliative and End-of- Life Care (EPEC) training program for physicians within the first year

of operation. Lastly, VITAS commits to employing 4 Reps to educate Subdistrict 3B Health Professionals and Health Care Communities. Documentation of these meeting will be provided to AHCA as part of the annual CON condition compliance report.

11. Quality and Patient Satisfaction Program

In order to provide high-quality patient care, VITAS is continuously reviewing its performance to evaluate what is working and to identify ways to improve. High-quality hospice providers must incorporate care and support services that not only alleviate painful symptoms of patients but also, ease the major physical, spiritual, and emotional burdens of patients and their families during such a difficult time.

- a. Performance Improvement Specialist:** VITAS conditions this application on hiring a full-time Performance Improvement Specialist in Subdistrict 3B within the first six months of operation. This position is dedicated to supporting quality and performance improvement programs for the hospice program in Subdistrict 3B. The Performance Improvement Specialist will perform ongoing quality assessments and monitoring and will collaborate with senior management to identify priorities for improvement. Additionally, the Performance Improvement Specialist will ensure hospice staff receive and remain current with the required training and in-service education. Compliance with this condition will be demonstrated by submitting the name and hire date of the Performance Improvement Specialist in the condition compliance report.
- b. Accreditation:** VITAS conditions this application on applying for Community Health Accreditation Partner (CHAP. This conditioned will be measured by providing AHCA with and attestation that an application for accreditation has been submitted to the accrediting body within the first year of operation.

12. VITAS Staff Training and Qualification

Dedicated, experienced, and empathetic hospice staff are an important component to providing high-quality hospice care to patients and their families. VITAS is committed to ensuring all of its staff, including staff in Subdistrict 3B are well-trained to provide the best possible care. Accordingly, VITAS conditions this application on:

- a. The Medical Director covering Subdistrict 3B will be Board-Certified in Hospice and Palliative Care medicine or obtain certification through the Hospice Medical Director Certification Board.
- b. VITAS will provide a salary increase and will reimburse any testing fees for RNs, LPNs, home health aides, and social workers who are certified in Hospice and Palliative Care.
- c. All employed Chaplains covering Subdistrict 3B will have a Master of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.
- d. All social workers will have a master's level of education or Licensed Clinical Social Workers.

Compliance will be shown by lists of relevant staff showing their qualifications and by lists showing certification dates and salary increase adjustments provided to RNs, LPNs, social workers and home health aides who obtain the respective certification.

C.4 Other Conditions:

13. Hospice Office Locations

The hospice office location is important because the location has the potential to facilitate hospice visibility, community awareness, and focused interaction with the community. VITAS is committed to increasing hospice awareness and utilization in Subdistrict 3B.

Marion County's largest city is Ocala; however, there are many other smaller towns and more rural areas. A physical presence in more than one of these communities is critical to ensuring outreach, education, and awareness.

VITAS conditions this application on having **two hospice offices**. The initial office will be located in the Dunnellon area within the first year. Compliance will be demonstrated by submission of the VITAS license with the office locations.

14. Deed Restricted Community Liaison

There are numerous large deed age-restricted communities ("DARC") in Marion County, including a portion of The Villages, which are home to residents age 55 and older. To ensure the needs of residents of these communities are met and outreach is targeted to the communities, VITAS conditions this application on

having a Community Liaison that dedicates half of their time to education and outreach to DARC residents and their families. The Liaison will be hired within the first year of operation. Compliance with this condition will be documented by providing AHCA with the date of hire of the Liaison on the condition compliance report.

15. VITAS Will Not Solicit Donations

The primary purpose of this project is to improve access to hospice care, not financial benefit. Thus, VITAS will not solicit charitable contributions from patients, family, or friends relating to its services in Subdistrict 3B nor will VITAS engage in fundraising events for its program. Any unsolicited donations received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community. Compliance will be provided in the annual CON conditions compliance report with an attestation confirming any unsolicited amounts were provided to VITAS Community Connections.

16. Outreach and End-of-Life Education for Subdistrict 3B Residents Experiencing Homelessness, Food Insecurity and Limited Access to Healthcare

As discussed in detail in Schedule B, Subdistrict 3B has had a significant increase in the homeless population and now the homeless population rate is significantly higher than the state average. Area residents also have seen a significant increase in the percent of individuals who are food insecure from 2019 to 2020, likely attributable to COVID-19. Further, Subdistrict 3B has a relatively large population with a household income of under \$35,000. VITAS is committed to caring for all patients, regardless of their socioeconomic status or where they call home. VITAS is also committed to providing resources that will improve quality of life and tools that will prove useful at the end of life whether or not an individual becomes a VITAS patient.

Community Support: VITAS conditions this application on providing assistance to homeless and impoverished communities in 3B. Specifically, VITAS conditions this application on providing for the first two years of operation including:

- **Support for the Homeless:** A grant of \$25,000 per year for the first two years of operation to homeless assistance

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organizations that provide support to homeless populations specifically in Subdistrict 3B;

- **Support for the Food Insecure:** A grant of \$25,000 per year for the first two years of operation to food assistance organizations such as food banks or pantries or other similar food distribution programs that provide support to food insecure populations specifically in Marion County;
- **Support for Mental Health and Primary Care Access:** A grant of up to \$25,000 per year for the first two years of operation to Lutheran Services of Florida (www.lsfnet.org), Community Foundation Ocala/Marion County, and/or a similar organization serving Marion County to support access to mental, behavioral, and primary health care services for people facing poverty that do not have health insurance.

Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the first two annual condition compliance reports.

17. Educational Grant

VITAS believes in supporting local educational organizations that focus on training the healthcare workforce to support both hospice care and other healthcare providers. This is especially critical given the impact of COVID on the healthcare industry and its front-line workers. VITAS conditions this application on providing educational grants in each of the first two years of operation, including:

- \$20,000 to Marion County Technical School for tuition support for hospice aide/nursing aide students; and
- \$75,000 to either University of Central Florida, College of Central Florida, or a similar local educational institute to support LPN, BSN and Health Science scholarships and training equipment needs.

Compliance with this condition will be demonstrated by providing AHCA with a copy of the checks and information on what program(s) the checks fund as part of the condition compliance report.

18. Medicaid Manage Care Education

VITAS recognizes the complexity of ensuring Medicaid patients have access to hospice care and benefits including those who are dually eligible for Medicare and Medicaid. VITAS conditions this

application on providing webinars related hospice eligibility and access that will be made available to representatives and Managed Medicaid Care Plans and AHCA administrators of the Medicaid program.

19. Services Beyond the Traditional Hospice Benefit

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

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

- Providing admissions in the evening and on weekends to address the need identified by hospitals and physicians in Subdistrict 3B, a service that other service area providers do not offer sufficiently. Compliance will be measure by providing the number of admissions occurring after normal business hours and weekends.
- Offering a 24-hour call system called Telecare to provide caregivers with assurance and guidance, and dispatch hospice staff when necessary. Compliance will be provided in the annual CON conditions via an attestation of the service's availability and the service's contact information.
- Providing services to address medically complex, high acuity services such as hi-flow oxygen, IV therapy, open Rx formulary, paracentesis, thoracentesis, palliative blood transfusions, palliative TPN inotropes. Compliance will be provided in the annual CON conditions via an attestation of the service's availability.
- Providing internships to area social workers, chaplains and/or MBA and MHA (Master of Healthcare Administration) students. Compliance with this condition will be provided as a list of the number and type of interns in 3B, their associated school and the length of their internship.
- Education for area healthcare providers on end-of-life care issues including long term care facility staff. VITAS conditions this application on offering webinars that provide continuing education units to area healthcare providers. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

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- Providing a free prognostication tool through the VITAS app for all area physicians. Compliance with this condition will be evidenced by providing information on the application and copies of educational and marketing materials about the application distributed in Subdistrict 3B as part of the annual condition compliance report.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, upon identified need or request. Compliance with this condition will be evidenced by documenting the number of individuals receiving bereavement services more than a year after the death of a family member in each annual CON condition compliance report.
- Patients benefit from programs and activities that are not part of the traditional set of hospice services. VITAS conditions this application on providing the following non-core services:
 - a. Life Bio
 - b. We Honor Veterans Program
 - c. Lavender Touch Experience
 - d. Musical Memories
 - e. Paw Pals
 - f. Music therapy
 - g. Massage therapy
 - h. Specialty children's bereavement services

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

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

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

Should a project be approved, 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 in Chapter 59C-1, Florida Administrative Code. An approved CON does not guarantee licensure of the proposed project. Meeting the applicable licensure requirements and licensure of the proposed project is the sole responsibility of the applicant.

D. REVIEW PROCEDURE

The evaluation process is structured by the certificate of need review criteria found in Section 408.035, Florida Statutes, rules of the State of Florida, and 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 Steve Love analyzed the application in its entirety with consultation from financial analyst Eric West 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., applicable rules of the State of Florida, and 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 3B for the January 2023 hospice planning horizon. The co-batched applicants are applying in response to published need.

SA 3B is currently served by Hospice of Marion County Inc and Kindred Hospice. See the admissions table for July 1, 2020—June 30, 2021 below.

**SA 3B Admissions
12 Months Ending June 30, 2021**

| Hospice Provider | Admissions |
|------------------------------|-------------------|
| Hospice of Marion County Inc | 3,418 |
| Kindred Hospice | 522 |
| Total | 3,940 |

Source: Florida Need Projections for Hospice Programs for the January 2023 Hospice Planning Horizon, published August 6, 2021

The reviewer notes that later in this section, co-batched **CON application #10684** indicates that Hospice of Marion County, Inc., is the more dominant hospice provider in SA 3B. The reviewer notes that Hospice of Marion County, Inc. had 86.75 percent and Kindred Hospice 13.25 percent of the total for the 12 months ending June 30, 2021.

Alleo Health of Florida, LLC (CON application #10677) provides a 10-list summary of the proposed project that it states is based on a detailed assessment/analysis/evaluation on pages 23-25 of the

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application. In brief, the applicant contends support its project approval is as follows:

1. AHCA’s fixed need pool forecast shows strong elderly population growth and identifiable underserved population segments
2. Large African American and Hispanic populations, along with a large and underserved financially impaired population
3. Large Veterans population
4. Letters of support documenting the community-based and qualitative need for the proposed project
5. Without exception, the Group provides care to all segments of the populations it serves regardless of race, ethnicity, insurance coverage, financial resources or ability to pay
6. The Group has the managerial, financial and clinical resources necessary to successfully develop and operate the proposed project
7. The Group has the geographic expansion experience and expertise required to support the proposed expansion into SA 3B marketplace
8. Alleo will establish a value-based and cost effective hospice SA 3B program that will follow the Group’s existing program low re-admission and high patient satisfaction rates
9. Alleo will bring a strong and comprehensive bereavement and grief support program into SA 3B, similar to the programs currently offered at the Group’s existing operations
10. CON application #10677, Schedule C conditions document important linkages with the local SA 3B community

Alleo utilizes the Agency’s Florida Population Estimates and Projections by AHCA District 2015-2030, published September 2021 for the Marion County total population and age 65+ population projections to 2026, to indicate strong elderly growth and the aging population in SA 3B.

Alleo uses U.S. Census, 2020 DEC Redistricting Data to indicate the African American (one race) and Hispanic (of any race) populations and population percentage in SA 3B in 2020. See the table below:

SA 3B 2020 Racial and Ethnic Profile

| | African American (one race) | Hispanic (of any race) |
|--------------|--|-----------------------------------|
| Population # | 44,411 | 55,910 |
| Population % | 12% | 15% |

Source: CON application #10677, page 28

Alleo provides a comparison of population growth among the African American and Hispanic populations in SA 3B from 2010 to 2020, explaining that from 2010 to 2020, Marion County’s African American

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population has remained relatively stable, but the Hispanic population has grown significantly (page 29 of the application). The reviewer notes that the applicant does not offer estimates to indicate racial/ethnic population projections such as for the January 2023 hospice planning horizon or beyond.

Alleo utilizes the MedPAC Report to Congress, Medicare Payment Policy, March 2021, MedPAC analysis of data from the Common Medicare Enrollment file and hospice claims from CMS, to indicate the percentage of Medicare decedents during CY 2019 who used hospice care, by age cohort and by race/ethnicity. The applicant points out that hospice use rates increase by each increasing age cohort but there is a lower-than-average use rate in the African American and Hispanic populations. The reviewer combines the applicant’s two stated MedPAC source tables (below).

Percent of Medicare Decedents Who Use Hospice Care – 2019 by Age Cohort and Race/Ethnicity

| Population Segment | Percent of Medicare Decedents Who Use Hospice |
|-----------------------------------|--|
| <i>Age of Medicare Decedent</i> | |
| 0-64 | 29.4% |
| 65-74 | 41.0% |
| 75-84 | 52.2% |
| 85+ | 62.7% |
| All Medicare Beneficiaries | 51.6% |
| <i>Race/Ethnicity</i> | |
| White | 53.8% |
| African American | 40.8% |
| Hispanic | 42.7% |
| Asian American | 39.8% |
| North American Native | 38.5% |
| All Medicare Beneficiaries | 51.6% |

Source: CON application #10677, pages 28 and 29 (tables combined)

The applicant maintains that the Group has the programs initiatives to target and enhance usage of hospice services within these minority populations. Alleo cites the HealthPivots data based on Medicare data for the 12 months ending December 2020, which shows Marion County’s African American (46 percent) and Hispanic populations (51 percent) have lower death service ratios than the white population (63 percent) and the total population (61 percent). The reviewer notes these rates all exceed the 2019 national average for Medicare beneficiaries.

Alleo uses the U.S. Census, October 2021, American Community Survey, one-year estimates, to show Marion County had the following 2019 economic/health insurance profile

- \$49,576 median household income/vs. \$59,227 in Florida

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- 12.5 percent without health insurance coverage versus 13.2 percent in Florida
- 15.0 percent Marion County population living in poverty versus 12.7 percent in Florida

Alleo indicates that according to the US Department of Veterans Affairs, the 2020 Marion County veteran population is estimated to be 38,000 veterans. Alleo contends that with this veteran population has a high and ever-increasing percentage of its population age 65+ so, the need for hospice services in support of this veterans group is large and growing. The reviewer notes that Alleo does not indicate the current or projected number of Marion County residents age 65 and over who are veterans.

Alleo provides excerpts from selected letters of support from Veteran Helping Veteran USA, Inc., two religious leaders, a homeless organization serving women and their children, an LGBTQ magazine located in Ocala and a Life Care Centers of America Vice-President. The applicant's letters are included in the application's Appendix 8.

Alleo forecasts 212 admissions in year one (ending 05/2023) and 439 admissions in year two (ending 05/2024).

Brevard HMA Hospice, LLC (CON application #10678) provides SA 3B population growth and population demographics tables which the reviewer has summarized below, particularly regarding the age 65+ population.

- Page 61 of the application
 - Age Cohort Growth 2020-2030⁸
 - Total Population Growth by Age/2020-2030
 - Age 65+ (an increase of 33,400 age 65+ residents)
 - Age 65+ (an increase of 31.20 percent age 65+ residents)
 - Total Population Growth by Age/2022-2027
 - Age 65+ (an increase of 7,255 age 65+ residents)
 - Age 65+ (an increase of 6.6 percent age 65+ residents)
- Page 62 of the application (2022-2025)
 - Veteran Population
 - Population by Race
 - Population by Ethnicity (Hispanic vs. Non-Hispanic)

⁸ Source: <http://edr.state.fl.us/content/population-demographics/data/index-floridaproducts.cfm>. this website from the Office of Economic & Demographic Research, a research arm of the Florida Legislature.

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

- The applicant is estimating by 2025:
 - A total of 21,650 age 65+ veteran residents (representing 2.02 percent of all Florida veteran residents)
 - A total of 53,128 Black residents (all age cohorts) – representing 13.51 percent of all Marion County residents
 - A total of 55,524 Hispanic residents (all age cohorts) – representing 14.12 percent of all Marion County residents

Brevard states that Florida Health Charts for 2019, show the following were the leading causes of death in Marion County, with Marion County shaded and bolded if greater than that of the Florida cases per 100,000 residents. See the table below.

**2019 Leading Causes of Death
Marion County and Florida
Per 100,000 Residents**

| County/ Area | Cardio-vascular | Cancer | CLRD | Stroke | Diabetes | Renal/ Nephritis | Injuries | Liver Disease |
|-------------------------|------------------------|---------------|--------------|---------------|-----------------|-----------------------------|-----------------|--------------------------|
| Marion | 402.7 | 311.1 | 106.1 | 43.9 | 56.7 | 16.1 | 117.5 | 25.6 |
| Florida | 221.2 | 214.2 | 56.4 | 65.2 | 29 | 15 | 62 | 15 |

Source: CON application #10678, page 63

The applicant discusses the existing providers utilization and contends it will exceed applicants in this batch who opened new hospice programs providing a table showing these providers year one and two market shares. LHC states that its home health agency served 1,542 Marion County residents in CY 2020 and that it “typically coverts around 15-16% of the home health agency volume to hospice where it has co-located HHA/Hospice services”.

In estimating year one and year two admissions and patient days, Brevard states that Mederi Hospice assumed the death rate would remain constant as applied to the 2023 need projections and applied the statewide use rates for hospice as applied by AHCA for the January 2023 planning horizon. On page 67, the applicant cites six other factors in considering the patient admission and patient days estimates.

Brevard states its “conservative estimate” is to have 279 year one admissions and 348 admissions in year two.

Bristol Hospice – Miami Dade, LLC (CON application #10679) begins by pointing to the need for an additional hospice program in SA 3B. On pages v and vi, as well as page 1-3 of the application, Bristol Hospice summarizes the following findings of its need analysis in determining

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unmet hospice need in SA 3B. The applicant bullets solutions to address the stated unmet need:

- With the growing elderly population in Florida, especially in Marion County, essential health services-including hospice will be in high demand. Marion County has a lower hospice use rate among Medicare beneficiaries compared to the state (average of 63 percent in 3B versus 66.8 percent in Florida)
- Marion County has a notable veteran population (10 percent, state 6.8 percent), especially veterans age 65+ (20.7 percent in 3B, 17.0 percent for the state)
- Cardiovascular diseases and cancer are the top causes of death in SA 3B, yet hospice is underutilized for these illnesses compared to the state

Bristol Hospice comments that by July of 2026, SA 3B demonstrates a 15.6 percent growth rate in the population that is age 65+ (CON application #10679, page 1-4, Table 1-2). On the application's page 1-5, Bristol Hospice provides two maps to show the age 65+ population in Marion County by ZIP Code, as well as ALF and SNF dispersion throughout Marion County.

Bristol Hospice points out that in 2021, the Hispanic (14.8 percent) and Black (13.2 percent) populations in Marion County are the two highest ethnic/minority populations. Bristol Hospice point outs that by 2026, the Hispanic population will account for 16.60 percent and Black/African American residents 13.52 of Marion County's total population. The applicant next addresses Marion County's CY 2021 total population compared to the veteran population explaining that it estimates the overall veteran population is 10.0 percent of Marion County's total population. The 65 and older veterans account for 20.7 percent of Marion County's total veteran population.

Bristol contends that for CYs 2018 - 2020, Marion County's Medicare hospice patients age 65 and older had lower hospice use rates than Florida overall. The reviewer notes the stated lower Medicare hospice use rates for the age 65 and over in Marion County compared to Florida overall (page 1-8, Table 1-6 and page 2-7, Table 2-1):

- 2018
 - 79.1 percent (SA 3B)
 - 82.89 percent (Florida)
- 2019
 - 80.6 percent (SA 3B)
 - 88.5 percent (Florida)

- 2020
 - 74.3 percent (SA 3B)
 - 80.9 percent (Florida)

Additionally, Bristol Hospice indicates that in 2019 and 2020 Hispanic and Black Marion County residents had lower Medicare hospice use rates than whites, with Hispanics having much lower Medicare hospice use rates than Black residents (page 1-9, Table 1-7 of the application).

Bristol Hospice explains that one of the complaints heard from providers is that there is a delay in response time from Ocala hospice staff resulting in patients returning to the hospital for end-of-life symptom management (page 1-9 of the application). Bristol further explains that from 2018-2020, the ratio of the discharge-from-hospital-to-hospice compared to in-hospital deaths has remained at 1.5 for the past three years indicating that discharges to hospice have been consistently greater than in-hospital deaths. However, the ratio decreased significantly during 2020. The applicant's letter of support writer notes that "we have seen our hospital death counts rise from an average of 70 people a month to greater than 300 people per month over the last 6 months".

Bristol Hospice comments that the two leading causes of death in Marion County in 2020 were:

- Cardiovascular disease
- Malignant neoplasm (cancer)

The applicant further comments that when comparing leading causes of death in 2019 and 2020 in Marion County compared to Florida overall, Marion County had lower hospice use rates than Florida overall (page 1-12, Table 1-10):

- 2019
 - Cardiovascular disease
 - Malignant neoplasm (cancer)
 - Infectious diseases
 - Respiratory diseases
- 2020
 - Cardiovascular disease
 - Infectious diseases
 - Respiratory disease
 - COVID-19

The applicant asserts that hospice programs such as Bristol Hospice, with experience and established protocols for helping persons with these types of illnesses are able to better serve the community.

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Bristol Hospice states having keeping estimates conservative, it estimates a total of 174 admissions in year one (with a 4.0 expected market share) and a total of 308 admissions in year two (with a 7.0 expected market share). The reviewer partially reproduces Bristol’s forecast, excluding its projected total SA 3B admissions. See the partially reproduced forecast table below.

**Forecasted Bristol Hospice Admissions in SA 3B
Year One (7/22-6/23) at a 4.0 Percent Market Share and
Year Two (7/23-6/24) at a 7.0 Percent Market Share**

| Cause of Death | Bristol Hospice Admissions Year One (7/22-6/23) | | |
|----------------|--|------------|------------|
| | 0-64 | 65+ | Total |
| Cancer | 10 | 35 | 45 |
| Other | 10 | 119 | 129 |
| Total | 20 | 154 | 174 |
| Cause of Death | Bristol Hospice Admissions Year Two (7/23-6/24) | | |
| | 0-64 | 65+ | Total |
| Cancer | 17 | 61 | 78 |
| Other | 18 | 212 | 230 |
| Total | 35 | 273 | 308 |

Source: CON application #10679, page 1-13, Table 1-11 (partially reproduced)

The reviewer notes that the year one and year two admission totals shown above, 174 and 308, respectively:

- Agree with CON application #10679, page iv and page v, Table PS-2, as well as the applicant’s response to item E.2.b.(1)(d) of this report
- Do not agree arithmetically with the applicant’s responses to items E.2.b.(1)(c) or E.2.b.(1)(e) which are 172 in year one and 305 in year two.

The applicant discusses assumptions in reaching its year one and year two admission estimates, as well as its impact analysis on existing SA 3B hospice programs (pages 1-14 to 1-16 of the application).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) begins by confirming the Agency’s published need for an additional hospice program in SA 3B. Cornerstone also states that factors considered in its assessment of the area were (page 24 of the application):

- Population, size, composition and growth
- Mortality and morbidity data
- Community Health Needs Assessments (CHNA) reports
- Local community provider discussions, input and support

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- Patterns of hospice use including income, racial and ethnic considerations
- Access issues
- Service gaps in end-of-life care

Cornerstone explains having reviewed/taken into account the results of four Marion County community health needs assessments (CHNAs) in its analysis. These were conducted by FDOH Marion County, Advent Health, UF Health Shands and Central Florida Health/The Villages Regional Hospital and the applicant states the majority were developed or updated since 2019. Cornerstone lists a total of 19 areas of concern relative to the delivery of hospice services in the area (pages 31 and 32 of the application).

Cornerstone points out that consistent with the Agency's published need for a new hospice program in SA 3B, its own assessment of need in the area and the results of the stated CHNAs described above, the applicant bullets 12 factors that support hospice need in the area. The reviewer briefly summarizes these 12 factors (pages 6-8 and duplicated on pages 72-73 of the application):

- Cornerstone, a Florida nonprofit corporation, has a governing body composed of leaders from the communities that Cornerstone serves, and its board would be expanded to include new board members from SA 3B – fostering local accountability
- Between 2021 and 2026, the population of SA 3B is projected to increase by 25,605 persons
- Both minority population groups (African American and Hispanic) within the service area are expected to grow at rates exceeding the corresponding 3B averages regardless of age
- Specific to the African American population, overall growth is forecast to be 1.6 percent per year vs. 1.0 percent per year for all residents of 3B, and the African American growth rate is higher than that for the total population of 3B in both the 0-64 and the 65+ age groups
- Overall, the Hispanic population is projected to increase by 3.4 percent per year, a rate more than three times that for the total population of the service area. When broken down by age the highest rate of growth will be among the Hispanic persons age 65+, at 5.5 percent
- The Hispanic community possesses distinct cultural, language and religious preferences and this community/population traditionally encounters language and cultural barriers which inhibit access to hospice care. Cornerstone address this through CON application #10680, Schedule C, Condition #9

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- Medicare hospice admission rates for African Americans and Hispanic residents of SA 3B lag behind the overall service area
- Three of four CHNAs published for SA 3B identify poverty/lower in income status as contributing to health status problems and unmet health care needs in SA 3B
- Median household incomes for SA 3B fall below the Florida average and the 3B median for the African American community is more than \$16,000 below the overall 3B median income
- Cornerstone will set up a designated charitable account, as conditioned in the application, which will be used to meet the needs of low-income patients outside of hospice services
- There is a disadvantaged population in Marion County that is not accurately reported in official Census data – having “dropped out of society” – living in trailers and tents in the Ocala National Forest. Called the “Rainbow People”, many of this population are increasingly elderly and indigent
- Cornerstone commits to the purchase of an all-terrain vehicle to bring its services to the isolated residents living in the Ocala National Forest (Schedule C, Condition #15)

Cornerstone provides two maps on page 26 of the application. The first is a total population map (2021) and the second is Cornerstone’s potential office location(s), as well as the locations of SA 3B’s existing hospices, ALFs, SNFs and short-term hospitals. According to Cornerstone, these maps helped in its decision to locate its office in central Marion County, in the vicinity of the City of Ocala (see CON application #10680, Schedule C, Condition #14).

Cornerstone states that per Claritas population data, from 2021 to 2026, Marion County’s age 65+ African American population will increase by 3.6 percent and its age 65+ Hispanic population will increase by 5.5 percent. Both are greater than the county’s overall age 65+ population growth (2.5 percent) and the age 65+ population (2.4 percent). Cornerstone emphasizes that by 2026, the total Hispanic population will exceed the total African American population by 12,079. The application’s Tab 5 includes a series of maps depicting population size, growth, age and racial/ethnic composition of Marion County’s population.

Cornerstone provides CY 2019’s, top 15 most hospice appropriate causes of death and addresses six highest causes of death in Marion County that are of the greatest concern (page 33, Table 5 of the application):

- Heart diseases
- Cancer

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- Chronic lower respiratory diseases
- Alzheimer’s Disease
- Diabetes
- Cerebrovascular diseases (stroke)

Cornerstone notes that heart disease and cancer account for 51 percent of all hospice-appropriate deaths in 2019. Cornerstone also explains that all six of these causes of death are included in the listing of areas of concern in the SA 3B CHNAs described earlier. Marion County 2019 age-adjusted death rates (AADRs) and mortality rates are (pages 34 and 35 of the application). CON application #10680, includes a map in Tab 7-Hospice Appropriate Deaths 2019.

Cornerstone provides a narrative (pages 36-41 of the application) in which it addresses serving those who suffer the six causes of death listed above and those with:

- Liver Disease (Failure)
- Renal (Kidney Disease)
- Mental/Behavioral Health Problems

The applicant states that poverty/low income (including Medicaid) was identified in three of the four CHNA listings of underserved areas and issues in SA 3B. Further, the low income/migrant population in Marion County has been designated as a medically underserved population (an MUP), according to the CHNA prepared by the WellFlorida Council.

Cornerstone explains that according to an April 9, 2020 article published by *The Villages Daily Sun*, one estimate is that 40,000-45,000 people live within the Ocala National Forest borders and that 22 percent of these people live below the poverty line, compared to 15.5 percent statewide. According to Cornerstone, the Hispanic migrant population and the “Rainbow People” (those living within the Ocala National Forest) represent some of the most economically disadvantaged people in Marion County (page 42 of the application).

Cornerstone provides Marion County’s 2021 median household income by race and ethnicity data based on Claritas data in the table below.

**Median Household Income by Race and Ethnicity
2021**

| Race/Ethnicity | SA 3B | Florida | Compared to Florida |
|---------------------------------|--------------|----------------|----------------------------|
| White alone | \$49,964 | \$64,097 | 78.0% |
| Black/African Amer. Alone | \$38,271 | \$45,018 | 85.0% |
| Two or More Races | \$44,378 | \$58,645 | 75.7% |
| Hispanic | \$43,935 | \$54,188 | 81.1% |
| Overall Median Household Income | \$48,141 | \$60,396 | 79.7% |

Source: CON application #10680, page 43, Table 9

Cornerstone contends that based on the above table (page 43 of the application):

- The African American median income is the lowest of any single racial/ethnic category, by far. The difference between the overall 3B median income and the African American median is approximately \$10,000
- Although not as severe, the median for Hispanic households is more than \$6,000 lower than the overall 3B median

The reviewer notes that the applicant already stated (CON application #10680, pages 6-8 and 72-73), the SA 3B median household income for the African American community is more than \$16,000 below the overall 3B median income. However, as shown in the applicant’s Table 9 above, the difference is \$9,870 (\$48,141 - \$38,271 = \$9,870), not more than \$16,000. Additionally, the applicant states that the median for the Hispanic household is more than \$6,000. However, according to the applicant’s same table, the difference is \$4,206 (\$48,141 - \$43,935 = \$4,206), not more than \$6,000. Therefore, based on the applicant’s Table 9, Cornerstone has underestimated the median household income of the two groups (African Americans and Hispanics) in 2021 in Marion County.

The applicant states, “Maps illustrating income characteristics of Service Area 3B by ZIP Code can be found at Tab 9”.

The reviewer notes that CON application #10680, Tab 9 includes a single map, Tab 9-Median Household Income.

The applicant indicates that per the website FLHealthCharts.com, the applicant indicates SA 3B causes of death in 2019, as follows (CON application #10680):

- Tab 10 – Mortality by Race
- Tab 11 – Mortality by Ethnicity

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Based on the two referenced tables, the applicant points out that:

- Nonwhite mortality rates exceed those for whites for the priority causes of death as follows:
 - Heart Disease
 - Diabetes
 - Cerebrovascular Disease
 - Renal Disease
- Hispanic mortality rates exceed those for non-Hispanic persons for the priority causes of death as follows:
 - Diabetes
 - Alzheimer’s Disease
 - Cerebrovascular Disease (stroke)
 - Liver diseases

Cornerstone states that CMS Hospice Limited Dataset and FLHealthCharts.com data indicate that in 2019, Medicare admission rates for African American and Hispanic residents of SA 3B lag behind the overall service area. See the table below.

Medicare Hospice Utilization Rates in 2019 – SA 3B

| Category | All | African American | Hispanic |
|----------------------------|------------|-------------------------|-----------------|
| Hospice Admissions | 2,994 | 189 | 48 |
| Hospice-Appropriate Deaths | 4,800 | 383 | 272 |
| Admission Rate | 62.4% | 49.3% | 17.6% |

Source: CON application #10680, page 47, Table 12

The applicant provides a table to address English language proficiency in SA 3B from 2015-2020 (CON application #10608, page 49, Table 13). The reviewer notes that according to the applicant’s source (US Census Bureau, American Community Survey, Table S1601 and Legacy Consulting Group analysis) for the five-year period, 12,467 SA 3B residents did not speak English “...very well” and this represents 3.7 percent of the Marion County population for the referenced five-year period.

Cornerstone asserts that CON application #10680 has three critical outreach programs (described in narrative by the applicant) that will be utilized in SA 3B, including (pages 50-51 and again on pages 104-105 of the application):

- Tertulia Con Café
- ENLACES (Encouraging Latino American Communities to Enhance their Salud)
- Hispanic Clergy Meetings (12 bulleted “key connections”)

To serve the SA 3B area, Cornerstone offers narrative explanation of the following (pages 51-57 of the application):

- Access to Care

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- Outreach
- Intake
- Cornerstone app
- 7-Day Care Management
- Care Connection

Regarding veterans, Cornerstone points out that from 2015-2019, the average veteran population in SA 3B was 36,289 (CON application #10680, page 57 and duplicated on page 89) and that additionally, in 2020, the Marion County population in group quarters (specifically those located in correctional facilities for adults) was 6,636 (CON application #10680, page 58). Cornerstone contends that these groups, particularly the sizeable correctional facility population in Marion County, is one such group and that Cornerstone is dedicated to serve.

Cornerstone offers 11 separate projection and history admissions tables with narratives to explain how year one and year two admission estimates are reached (pages 61-70, Tables 16-26 of the application). Cornerstone indicates year one total admissions of 163 (by mortality group and age cohort) and year two total admissions of 323 (by mortality group and age cohort). The reviewer reproduces only the year one and year two estimates and not the 2018-2020 Cornerstone average admissions in its existing programs. See the partially reproduced table below.

**Cornerstone Projected Admissions by
Mortality Group and Age Cohort
SA 3B**

| Mortality Group | Admissions | |
|--------------------------|------------|------------|
| | Year One | Year Two |
| Cancer | | |
| Under 65 | 14 | 27 |
| 65+ | 45 | 89 |
| <i>Total</i> | 58* | 116 |
| Non-Cancer | | |
| Under 65 | 11 | 21 |
| 65+ | 94 | 186 |
| <i>Total</i> | 105 | 207 |
| Total Admissions* | 163 | 322 |

Source: CON application #10680, page 71, Table 27 and page 97 (partially reproduced)

Note: The applicant's projected admissions are stated to be based on "CHPC average distribution 2018-2020"; thus, year one totals adding up to 164 and 323 are probably due to rounding.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) provides five current and projection tables (pages 18 and 19 of the application) applicable to Agency's SA's 3B need projections. The applicant states being in agreement with the referenced SA 3B hospice

need projection. CON application #10681, pages 19-21 is a duplication of Rule 59C-1.0335(4)(a) through (e), Florida Administrative Code.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) discusses and offers tables addressing the FNP, hospice penetration rates in SA 9C and statewide (pages 60-62 of the application). Concerning population growth and aging in SA 3B, PruittHealth cites the University of Florida Bureau of Economic and Research (UF BEBR), Bulletin 190, to indicate that, in SA 3B (pages 63 and 64 of the application):

- The 85+ population grew by 43.1 percent from 2010 to 2020 representing 3.7 percent of the subdistrict population, with this same age cohort expected to increase by 48.6 percent from 2020 to 2030 (to become 4.8 percent of the subdistrict total population. The 85+ age group is projected to have the greatest growth in SA 3B from 2020 to 2030 (with the 2nd highest growth expected by those age 65-74, with that age cohort increasing by 28.3 percent for the same time frame)
- The 65-84 population grew by 24.4 percent from 2010 to 2020 representing 25.7 percent of the subdistrict population, with this same age cohort expected to increase by 28.3 percent from 2020 to 2030 (to become 29.0 percent of the subdistrict total population. The 65-84 age group is projected to have the 2nd highest group in SA 3B from 2020 to 2030

Concerning population demographics in SA 3B, PruittHealth again states use of the same source (UF BEBR, Bulletin 190), to indicate that, in SA 3B (pages 65 and 66 of the application):

- Compared to the total Marion County population:
 - White residents make up 69.1 percent of the total
 - Black residents make up 13.1 percent of the total
 - White residents make up 15.8 percent of the total
 - The “white residents make up 15.8 percent of the total” is a typographical error in that it is the Hispanic Marion County population. (See page 65, Figure 45) ($62,523/394,914=15.83$ percent or approximately 15.8 percent)

PruittHealth states that according to the Medicare Hospice Standard Analytical File and Medicare Beneficiary Summary File (2020), the following is the Marion County deaths by race:

Marion County Medicare Beneficiary Deaths by Race/Ethnicity in 2020

| | Asian | Black | Hispanic | White | Other | Total |
|-----------------------------|--------------|--------------|-----------------|--------------|--------------|--------------|
| Medicare Beneficiary Deaths | 24 | 348 | 71 | 4,119 | 64 | 4,626 |
| Percent of Deaths | 0.5% | 7.5% | 1.5% | 89.0% | 1.4% | 100.0% |

Source: CON application #10682, page 66, Figure 47

Regarding the homeless in SA 3B, PruittHealth states that according to the Florida Council on Homelessness, Annual Report 2021, June 30, 2021:

- The homeless Point-in-Time count in 2020 was 523 (page 69, Figure 50 of the application)
- The homeless student count (2019-2020) was 1,087 (page 70, Figure 51 of the application)

Regarding those residents living under 185 percent of the Federal Poverty Level, PruittHealth offers a table (page 71, Figure 52 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), according to the U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation website. The applicant indicates that per the website www.flhealthcharts.com/chartsreport, from 2015-2019, 35.5 percent of Marion County residents were living under 185 percent of the Federal Poverty Level, compared to 31.1 percent of Florida’s population overall (page 71, Figure 53 of the application).

Regarding residents experiencing food insecurity, PruittHealth does not offer a source to confirm its stated percentages but indicates that 13.8 percent of Marion County residents were food insecure in 2019 and that nearly one in five (22.1 percent) of children were food insecure during the same period. Per PruittHealth, since the onset of COVID-19, financial and food insecurity have increased significantly.

Regarding elder residents living alone, PruittHealth maintains that (page 72 of the application):

- According to the Department of Elder Affairs (DOEA), 19.7 percent of Marion County residents 60 and over live alone and that this population has special care needs at end of life
 - 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 2019 Community Health Needs Assessment for Marion County found the “elderly” were one of six groups that had unmet

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health care needs in the county (the applicant very briefly discusses companion care for this population)

The reviewer notes that PruittHealth does not include:

- DOEA 2022-2025 Florida State Plan on Aging
- Community Health Assessment for Marion County

The applicant discusses arrangements to provide hospice services to hospice patients who are indigent/homeless. See the applicant's response to this issue in E.2.b. of this report.

PruittHealth discusses the District 1 veteran and military population. PruittHealth contends that (in narrative) SA 3B and (in table) District 1 both have a veteran population of 10.1 percent, compared to the Florida veteran population being 7.6 percent of Florida's total population (page 77, Figure 58 of the application). The Agency notes that CON application #10682 is co-batched with other applicants to seek a CON in SA 3B, not District 1. However, the Agency notes that PruittHealth is also seeking, in this same batching cycle, a CON for a new hospice program in District 1 (CON application #10673).

Regarding veterans, PruittHealth shows Marion County's veterans population projections for CYs 2021-2030, with the expected veteran total population in 2030 in Marion County to be 32,440. PruittHealth explains that although 2020 data is still considered conditional, per FLHealthCHARTS.com, in 2020, of the total deaths in Marion County (6,129), a total of 1,588 of those deaths (25.9 percent) were veterans. The applicant emphasizes that a significant number of the service area's deaths are veterans. PruittHealth next offers narratives and descriptions of PruittHealth's hospice services targeted to veterans such as:

- History Serving Veterans
- Recognition Program
- We Honor Veterans
- 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 Marion County, PruittHealth provides a table that indicates in 2019, per FLHealthCHARTS-Death County Query System, the following were the eight leading (highest to lowest) causes of death in Marion: Heart, Cancer, Injury, COPD, Alzheimer's, Diabetes, Stroke and Nephritis. The reviewer notes that the applicant indicates death rates per 100,000 residents, for these eight causes of death in SA 3B and Florida overall.

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According to PruittHealth, excluding injury, the five types of terminal illness with proportionately higher cases in Marion County than Florida (per 100,000 cases) in 2019, were:

- Alzheimer’s (2.2 times above FL rate)
- Diabetes (2.0 times above FL rate)
- COPD (1.9 times above FL rate)
- Heart (1.8 times above FL rate)
- Cancer (1.4 times above FL rate)

PruittHealth describes the specific disease programs (PruittHealth Pathways) currently deployed at PruittHealth hospice programs that will be used in Marion County:

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

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

| Projected Utilization | | |
|------------------------------|-----------------|-----------------|
| | Year One | Year Two |
| Admissions | 112 | 348 |
| ALOS | 58.8 | 69.3 |
| Patient Days | 6,587 | 22,463 |

Source: CON application #10682, page 87, Figure 66

Transitions Intermediate Holdings, LLC (CON application #10683)

provides brief discussion of the fixed need pool. Additionally, the applicant contends that CON application #10683 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 49 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

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- 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 In Patient care in either the home or a care facility

Transitions maintains that engaging with patients early in their care journey leads to more appropriate hospice conversions and usage, as well as longer lengths of stay for hospice appropriate patients.

CON application #10683 states that, “The total spend on cancer related hospital stays has increased 36% in district 3 between 2014 and 2018.” The reviewer notes that this is the same stated percentage increase for the applicant’s CON application #10708 submitted regarding Palm Beach County.

Transitions does not provide a source but offers exhibits regarding data from 2014 to 2018 as follows (pages 51-53 of the application):

- Exhibit 19-Marion County Medicare and Hospice Usage:
 - Increases in Palm Beach County Medicare beneficiaries and corresponding annual increases and decreases in Marion County hospice users with:
 - A steady increase of Marion County Medicare beneficiaries (98,960 in 2014 to 109,606 in 2018)
 - Increases and decreases in Marion County hospice users from 2014 to 2018 - (with highest usage in 2015 (at 2,091 and lowest usage in 2016 (at 2,029)
- Exhibit 20-District 3 Median Charge for Hospice Stay:
 - A 27 percent increase (from \$57,508 to \$70,625)
- Exhibit 21-District 3 Total Hospice Spend
 - \$106,200 to \$144,315
- Exhibit 22-District 3 Number of Hospitalizations
 - No data indicated for 2014
 - 1,256 for 2015 and 1,508 in 2018

The applicant explains that in order 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.

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Transitions projects 50 admissions and 8,473 patient days in year one and 100 admissions(20,877 days) in year two.

VITAS Healthcare Corporation of Florida (CON application #10684)

provides the most voluminous omissions response of any of the co-batched applicants, with CON application #10684 totaling 1,823 pages, including a 131-page Project Summary and 82 exhibits/tables (some additional diagrams are not part of this count), from the Project Summary through the applicant's response to item E.3.g. of this report. Therefore, the reviewer highlights some of the applicant's narrative and exhibits that are reported by the applicant as having unmet hospice need in SA 3B. The reviewer perused VITAS's identified unmet hospice need populations in SA 3B from VITAS' response to the following portions of this report:

- C. – Project Summary
- E.1.a.
- E.2.a.(1)
- E.3.a.

Based on a perusal of the four referenced sections of this report, the reviewer notes that the applicant consistently reports (identified by VITAS in a minimum of two of the four referenced portions listed above) the following populations experiencing unmet hospice need is SA 3B:

- Patients age 65+ with chronic, terminal non-cancerous conditions
- Minority populations including African Americans, Asians and Hispanic populations
- Jewish residents
- Impoverished and/or homeless populations
- Patients with diabetes, Alzheimer's, respiratory, cardiac and sepsis diagnoses near the end of life
- Patients requiring continuous care and high acuity services
- Patients requiring admission in the evening or on weekends
- Patients residing in ALFs including those with Alzheimer's and dementia
- Patients who would benefit from earlier admission to hospice
- Veterans
- Age-restricted communities
- ALOS under 45 days
- COPD higher death rates
- Sepsis higher death rates

The applicant provides an executive summary on pages 3-6 of the application. In the executive summary, VITAS bullets 10 factors that the applicant indicates make VITAS the best applicant to meet the

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unmet needs of SA 3B. The reviewer summaries/condenses the 10 factors below:

- VITAS is not new to the north central region of Florida
- VITAS leadership/team members have spent more than 250 hours in Marion County or communicating with local Marion County contacts developing new relationships in SA 3B
- VITAS understands the unique needs of the communities within SA 3B, with some aspects being similar to Lake/Sumter and Citrus Counties and other surrounding counties that VITAS already serves
- With over 40 years of hospice care experience, VITAS' comprehensive outreach/education/staff training programs and resources are designed specifically to address the unique needs of a wide range of patient types (a total of 16 programs/services are listed)
- VITAS has an unparalleled track record of opening quickly in its Florida markets, increasing hospice use rates exponentially and meeting all conditions without impacting existing hospice providers
- VITAS will establish offices in Ocala and Dunnellon
- There has been an unmet need in SA 3B that has gone unaddressed since at least October 2013⁹
- VITAS has the resources/programming necessary to compete with Hospice of Marion County, Inc., the more dominant hospice provider in SA 3B¹⁰
- Hospice of Marion has average and median hospice ALOS far shorter than the statewide average and median LOS, indicating that many patients in Marion County have late admission to hospice, while VITAS has a higher ALOS state average and significantly higher than Hospice of Marion – ensuring that Marion County residents will have appropriate earlier access to hospice benefits
- VITAS will provide the most significant impact to access of hospice services. VITAS' experience related to continuous care far exceeds the state average and the existing providers in SA 3B. VITAS' continuous care will allow intensive end-of-life care in familiar surroundings¹¹

⁹ The reviewer notes that CON application #10684 does not state the specific unmet need.

¹⁰ Earlier in this section, the reviewer confirmed Hospice of Marion County, Inc.'s higher admission percentage for the 12 months ending June 30, 2021.

¹¹ The reviewer notes that continuous care is not addressed as a condition in CON application #10684, Schedule C.

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The applicant contends that through a list of community contacts/ meetings (pages 8-9 of the application), VITAS verified eight needs through the contacts/meetings.

VITAS identifies needs based on the following need categories, with an accompany goal and a VITAS solution for each (pages 10-13 of the application):

- Geographic
- Demographic/Socioeconomic/Special Populations
- Outreach and Education by Level of Care
- Disease Specific

The reviewer notes the needs identified in CON application #10684, pages 10-13, are relatively consistent with VITAS' response to items E.1.a., E.2.a.(1) and E.3.a. in this report.

VITAS provides the narrative heading - "Why VITAS is the Right Choice for Subdistrict 3B" (page 38 of the application). The applicant points out (and the reviewer confirms in the applicant's response to item E.2.b.(1)(e) of this report) that VITAS has existing services in all counties surrounding Marion County. The applicant provides a map (and the reviewer confirms) that VITAS has existing hospice operations in all the SAs that surround Marion County (page 29, Exhibit 2 of the application).

The applicant contends that VITAS provides hospice services to a wide range of healthcare needs and provides statistical data to justify why the hospice services are particularly needed (currently lacking) in SA 3B for patients with the following conditions (pages 75-86 of the application):

- COVID-19
- Diabetes
- Cardiac/Heart Disease
- Alzheimer's and Dementia
- Cancer
- Pulmonary Disease
- Sepsis

VITAS addresses the Agency's published Fixed Need Pool for a need for a new hospice program in SA 3B to bolster its support of the Agency's determination of hospice need in SA 3B, including the following data tables/exhibits in CON application #10684:

- Page 137, Exhibit 25: ACHA Need Publication Summary for Subdistrict 3B
- Page 138, Exhibit 26: Hospice Utilization Age 65+ Non-Cancer Subdistrict 3B vs. Florida

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- Page 139 - Exhibit 27: Analysis of Published Hospice Unmet Need in Subdistrict 3B
Exhibit 28: Trend in Utilization for Subdistrict 3B Providers
- Page 140 – Exhibit 29: Subdistrict 3B-Analysis of Hospice Admissions by Age & Diagnosis

VITAS states the use of AHCA’s 2020 Hospice Demographics and Outcome Measures Report database to reflect how VITAS’ ALOS was greater than the state average and greater than Hospice of Marion County, Inc. in 2020. The reviewer does not reproduce the applicant’s Kindred Hospice ALOS data, since Hospice of Marion County, Inc., was previously indicated to be the more dominant of the two existing hospice providers in SA 3B. See the partially reproduced exhibit below.

ALOS – 2020

| | Statewide Average | VITAS | Hospice of Marion County, Inc. |
|--------------|--------------------------|--------------|---------------------------------------|
| Admissions | 152,323 | 32,953 | 3,594 |
| Patient Days | 11,829,043 | 3,638,592 | 157,518 |
| ALOS | 77.7 | 110.4 | 43.8 |

Source: CON application #10684, page 142, Exhibit 32 (partially reproduced)

VITAS additionally states that, per the same source, Hospice of Marion County, Inc., provides 7.47 percent of days in a hospice residential facility/hospice house compared to 1.91 percent of days in this setting statewide (page 143 of application).

Regarding hospice service outmigration, VITAS states that the InfoMax, 2019-2020 Medicare Cost Report, Report 10, indicates that during 2019 - Q2 2020, VITAS served approximately five percent of Marion County’s residents (page 145 of the application).

VITAS indicates that its demographic and socioeconomic analysis indicates that:

- The 65+ population in SA 3B is large and growing. Both the total population and the age 65+ population is growing faster than Florida as a whole
- Marion County has a higher percentage of older population, with over 30 percent being over age 65
- There is a growing African American/Black population
- There is a growing Hispanic population
- There is an emerging Jewish population in both Ocala and The Villages

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- There is a large population that falls within incomes below \$35,000
- The unemployment rate has grown from 2019 to 2020, likely due to COVID and has recovered slightly but less than the State. The long-term economic effects of COVID are yet to be seen
- The rate of homelessness has increased significantly higher than the rate (of) homelessness in the state overall
- Food insecurity has been an increasing problem exacerbated through COVID. While there has been some improvement, rates remain high
- There is a large adult and senior citizen Veteran population, exceeding the percentage of Veterans in Florida as a whole
- The hospice use rates among minority populations, including Asian American, Black and Hispanic patients are low in comparison to the number of minority residents in Marion County
- VITAS serves a significantly higher percentage of Black patients in its Florida markets than existing SA 3B hospice providers

The applicant discusses the following age-restricted communities in Marion County (pages 148-150 of the application):

- The Villages
- On Top of the World

The reviewer notes:

- According to the Florida Department of State, The Villages is a census designated place (CDP) in both Marion and Sumter Counties
- On Top of the World is not listed by the Florida Department of State as a CDP, city, populated place, town or village. However, according to the website [On Top of the World Communities – The Premier 55+ Active Adult Retirement Community](#), the contact location for On Top of the World is Ocala, Florida 34481

VITAS bullets 14 other age-restricted communities in Marion County and then lists four additional communities that are not age restricted but are stated to cater to the 55+ population in the area.

VITAS provides narrative and population exhibits/tables (with referenced sources for each) to address Marion County:

- Resident growth (2021-2026) as it relates to age, race and ethnicity (pages 151-157 of the application)
- Population 2021 estimates related to homelessness, poverty/food insecurity and unemployment rates (pages 157-160 of the application)

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- Veterans age 65+ and the percentage of Marion County veteran residents age 65+ (page 161 of the application)

Specific to hospice services to veterans, VITAS indicates (pages 100-103 of the application):

- Four pledges to veterans
- VITAS has:
 - More programs with We Honor Veterans “Level 4” partner designations than any other hospice program in the United States
 - Four “Level 5” programs in Florida

VITAS provides analysis based on hospital discharges by race and by ethnicity to hospice, using the Agency’s Inpatient Discharge Database 2019 and *Spotlight* population data showing totals and percentages of Black/African American population and Hispanic/Latino population of Marion County. Narrative is offered regarding the Asian American hospital discharges to hospice and that these are captured in the “Other Non-White” category.

VITAS contends that clearly, Black patients in SA 3B are either not referred to hospice or are refusing hospice care. VITAS explains that increase access for this population will involve gaining the trust of the large Black community in SA 3B. VITAS additionally explains that cultural differences between these minority groups exacerbate barriers related to the hospice benefit. See the exhibits below.

SA 3B Hospital Hospice Discharges by Race for CY 2019

| | Discharges to Hospice | Total Hospital Discharges | Percent of Total Discharges to Hospice | Percent of Total Hospice Discharges | Percent of Population |
|------------------------|------------------------------|----------------------------------|---|--|------------------------------|
| White | 1,460 | 37,260 | 3.9% | 82.7% | 77.9% |
| Black/African American | 138 | 5,026 | 2.7% | 11.2% | 13.1% |
| Other None-White | 63 | 2,385 | 2.6% | 5.3% | 9.0% |
| Unknown | 8 | 391 | 2.0% | 0.9% | 0.0% |
| Total | 1,669 | 45,062 | 3.7% | 100.0% | 100.0% |

Source: CON application #10684, page 163, Exhibit 48

SA 3B Hospital Hospice Discharges by Ethnicity for CY 2019

| | Discharges to Hospice | Total Hospital Discharges | Percent of Total Discharges to Hospice | Percent of Total Hospice Discharges | Percent of Population |
|------------------------|------------------------------|----------------------------------|---|--|------------------------------|
| Hispanic or Latino | 88 | 3,242 | 2.7% | 7.2% | 14.8% |
| Non-Hispanic or Latino | 1,558 | 41,122 | 3.8% | 91.3% | 85.2% |
| Unknown | 23 | 698 | 3.3% | 1.5% | 0.0% |
| Total | 1,669 | 45,062 | 3.7% | 100.0% | 100.0% |

Source: CON application #10684, page 164, Exhibit 49

VITAS points out the common barriers to hospice care include language, socioeconomic, health literacy and spiritual factors and that these differences are a large contributing factor to why Hispanic/Latino, Asian American and Black populations with advanced illness are often unaware or wary of their options for palliative and hospice care. VITAS addresses extensive outreach programs for these (and other) groups.

Regarding CY 2019 hospital discharge to hospice (page 166, Exhibit 50 of the application) and CY 2019 hospital discharge to home hospice (page 167, Exhibit 51 of the application), VITAS states that Marion County’s Class 1 and Class 3 hospitals, collectively, discharged age 65+ Marion County residents at the following rates:

- 5.4 percent to hospice compared to a Florida average of 5.1 percent
- 38.9 percent to home hospice compared to a Florida average of 38.7 percent

VITAS contends that existing hospice providers in SA 3B (particularly the dominant hospice provider) do not provide sufficient access to higher levels of care, particularly continuous care, which VITAS provides at a higher rate than the existing providers and at a higher rate than the state average. See CON application #10684, page 187, Exhibit 72.

Concerning patient days by service location/setting, compared to the two SA 3B hospice providers, VITAS maintains that it provides higher percentages of care in private residences and lower percentages of care in nursing homes.

VITAS uses deaths by cause and mortality rates for top non-cancerous causes of death based on Florida Department of Health/Florida Charts to indicate age-adjusted death rates for non-cancer in Marion County in 2019. VITAS highlights the disease categories that have higher age-adjusted death rates in Marion County than in Florida overall. See the exhibit below:

SA 3B 2019 Non- Cancer Age-Adjusted Death Rates

| Disease Category | Marion | Florida |
|--------------------------|---------------|----------------|
| Coronary Heart Disease | 141.3 | 88.6 |
| COPD | 51.6 | 36.1 |
| Stroke | 22.1 | 41.4 |
| Diabetes | 32.6 | 19.7 |
| Alzheimer's Disease | 30.8 | 18.8 |
| Liver Disease | 17.7 | 11.3 |
| Renal Failure | 8.4 | 9.9 |
| Congestive Heart Failure | 11.8 | 12.8 |
| Parkinson's Disease | 7.1 | 7.9 |
| All Causes | 833.1 | 665.6 |

Source: CON application #10684, page 174, Exhibit 56

VITAS recognizes the high death rate in Marion County from diabetes as a specific concern. VITAS also specifically discusses that diabetes, cancer and septicemia death rates are higher in Marion County than in Florida overall (pages 174-176 of the application).

VITAS cites analysis of, "...the Community Health Needs Assessments (CHNA) published by the Florida Department of Health in Marion County" disease-specific hospice need indicates the five factors below concerning Marion County's population:

- A high percent of adults with a BMI over 30, which leads to an increased risk of chronic disease such as heart disease, stroke, type 2 diabetes and certain types of cancer
- Obesity rates are higher for Black, Hispanic and other non-white population(s) than white residents of Marion County
- A higher prevalence of adults diagnosed with COPD compared to the state as a whole
- An increasing rate of high blood pressure
- A high and increasing prevalence of high blood sugar/diabetes at 68 percent of adults over age 45

The reviewer notes that CON application #10684 does not indicate:

- An issuance date or timeframe for the referenced Florida Department of Health CHNA for Marion County
- In what section or on what page or pages the above five bulleted highlights are presented in the referenced Florida Department of Health CHNA for Marion County

To confirm the five bulleted highlights presented indicated by the applicant, the reviewer perused CON application #10684, Tab 47 and notes that VITAS includes the:

- Marion-Polk 2019 Community Health Assessment 2021 Update (cover-page)

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- Table of Contents (a total of four pages)
- Executive Summary (a total of three pages)

Upon further review of the applicant's TAB 47 Marion-Polk 2019 Community Health Assessment 2021 Update, has the following logos:

- Marion County Oregon Health & Human Services
- Polk County Health Services
- PacificSource Community Solutions
- Willamette health council

The bottom of the last page of the Table of Contents indicates that more information or questions are available at HealthData@co.marion.or.us

After exhausting the remainder of CON application #10684, Tab 47, the reviewer notes that VITAS does not provide a Florida Department of Health CHNA for Marion County.

The reviewer sought a current Florida Department of Health CHNA for Marion County and a Google search on December 2, 2021 revealed a Marion County 2019 CHNA at this website: CHA-Marion-2019-Final.pdf (wellflorida.org). The reviewer notes that a brief review of the 24-page executive summary does not expressly bullet or highlight the five bulleted highlights presented by the applicant on page 176 of the application (previously listed above).

Continuing with the applicant's disease-specific hospice needs assessment (pages 176-184 of the application), VITAS provides both narrative and exhibits/tables (identifying sources for each) that address prevalence/occurrence and other data pertaining to currently unmet hospice need in Marion County for patients with:

- Diabetes and diabetes hospitalizations
- Alzheimer's
- Area hospital discharges to hospice specific to:
 - Cardiac
 - Respiratory
 - Sepsis

The applicant next offers narrative and tables/exhibits regarding services/service delivery provided by existing hospice care providers in SA 3B. VITAS provides a brief summary of hospice needs in SA 3B, essentially restating the findings/results indicated in its response to item E.1.a. of this report.

VITAS asserts that through its extensive experience in providing hospice care throughout the country, in 46 of Florida's 67 counties and 16 of the 27 hospice subdistricts, it has developed the following programs to meet unmet hospice need:

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- Cardiac Care Program
- Pulmonary Care Program
- Diabetes Program
- *Bridging the Gap* Program for African American Community Outreach
- Partnership with Food Insecurity Assistance Programs
- Partner with Housing Assistance Programs and Homeless Shelters
- Veterans Programs
- VITAS representatives and liaison personnel who work with and help educate referral sources such as local hospitals, nursing homes and ALFs, on hospice care
- Partnerships with local organizations and facilities, including:
 - Hospitals
 - Nursing homes
 - ALFs
 - Clinics

VITAS states having approached projected utilization based on several considerations:

- The historical trend in death rates and hospice penetration
- The historical and projected market for additional hospice service, particularly for patients age 65+
- VITAS’ historical experience in entering a market, increasing hospice penetration and the resultant market share capture

The reviewer notes as part of its projected utilization estimates, VITAS provides an exhibit/table as follows in CON application #10648:

- Weekly COVID Death (page 189, Exhibit 73)
- Historical and Projected Deaths in SA 3B-Considering COVID (page 190, Exhibit 74)
- Projected Deaths in SA 3B (page 190, Exhibit 75)
- Projected Penetration Rates and Admissions (page 191, Exhibit 76)

A portion of VITAS projected hospice SA 3B admissions is shown below.

Projected Hospice Admissions – SA 3B

| Age and Diagnosis | VITAS Market Share | | VITAS Admissions | |
|---------------------|--------------------|--------------|------------------|--------------|
| | Year One | Year Two | Year One | Year Two |
| Cancer Under 65 | 4.0% | 9.5% | 10 | 26 |
| Cancer 65+ | 2.5% | 5.0% | 21 | 45 |
| Non-Cancer Under 65 | 2.5% | 5.0% | 7 | 15 |
| Non-Cancer 65+ | 8.3% | 15.0% | 233 | 397 |
| Total | 6.4% | 10.9% | 272* | 484** |

Notes: Patients rounded to whole numbers, totals may not foot due to rounding.

Source: CON application #10684, page 191, Exhibit 77 (partially reproduced)

2. Agency Rule Criteria and Preferences

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

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

Each co-batched applicant is responding to published need for an additional hospice program for the January 2023 planning horizon and all discuss serving populations they believe to be underserved or otherwise in need of target population hospice services.

Alleo Health of Florida LLC (CON application #10677) indicates that the following SA 3B residents are underserved and that it will focus on these populations:

- African Americans
- Hispanics
- Pockets of financial weakness

For additional information on this, see the applicant's response to Item E. 1. a. and Schedule C - proposed conditions.

Brevard HMA Hospice, LLC (CON application #10678) states particularly targeting the following services and/or populations currently realizing unmet need in hospice care:

- Palliative care
- Patients without primary care givers
- Homeless
- Veterans
- Minority populations (Black residents and the Latino/Hispanic community)

Bristol Hospice – Miami Dade, LLC (CON application #10679) explains that based on an initial need assessment made in speaking with areas residents and backed by statistical analysis, the following populations have unmet needs:

- Elderly
- Veterans
- Cancer patients

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Bristol provides a brief description for each of these three populations on the application's pages 2-6 through 2-8, as well as analysis provided in E.1.a. of this report

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) states having responded to this rule preference previously and states it contacted more than 180 individuals/ organizations in the county to share information about Cornerstone's quality hospice programming and to solicit details regarding perceived issues/gaps in existing services that need to be addressed. Cornerstone states expecting to provide enhanced outreach, education and/or programming for the following populations/services that are needed:

- Pain and Symptom Management
- Dyspnea Self-Management Program (DSMP)
- Heart/Respiratory Disease
- Stroke Care Program
- Care for Diabetics
- Care for End-Stage Renal Disease
- Liver Failure
- Care for Alzheimer's and Dementia Patients
- Depression among Seniors
- HIV/AIDS

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) indicates that some patients in the area who have unmet hospice needs include:

- Homeless or near homeless
- Hispanics
- Patients in remote sections of the county
- African-Americans
- End-stage cardiac patients
- Religious groups with specific end-of-life protocols

The reviewer notes that CON application #10681 does not provide data or explain how these stated populations were determined to be experiencing unmet hospice need(s) in SA 3B.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) states being committed to serving the needs of the following underserved groups in addition to all other hospice eligible terminally ill residents in SA 3B:

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

Transitions Intermediate Holdings, LLC (CON application #10683) 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 Stag Vascular Disease
- Veterans

The reviewer notes that in item E.3.a. of this report, the applicant does not include those with cancer and those within end-stage renal disease as being populations with unmet hospice needs.

CON application #10683, page 62 has the heading “Marion County Case Study” but does not reference a source or time frame and on page 63 of the application indicates the top 10 causes of unnecessary hospitalizations in Marion County. CON application #10683 also offers the following five exhibits (pages 63-66 of the application). The reviewer notes that Transitions indicates that for each year Marion County’s rates were higher than the corresponding state average (per 100,000 residents):

- Exhibit 24-Mental Health ED Visits (2011-2017)
- Exhibit 25-Age Adjusted Death Rates for Cancer/All Races (2013-2017)
- Exhibit 26-Age Adjusted Death Rates for All Causes/All Races
- Exhibit 27-Age Adjusted Death Rates for Alzheimer’s Disease/All Races
- Exhibit 28-Age Adjusted Death Rates for Heart Disease/All Races

VITAS Healthcare Corporation of Florida (CON application #10684) maintains that although there are several special populations that would benefit from hospice services in SA 3B, the patient groups with the largest unmet need identified quantitatively or through local meetings include:

- Patients age 65+ with chronic, terminal non-cancerous conditions
- Minority populations including African Americans, Asians and Hispanic populations
- Jewish populations
- Impoverished and/or homeless populations
- Patients with diabetes, Alzheimer's, respiratory, cardiac and sepsis diagnoses near the end of life
- Patients requiring continuous care and high acuity services
- Patients requiring admission in the evening or on weekends
- Patients residing in ALFs including those with Alzheimer's and dementia
- Patients who would benefit from earlier admission to hospice

VITAS references its Schedule C conditions to serve these populations and reiterates its Exhibit 22 and Tab 7.

- (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.**

Alleo Health of Florida, LLC (CON application #10677) indicates that the applicant will provide the inpatient care component through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs. The applicant states and the reviewer confirms a support letter (CON application #10677, Appendix 8) indicating a willingness to contract with Alleo Health of Florida for inpatient and respite services in SA 3B from Aaron Preston, Divisional Vice President, Lifecare Centers of America Southeast Division, which has one SA 3B nursing home – Life Care Center of Ocala.

Brevard HMA Hospice, LLC (CON application #10678) states that Mederi Hospice will obtain contracts with area facilities to ensure inpatient access to hospice care when necessary. The reviewer notes that the applicant does not affirmatively state any letters of support from area nursing homes and/or hospitals that

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indicate a willing to contract with Brevard in SA 3B for the provision of the inpatient care component.

Bristol Hospice – Miami Dade, LLC (CON application #10679)

maintains that it proposes to provide the inpatient care component through contractual agreements with existing health care facilities, including acute care hospitals and SNFs in Marion County, consistent with Bristol’s model of care. Bristol states “...at least” four letters of support to contract for the provision of inpatients services from area providers. These letters of support are in Tab 10 of the application are from senior executives of the following facilities:

- Ocala Health
 - Ocala Regional Medical Center
 - West Marion Community Hospital
- TimberRidge Center of Rehabilitation and Healing
- Chatham Glen Healthcare and Rehabilitation
- Palm Garden Health and Rehabilitation Center

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680)

maintains that it proposes to provide the inpatient care component through contractual agreements with existing health care facilities, including acute care hospitals and SNFs in Marion County. Cornerstone points out (and the reviewer confirms through CON application #10680, Tab 3 and Tab 14) that:

- Heather Long, MSN, Senior Vice President and Chief Operating Officer, UF Health Villages Hospital states that her facility:
 - Will continue its contract with Cornerstone for general inpatient hospice care and will work with Cornerstone to provide outpatient services for Marion County residents
- Melissa Rahn, Executive Director, Life Care Center of Ocala states that her organization:
 - Plans to engage in an agreement for the provision of hospice services and general inpatient care with Cornerstone, should the project be approved

ProMedica Hospice of Marion County, FL, LLC (CON application #10681)

states that building on its experience in establishing relationships with nursing homes, hospitals and assisted living facilities, it will quickly create mutual partnerships to better serve hospice patients and lists its licensed Florida SNFs.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) maintains that the applicant will contract “scatter beds” in a local skilled nursing facility and/or hospital to provide routine and inpatient hospice care. The reviewer notes that the applicant does not have any letters of support from SA 3B nursing homes and/or hospitals that indicate a willingness to contract for the provision of the inpatient care component.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) maintains that when a patient needs a higher level of care than can be managed with routine or continuous home care, it will partner with hospital and nursing home facilities to provide inpatient care. VITAS reiterates its Tabs 48 and 49 (see item B of this report) and the VITAS Partnership of Care. VITAS states it will enter into inpatient contracts with Ocala Oaks Rehabilitation Center and Avante Group (Avante at Ocala, Inc.).

- (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.**

Pertinent to this rule preference, the Agency notes the following:

- *Section 400.6095 (1) Florida Statutes requires hospice programs to make its services available to all terminally ill persons and their families without regard to... diagnosis, cost of therapy, ability to pay or life circumstances*
- *Section 400.6095 (5) (a) Florida Statutes requires the hospice to identify the patient’s primary care giver, or an alternative plan of care in the absence of the primary care giver, to ensure the patient’s needs will be met*
- *Section 400.6095(5) (c) Florida Statutes requires the hospice to assess patient and family needs, identify the services required to meet those needs, and plans for providing those services through the hospice care team, volunteers, contractual providers, and community resources*

Alleo Health of Florida, LLC (CON application #10677) states that the Group currently serves and commits to continue to serve patients who do not have primary caregivers at home, are homeless and /or have AIDS.

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Brevard HMA Hospice, LLC (CON application #10678) indicates that it has conditioned CON approval to serve those who lack a primary caregiver, the homeless and will serve HIV/AIDS patients.

Bristol Hospice – Miami Dade, LLC (CON application #10679) states a commitment to serve patients who do not have a primary caregiver at home, the homeless and patients with AIDS.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) provides data tables (with sources indicated for each) to capture each of the following three population estimates in SA 3B:

- Homeless Point-in-Time Estimates (2016-2020)
- Population Age 65+ Living Alone (2015-2019)
- Persons with HIV (2019)

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) states being committed to serve patients who do not have primary caregivers at home, the homeless and patients with AIDS/COVID. Per ProMedica, a lack of a home or a primary caregiver will not result in a person foregoing the hospice benefit. ProMedica shares its Notice of Nondiscrimination and Accessibility.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) states being committed to serving all residents, including the homeless, patients who do not have primary caregivers at home and patients with AIDS.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) provides narratives to describe serving patients without primary caregivers at home, individuals experiencing homelessness, as well as patients with HIV and AIDS. The applicant reiterates CON application #10684, Schedule C, C.4 Condition 16.

- (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.**

Service Area 3B consists of Marion County. Therefore, this preference is not applicable.

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Alleo Health of Florida, LLC (CON application #10677) states that this rule preference is not applicable. See the applicant's Schedule C-Condition #2.

Brevard HMA Hospice, LLC (CON application #10678) reiterates having already conditioned to establish a principal delivery site at the following physical location:

- 3021 SW 27th Ave, Unit 1, Ocala, Florida 34471 (or like site within same region pending finalization of lease terms) upon program inception

Bristol Hospice – Miami Dade, LLC (CON application #10679) comments that this is not applicable.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) comments that this is not applicable.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) comments that this is not applicable.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) states that this rule preference is not applicable.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) explains that while SA 3B is composed of a single county, it will provide educational content/programming for area residents through the following contents:

- Health fairs
- Educational events centered on dispelling hospice myths
- VITAS-led book club to discuss books on end-of-life issues
- Caregiver support groups
- “Ask the Doctor” events
- Family nights at nursing homes
- Events in doctor office lobby to review Five Wishes

The applicant references the VITAS education programs for physicians (CON application #10684, Tab 10) and its Schedule C, C.4 Condition 13.

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

Alleo Health of Florida, LLC (CON application #10677) responds to this rule preference and bullets 10 specific non-covered services and programs it currently provides that will be provided in SA 3B.

Brevard HMA Hospice, LLC (CON application #10678) responds by bulleting 11 Medicare hospice benefits, describing services possibly needed but not paid for by the Medicare hospice benefit and that it will provide services to patients without means of payment. Brevard reiterates its condition to provide \$25,000 for local requests for patient support.

Bristol Hospice – Miami Dade, LLC (CON application #10679) provides narrative descriptions of many of the services that it proposes to be conditions to project approval on Schedule C (pages 2-10 to 2-17 of the application).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) bullets seven specific noncovered services that it currently provides and will do so in SA 3B, including the Camp Bridges Children’s Camp, volunteer services, Cornerstone Salutes!/We Honor Veterans Program, the Cornerstone Centers for Wellbeing and Pet Peace of Mind. Some of these are conditioned in CON application #10680, Schedule C.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) states it will not discriminate against the ability to pay for services being rendered and reiterates certain Schedule C conditions.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) responds to this preference by bulleting six programs it will provide in SA 3B that are not covered by private insurance, Medicaid or Medicare.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) provides a diagram of services it provides that are not specifically covered by private insurance, Medicaid, or Medicare and reiterates its Schedule C, C.3 and C.4 conditions.

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.**

Alleo Health of Florida, LLC (CON application #10677) provides a Schedule 6A total FTE count of 13.80 in year one and a total FTE count of 34.55 in year two. Physicians and therapist positions are indicated as contracted. Schedule 6A notes indicate shared services to be provided and Alleo also bullets six volunteer services. A description of volunteer programs and volunteers is also provided.

Brevard HMA Hospice, LLC (CON application #10678) provides a Schedule 6A total FTE count of 20.54 in year one (ending 6/30/2023) and a total FTE count of 27.26 in year two (stated to end in "2025). Notes to the applicant's Schedule 6A indicate the potential for some contracting and possible contracting with the parent (LHC Group) for DME and some other services.

The reviewer notes that the year one ending date (6/30/2023) is consistent with the applicant's Schedule 10, but the year two ending date (2025) is not. The reviewer notes that use of volunteers is discussed narratively on page 84 of the application.

Bristol Hospice – Miami Dade, LLC (CON application #10679) provides its current total number of FTE staff and the FTE staff added by this project. The reviewer notes the FTE staff added for the project total 14.71 FTEs for year one (ending June 30, 2023) and of 24.71 FTEs for year two (ending June 30, 2024).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) provides its current total number of FTE staff and the FTE staff added by this project. The FTE staff added for the project total 20.0 FTEs for year one (ending 12/31/2023) and 27.2 FTEs in year two (ending

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June 30, “202”). The reviewer notes that the applicant’s year one and year two estimates in its Schedule 6A do not agree with CON application #10680, Schedule 10, which indicates issuance of license on 2/7/2023 and initiation of service on 2/14/2023.

Volunteer services are discussed throughout pages 92-95 of the application, in other sections of the application and in CON application #10680, Tab 17.

Notes to CON application #10680’s Schedule 6A indicate that Cornerstone Hospice received the prestigious Florida Hospice and Palliative Care Association Innovation Excellence Award. The award is again mentioned on page 133 of the application – The Florida Hospice and Palliative Care Association Innovation Excellence Award for the Cornerstone 7-Day Case Management Model. The reviewer notes that the applicant does not provide:

- When the award was issued
- A copy of the award for Agency review

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) provides a Schedule 6A total FTE count of 24.1 in year one (ending December 31, 2023) and a total FTE count of 35.5 in year two (ending December 31, 2024). Notes to the applicant’s Schedule 6A indicate that certain administrative functions will be provided to the hospice by corporate and include accounting services, centralized billing, human resources, payroll, etc.

The reviewer notes 1.0 FTEs in both year one and year two for a volunteer coordinator.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) provides a Schedule 6A total FTE count of 14.90 in year one (ending June 30, 2023) and a total FTE count of 35.15 in year two (ending June 30, 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.

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The reviewer notes that the year one and year two ending dates (June 30, 2023 and June 30, 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.

Transitions Intermediate Holdings, LLC (CON application #10683) provides a Schedule 6 total FTE count of 26.42 in year one (ending 2022) and a total FTE count of 43.8 in year two (ending 2023). The reviewer determined the applicant's year one total FTE count (26.42) by adding the morning, evening and night FTEs, since the applicant left the FTE total column blank for year one.

The reviewer notes that:

- The applicant's year one ending date (2022) and year two ending date (2023) are both inconsistent with CON application #10683 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. Also in year one, no 3.0 FTE is indicated for any position and in year two, the only 3.0 FTE is for an Admissions Director

VITAS Healthcare Corporation of Florida (CON application #10684) provides its current total number of FTE staff and the FTE staff added by this project. The FTEs staff added for the project total 42.3 FTEs in year one (ending 3/2023) and 72.5 FTEs in year two (ending 3/2024). Schedule 6A notes list central office support/services/functions provided to all Florida programs.

VITAS' volunteer services, including veteran volunteers are described on pages 88-89 of the application and a volunteer brochure is included in the application's Tab 25.

Schedule 6A notes indicate that in year one and year two:

- All positions are provided by VITAS staff and volunteers (no contracted services indicated)
- There is a 0.5 FTE for the following:

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- Dietitian (consistent with the applicant's Schedule C, C.3 Condition 1)
- There is 1.0 FTE for the following:
 - Activity Director (Volunteer/Bereavement)
 - "PIS" – the reviewer notes that "PIS" is not defined in the applicant's Schedule 6A. However, the applicant's page 202, Exhibit 79 indicates 1.0 FTEs for each of year one and year two for a "Performance Improvement Specialist" and this same position title is indicated on the applicant's Schedule C, C.3 Condition 11.a. indicates a full-time "Performance Improvement Specialist"

(b) Expected sources of patient referrals.

Alleo Health of Florida, LLC (CON application #10677) bullets 10 expected sources of potential patient referrals.

Brevard HMA Hospice, LLC (CON application #10678) bullets 12 expected sources of potential patient referrals.

Bristol Hospice – Miami Dade, LLC (CON application #10679) bullets 10 expected sources of potential patient referrals.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) bullets 11 expected sources of potential patient referrals.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) bullets a total of nine sources that ProMedica states it will target for hospice referrals. The applicant also references some Schedule C conditions.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) states that referrals will not be difficult, originating from area physicians, hospitals, SNFs, other health care providers, family members and the patients themselves.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

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VITAS Healthcare Corporation of Florida (CON application #10684) contends that having successfully started more than 30 hospice programs in Florida since 2001, VITAS and its parent company have proven the ability to start up new hospices. Further, referrals will come from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates and other healthcare provides, family members and the patients themselves.

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

Alleo Health of Florida, LLC (CON application #10677) provides the following table to account for projected admissions by payer source:

**Alleo Health of Florida LLC
Projected SA 3B Admissions by Payer Source**

| Year | Medicare | Medicaid | Commercial Ins. | Self-Pay/Charity | Total |
|----------------------------|-----------------|-----------------|------------------------|-------------------------|--------------|
| Year One (ending May 2023) | 193 | 7 | 9 | 3 | 212 |
| Year Two (ending May 2024) | 399 | 15 | 18 | 7 | 439 |
| % of Total | 91.0% | 3.5% | 4.0% | 1.5% | 100% |

Source: CON application #10677, page 56

Brevard HMA Hospice, LLC (CON application #10678) provides the following table to account for projected admissions by payer source:

**Brevard HMA Hospice, LLC
Admissions by Payer Source**

| Payer Source | Year One Admissions | Year Two Admissions |
|---------------------|----------------------------|----------------------------|
| Medicare | 237 | 296 |
| Medicaid | 28 | 35 |
| Commercial | 11 | 14 |
| Self-Pay | 0 | 0 |
| Indigent | 3 | 3 |
| Total | 279 | 348 |

Source: CON application #10678, page 85

Bristol Hospice – Miami Dade, LLC (CON application #10679) provides combined admissions for its SA 11 and its proposed 3B admissions by payer source. The reviewer reproduces only the applicant’s SA 3B estimates.

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**Bristol Hospice – Miami Dade, LLC
Admissions by Payer Source
SA 3B Only**

| Payer Source | Year One Admissions | Year Two Admissions |
|---------------------|----------------------------|----------------------------|
| Medicare | 156 | 275 |
| Medicaid | 10 | 18 |
| Insurance | 3 | 6 |
| Self-Pay | 3 | 6 |
| Total* | 173* | 306** |

Source: CON application #10679, page 2-19, Table 2-2 (partially reproduced)
Note: Year one totals to 172 and year two to 305, probably due to rounding.

The applicant explains that medically indigent days are included as part of the self-pay days and account for one percent of the amount of the table above. See the applicant’s response in item E.3.g. of this report.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) provides admissions for its proposed SA 3B program by payer in the table below.

**Cornerstone Hospice & Palliative Care, Inc.
Admissions by Payer Source
SA 3B Only**

| Payer Source | Year One Admissions | Year Two Admissions |
|---------------------|----------------------------|----------------------------|
| Medicare | 143 | 284 |
| Medicaid | 8 | 17 |
| Insurance | 9 | 18 |
| Self-Pay | 2 | 4 |
| Total | 163* | 322** |

Source: CON application #10680, page 96
Note: Year one totals to 162 and year two to 323, probably due to rounding.

Cornerstone explains that the proportion of admissions by payer presented here does not match with that of the patient days presented in financial Schedules 7 and 8 because lengths of stay vary among payer groups.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) refers to its Schedule 7A and projects 212 year one and 450 year two admissions. The reviewer notes that the applicant’s Schedule 7A identifies payer sources according to patient days and not according to a count of admissions.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) provides the following table to account for projected admissions by payer source:

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**PruittHealth Hospice-West Central Florida, LLC
Admissions by Payer Source**

| Payor | Payor Percent | Year One | Year Two |
|-------------------|---------------|-------------|--------------|
| Medicare | 91.5% | 102 | 318 |
| Medicaid | 3.0% | 3 | 10 |
| Commercial | 2.5% | 3 | 9 |
| Self-Pay/Indigent | 3.0% | 3 | 10 |
| Total | 100.0% | 112* | 348** |

Source: CON application #10682, page 102, Figure 73

Note: Year one totals to 111 and year two to 347, probably due to rounding.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) provides the following projected number of admissions by payer source for the first two years of operations.

**VITAS Healthcare Corporation of Florida
SA 3B - Admissions by Payer**

| Payer Source | Year One Admissions | Year Two Admissions |
|----------------------------|---------------------|---------------------|
| Medicare | 230 | 409 |
| Medicaid | 33 | 60 |
| Indigent/Charity | 3 | 5 |
| Private Insurance/Self-Pay | 6 | 9 |
| Total | 272 | 484* |

NOTE: forecasted admissions were not done by payor. However, patient revenue

was projected by payor and using patient revenue's percentage of total will provide a reasonable forecast of admissions by payor.

Source: CON application #10684, page 204, Exhibit 80

Note: Year two totals to 483, probably due to rounding.

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

Alleo Health of Florida, LLC (CON application #10677) provides the following table to account for projected admissions by type of terminal illness (cancer or non-cancer) and applicable age cohort (under 65 and Age 65+):

| | Year One Admissions | | | Year Two Admissions | | |
|--------------|---------------------|------------|------------|---------------------|------------|------------|
| | Under 65 | 65+ | Total | Under 65 | 65+ | Total |
| Cancer | 12 | 42 | 54 | 25 | 87 | 112 |
| Other | 12 | 146 | 158 | 25 | 302 | 327 |
| Total | 24 | 188 | 212 | 50 | 389 | 439 |

Source: CON application #10677, page 56

Brevard HMA Hospice, LLC (CON application #10678) provides the following table to account for projected admissions by type of terminal illness (cancer or non-cancer) and applicable age cohort and then by age cohort (under 65 and 65+). The reviewer combines these admission categories (terminal illness and age cohorts) for convenience:

**Brevard HMA Hospice, LLC
Admissions by Terminal Illness by Age Cohort and
Under Age 65 and Age 65+**

| Disease | Year One Admissions | Year Two Admissions |
|------------------------------|----------------------------|----------------------------|
| Cancer Under 65 | 14 | 17 |
| Cancer 65+ | 44 | 55 |
| Non-Cancer Under 65 | 48 | 60 |
| Non-Cancer 65+ | 173 | 216 |
| Total | 279 | 348 |
| Under 65 | 62 | 77 |
| 65+ | 217 | 271 |
| All Ages Cohort Total | 279 | 348 |

Source: CON application #10678, page 85

Bristol Hospice – Miami Dade, LLC (CON application #10679) provides the following table to account for admissions by type of terminal illness (cancer and non-cancer), as well as by age cohort (under 65 and 65+):

**Bristol Hospice – Miami Dade, LLC
Admissions by Terminal Illness Type and by Age Cohort**

| Payer Source | Year One Admissions | Year Two Admissions |
|---------------------|----------------------------|----------------------------|
| Cancer Under 65 | 10 | 17 |
| Cancer 65+ | 35 | 61 |
| Non-Cancer Under 65 | 10 | 18 |
| Non-Cancer 65+ | 119 | 212 |
| Total | 174 | 308 |

Source: CON application #10679, page 2-19, Table 2-3

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) provides the projected number of admissions by type of terminal illness (cancer and non-cancer) as well as by age cohort. See the table below

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**Cornerstone Projected Admissions by
Mortality Group and Age Cohort
SA 3B**

| Mortality Group | Admissions | |
|--------------------------|------------|------------|
| | Year One | Year Two |
| Cancer | | |
| Under 65 | 14 | 27 |
| 65+ | 45 | 89 |
| <i>Total</i> | 58* | 116 |
| Non-Cancer | | |
| Under 65 | 11 | 21 |
| 65+ | 94 | 186 |
| <i>Total</i> | 105 | 207 |
| Total Admissions* | 163 | 322 |

Source: CON application #10680, page 71, Table 27 and page 97 (partially reproduced)
Note: *Year one totals to 164 and year two to 323, probably due to rounding.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) states expected admissions of 313 in year one and 450 in year two. The reviewer notes that in the applicant’s response to item E.2.b.(1)(c) of this report, ProMedica had indicated expected admissions of 212 in year one.

The applicant reproduces the five current and production tables briefly described in item E.1.a. of this report. The reviewer notes that CON application #10681 does not expressly indicate its expected number of admissions by type of terminal illness for either year one or for year two.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) provides the following table to account for projected admissions by type of terminal illness type:

**PruittHealth Hospice-West Central Florida, LLC
Admissions by Terminal Illness Type**

| Terminal Illness | Illness Percent | Year One | Year Two |
|-----------------------------------|-----------------|--------------|---------------|
| Cardiac | 40.1% | 45 | 140 |
| Cancer | 31.0% | 35 | 108 |
| Cerebrovascular/Stroke | 12.6% | 14 | 44 |
| Respiratory | 10.6% | 12 | 37 |
| Alzheimer’s/Cerebral Degeneration | 6.6% | 7 | 23 |
| Diabetes | 5.6% | 6 | 19 |
| Renal Failure | 1.6% | 2 | 6 |
| Total* | 100.0%* | 112** | 348*** |

Source: CON application #10682, page 102, Figure 74.
Note: *Year one totals 121 and year two 377.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

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VITAS Healthcare Corporation of Florida (CON application #10684) provides the following table to account for projected admissions by type of terminal illness. The reviewer combines the applicant’s response to item E.2.b.(1)(e) of this report (admission by age group), for convenience. See the table below

**VITAS Healthcare Corporation of Florida
Year One and Year Two - Admissions by Terminal Illness and by
Age Cohort (Under 65 and Over 65)
SA 3B**

| Terminal Illness | Year One Admissions | Year Two Admissions |
|------------------------------|----------------------------|----------------------------|
| Cancer | 31 | 71 |
| HIV/AIDS | 65 | 111 |
| Respiratory | 69 | 118 |
| Cardiac | 26 | 45 |
| Alzheimer’s/Dementia | 38 | 65 |
| Cerebrovascular/Stroke | 14 | 24 |
| Other | 29 | 50 |
| Total | 272 | 484 |
| Under 65 | 17 | 41 |
| Over 65 | 255 | 442 |
| All Ages Cohort Total | 272 | 484* |

Source: CON application #10684, page 205, Exhibit 81 and page 206, Exhibit 82 (combined)

Note: *Year two totals to 483, probably due to rounding.

The applicant reiterates CON application #10684, Schedule C – C.3. 9.c.

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

Alleo Health of Florida, LLC (CON application #10677) provides the following table to account for projected admissions by age cohort (under 65 and Age 65+) and by type of terminal illness (cancer or non-cancer):

| | Year One Admissions | | | Year Two Admissions | | |
|--------------|----------------------------|------------|--------------|----------------------------|------------|--------------|
| | Under 65 | 65+ | Total | Under 65 | 65+ | Total |
| Cancer | 12 | 42 | 57 | 37 | 95 | 132 |
| Other | 12 | 146 | 145 | 42 | 293 | 335 |
| Total | 24 | 188 | 212* | 79 | 388 | 439** |

Source: CON application #10677, page 56

Notes: * The horizontal total is 212 but the vertical total is 202.

** Both the horizontal and the vertical totals are 467.

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Brevard HMA Hospice, LLC (CON application #10678):

For a review of projected admissions based on age cohorts, see the applicant’s response to item E.2.b.(1)(d) above.

Bristol Hospice – Miami Dade, LLC (CON application #10679) provides a table to account for year one and year two admissions by age cohort:

**Bristol Hospice – Miami Dade, LLC
Admissions by Age Cohort (0-64 and 65+)**

| | Admissions | | |
|----------|------------|-----|-------|
| | 0-64 | 65+ | Total |
| Year One | 20 | 152 | 172 |
| Year Two | 35 | 270 | 305 |

Source: CON application #10679, page 2-20, Table 2-4

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) provides a table to account for year one and year two admissions by age cohort. The reviewer includes a total column:

**Cornerstone Projected Admissions by
Age Cohort (Under 65 and Age 65+)
SA 3B**

| Admission Type | Admits – Year One | Admits – Year Two |
|----------------|-------------------|-------------------|
| Under 65 | 25 | 48 |
| 65+ | 139 | 275 |
| Total | 164 | 323 |

Source: CON application #10680, page 97

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) again reiterates expected admission of 313 in year one and 450 in year two (though in response to item E.2.b.(1)(c) of this report, the applicant indicated 212 year one admissions). The applicant directs the Agency to CON application #10681’s five current and projection tables described earlier (in items E.1.a. and E.2.b.(1)(d) of this report).

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) provides the following table to account for projected admissions by age cohort (under 65 and over 65) for year one and year two:

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**PruittHealth Hospice – West Central Florida, LLC
Admission by Age Group**

| Age Group | Year One | Year Two |
|------------------|-----------------|-----------------|
| Under 65 | 34 | 104 |
| Over 65 | 78 | 244 |
| Total | 112 | 348 |

Source: CON application #10682, page 103, Figure 75

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) provides a table to account for admissions by this admission category. For convenience, the reviewer combined CON application #10684, page 206, Exhibit 82 to VITAS’ response to item E.2.b.(1)(d) of this report. VITAS stresses that it can quickly meet the needs of SA 3B from its four existing offices in immediately adjoining counties and that it already has established relationships in Marion County.

The reviewer notes that of all the co-batched applicants, VITAS is the sole applicant that currently has licensed hospice programs that fully surround SA 3B.

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

Pertinent to this rule preference, the Agency notes the following:

- **Section 400.609 (1) (a) & (b) Florida Statutes,** states (a):

- *The hospice care team shall directly provide the following core services: nursing services, social work services, pastoral or counseling services, dietary counseling, and bereavement counseling services. Physician services may be provided by the hospice directly or through contract. A hospice may also use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients during periods of peak patient loads or under extraordinary circumstances*

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(b):

- *Each hospice must also provide or arrange for such additional services as are needed to meet the palliative and support needs of the patient and family. These services may include, but are not limited to, physical therapy, occupational therapy, speech therapy, massage therapy, home health aide services, infusion therapy, provision of medical supplies and durable medical equipment, day care, homemaker and chore services, and funeral services*

Alleo Health of Florida, LLC (CON application #10677)

responds to this rule preference on page 57 of the application and bullets 19 core services to be provided directly by hospice staff (including physician services) and five services to be provided through contractual arrangements. The reviewer notes that CON application #10677, Schedule 6A indicates that physicians will be contracted but here, Alleo FL indicates that physician services will be provided directly by hospice staff.

Brevard HMA Hospice, LLC (CON application #10678)

responds to this preference on pages 85-87 of the application and bullets 14 services to be provided directly by staff with the medical director being contacted. Brevard also bullets 24 administrative functions that may be procured in whole or in part from LHC Group.

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

Bristol Hospice – Miami Dade, LLC (CON application #10679) bullets eight services to be provided by hospice staff and volunteers and six services to be provided by contracted individuals.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) responds to this rule preference on pages 97 and 98 of the application and bullets 13 core services to be provided directly by hospice staff and volunteers and seven services to be provided (consistent with individual care plans) through contractual arrangements.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) very briefly responds to this rule preference (page 29 of the application). ProMedica explains that with the exception of physicians, hospice core services will be provided by the hospice care team, including volunteers. ProMedica further explains that when needed, contract services are determined on an individualized basis.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) responds to this preference on page 103 of the application and briefly discusses core services, volunteers and contracting for certain services as needed by the patients.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) states that core services include: physician services, nursing services, social work services, pastoral counseling and dietary counseling will be provided by VITAS staff. The applicant indicates that in addition to core services to be provided by the IDT, VITAS will offer physical/occupational therapy and that further, both pet visits and music therapy will be provided -with VITAS having a licensed music therapist. VITAS also states that volunteers will be utilized for pet visits and music therapy.

The reviewer notes that VITAS indicates all services will be provided directly by hospice staff and volunteers, which is consistent with the application's Schedule 6A and the notes to Schedule 6A.

(g) Proposed arrangements for providing inpatient care.

Alleo Health of Florida, LLC (CON application #10677) reiterates that the inpatient care component will be provided through contractual arrangements with existing healthcare providers (Marion County acute care hospitals and SNFs). Life Care Centers of America is also reiterated. This topic was addressed in item E.2.a.(2) of this report.

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Brevard HMA Hospice, LLC (CON application #10678) reiterates arrangements for providing inpatient care through contacts with existing inpatient hospice care resources within SA 3B.

Bristol Hospice – Miami Dade, LLC (CON application #10679) reiterates contractual arrangements for providing inpatient care with hospitals and SNFs. This topic was addressed in item E.2.a.(2) of this report.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) reiterates contractual arrangements for providing inpatient care with hospitals and SNFs. This topic was addressed in item E.2.a.(2) of this report.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) states that initially, the provision of inpatient care will be through contractual arrangements with hospitals and nursing homes. See also item E.2.a.(2).

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) reiterates arrangements for “scatter beds” with local service area hospitals and SNFs with an intent that residents will be able to have their inpatient and respite hospice care needs met closer to home.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) reiterates its Tab 48 and this topic was also addressed in item E.2.a.(2) of this report.

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

Alleo Health of Florida, LLC (CON application #10677) states that this is not applicable as it proposes to contract with existing hospital and nursing home for inpatient beds.

Brevard HMA Hospice, LLC (CON application #10678) states it is not requesting any new inpatient beds at this time.

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Bristol Hospice – Miami Dade, LLC (CON application #10679) states that during the first two years, it has no plans to construct or to operate a freestanding inpatient hospice facility. The applicant also states it will contract for “scatter beds” nursing homes and hospitals throughout the service area and currently has no arrangements for a specific number of beds.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) comments that the applicant does not propose to build a freestanding inpatient facility in SA 3B now or in the foreseeable future, having no expectation of locating any beds in such a facility to provide inpatient care, using such beds only on an as-needed basis.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) maintains that this is not applicable, as the applicant proposes to contract for inpatient beds with existing providers.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) maintains that it will use existing licensed beds (as reiterated through contractual arrangements with local SNFs/hospitals) and that as such, zero (0) inpatient beds will be located in a freestanding inpatient hospice facility, a hospital or a SNF.

The Agency notes that in order to accommodate the inpatient bed hospice component, when determined to be needed, an inpatient hospice bed must be located in a freestanding inpatient hospice facility, Hospital or SNF.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) restates the intent to establish inpatient agreements within the subdistrict and notes that the total number of inpatient bed days projected in year two are 240. The applicant indicates that since it will only pay for the bed-days used, the expense budget does not change with the number of beds under contract.

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

Alleo Health of Florida, LLC (CON application #10677) provides a brief narrative (page 59 of the application) detailing circumstances under which a patient would be admitted to an inpatient bed.

Brevard HMA Hospice, LLC (CON application #10678) provides a brief narrative (pages 87 and 88 of the application) detailing circumstances under which a patient would be admitted to an inpatient bed.

Bristol Hospice – Miami Dade, LLC (CON application #10679) provides a brief narrative (page 2-21 and 2-22 of the application) detailing circumstances under which a patient would be admitted to an inpatient bed.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) provides a brief narrative (pages 99 and 100 of the application) detailing circumstances under which a patient would be admitted to an inpatient bed.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) provides a brief narrative (page 30 of the application) in which the applicant explains that inpatient care is dictated by the patient's medical needs. Based on various factors (briefly listed) the applicant points out that at such point, its patients are encouraged to seek the level of care with which they are most comfortable, including inpatient hospice care.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) provides a brief narrative (pages 104 of the application) detailing circumstances under which a patient would be admitted to an inpatient bed.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) provides a brief narrative (page 207 of the application) detailing circumstances under which a patient would be admitted to an inpatient bed.

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

Alleo Health of Florida, LLC (CON application #10677) provides a brief narrative (pages 59-60 of the application) detailing the applicant's provisions for serving persons without a primary caregiver at home. Alleo explains that patients without adequate caregiver support will have a plan of care established by hospice staff to address this circumstance.

Brevard HMA Hospice, LLC (CON application #10678) provides a brief narrative (page 88 of the application) detailing the applicant's provisions for serving persons without a primary caregiver at home.

Bristol Hospice – Miami Dade, LLC (CON application #10679) provides a brief narrative (page 2-22 of the application) detailing the applicant's provisions for serving persons without a primary caregiver at home.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) provides a brief narrative (page 100 of the application) detailing its provisions for serving persons without a primary caregiver at home and indicates that this was addressed previously (see item E.2.a.(3) of this report).

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) provides a brief narrative (page 30 of the application), stating that it serves patients without caregivers and works with patients in developing a Plan of Care to get the patient the care they need, when they can no longer care for themselves. CON application #10681's Attachments 8 and 12 are referenced.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) provides a brief narrative (page 104 of the application) detailing the applicant's provisions for serving persons without a primary caregiver at home.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) provides a brief narrative (page 208 of the application) detailing the applicant's provisions for serving persons without a primary caregiver at home.

(k) Arrangements for the provision of bereavement services.

Pertinent to this rule preference, the Agency notes the following:

- *Section 400.609 (1) (a) Florida Statutes (F.S.) indicates the hospice care team shall directly provide bereavement counseling services*
- *Section 400.609(5) F.S. states this must be a comprehensive program, under professional supervision, that provides a continuum of formal and informal support services to the family for a minimum of one year after the patient's death*

Alleo Health of Florida, LLC (CON application #10677) provides a narrative (pages 60-62 of the application) detailing the applicant's understanding of the criteria that needs to be met in order to make or have arrangements for the provision of bereavement services. According to Alleo FL, the bereavement approach in its existing operations will be implemented in the SA 3B program, which includes 13 bulleted steps. Alleo references the application's Appendix 6, which includes bereavement service policies, risks, assessment and examples of existing bereavement and grief support programs – including teen grief.

The reviewer notes CON application #10677, Schedule C, Condition #s 17 and 25 that pertain to bereavement.

Brevard HMA Hospice, LLC (CON application #10678) provides a brief narrative (pages 88 and 89 of the application) detailing the applicant's understanding of the criteria that needs to be met in order to make or have arrangements for the provision of bereavement services. Brevard's bereavement counseling will be extended to various locations/sites and will be coordinated, when appropriate, with the individual's community spiritual advisor, if any, as well as with other community resources judged to be useful to the family/caregiver(s).

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Bristol Hospice – Miami Dade, LLC (CON application #10679) provides a brief (one paragraph) narrative (page 2-22 of the application). CON application #10679, Tab 10/Additional Information-Exhibit 8 is referenced.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) provides a narrative description of arrangements for the provision of bereavement services (pages 100-102 of the application). Bereavement counseling for both adults and children is discussed, including children’s camps. Literature and tools related to Cornerstone’s bereavement programs in the application’s Tab 21 are referenced.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) provides a brief (two sentence) narrative (page 30 of the application) stating it has a strong commitment to providing bereavement services to surviving family members and to the community at large. ProMedica also explains that it will employ a full-time bereavement coordinator in order to establish the types of bereavement programs that are provided throughout its national network of hospices and references the application’s Attachment 12.

The reviewer confirms that CON application #10681, Schedule 6A includes 1 FTE (for both year one and year two) for “Other: Bereavement”.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) provides a brief narrative (pages 104 and 105 of the application) detailing its understanding of the criteria that needs to be met in order to make or have arrangements for the provision of bereavement services. According to PruittHealth, 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’s Camp Cocoon (bereavement targeted for children) which is proposed as a condition to project approval is discussed.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference. However, the reviewer notes that grief/bereavement/support is briefly discussed separately, under the applicant’s response to item E.3.b. of this report.

VITAS Healthcare Corporation of Florida (CON application #10684) indicates that VITAS staff and volunteers provide grief support and bereavement services for survivors, as needed and requested. VITAS comments that bereavement support will be available 24 hours a day, 7 days a week and references the application's Tab 26 and Schedule C – C.4 Condition 19.

VITAS offers a more in-depth description of bereavement services, including such topics as bereavement assessment, the development of a bereavement plan of care, grief support, Camp B.E.A.R. (a once-a-year bereavement camp for children and their parents), and others on pages 91-94 of the application.

(1) Proposed community education activities concerning hospice programs.

Alleo Health of Florida, LLC (CON application #10677) bullets 15 community groups/organizations to which it conducts outreach and education. Efforts by the group to reach the African American and Hispanic populations are again discussed.

Brevard HMA Hospice, LLC (CON application #10678) bullets eight hospice benefits and points out that reaching patients early in the process and educating them allows patients to take full advantage of the eight bulleted benefits.

Bristol Hospice – Miami Dade, LLC (CON application #10679) states that if awarded the CON, it will work to timely establish community outreach and education programs in Marion County and also bullets four examples of its existing community programming and education.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) offers narrative descriptions for each of the following programs/community education activities:

- Cornerstone Community Outreach and Education
- Outreach to Hispanic Communities
- Outreach to African Americans
- Being Mortal

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The applicant states, “See 22 for more information and documentation regarding Cornerstone’s community outreach and education” (page 106 of the application). The reviewer notes that in the table of contents “Community Education” is found in the application’s Tab 22.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) briefly responds (one sentence) to this preference stating that community education activities include meeting one-on-one with physicians and other health care professionals as well as formal education programs and applicant references some related CON application #10681 Schedule C conditions.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) briefly discusses the community education responsibilities/functions of the Community Relations Representative. PruittHealth’s Schedule 6A shows 1.0 FTE for Community Relations in years one year two.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) bullets five community education efforts and bullets 27 entities/projects/services that it explains are within these areas of interest: education, health and civic and cultural arts. Further, VITAS staff and volunteers have historically participated in these areas of interest. Educational brochures and materials concerning hospice care and programs are included in the application’s Tabs 7, 9, 11, 18, 23, 24, 36, 41 and 42. VITAS reiterates CON application #10684, Schedule C – C.3 9.c.

VITAS cites its extensive outreach program/event listings (with narrative descriptions of each program) in its newer SAs in the application’s exhibits:

- SA 9B VITAS Outreach (January 2020-October 13, 2021) – pages 44-46, Exhibit 8
- SA 2A VITAS Outreach (Opening through October 13, 2021) – pages 47-48, Exhibit 9
- SA 3E VITAS Outreach (during first six months of operation) – page 56, Exhibit 14

Special community education and outreach for the following racial/ethnic/other groups is addressed on pages 95-105 of the application, including:

- African American communities
- Hispanic communities
- Jewish community
- Veterans
- ALFs
- Cultural/Religious Groups

(m) Fundraising activities.

Alleo Health of Florida, LLC (CON application #10677)

states that it will utilize the Community Hospice of American Foundation (the CHAF or Foundation) to centralize and manage Foundation activities. The applicant comments that the CHAF was incorporated as a non-profit in 2001. Hospice Foundation funds are returned back to the community based on a grant request process and typical Foundation support resources provided back to a hospice or its community include:

- Patient care support
- Family support
- Volunteer enhancement
- Investment in community education

Brevard HMA Hospice, LLC (CON application #10678)

comments that Mederi Hospice will build on the existing fundraising activities of LHC Group – most notably the Hospice Promise Foundation. Further, Mederi Hospice will be open to donations from area residents and corporations but is otherwise committed to supporting the needs of the hospice through corporate funds.

Bristol Hospice – Miami Dade, LLC (CON application

#10679) explains that the Bristol Foundation is a private non-profit organization that receives funding from donations of community partners through events that are organized and run primarily by volunteers. Other donations are from hospice staff and on occasion, from families of patients. Bristol states that the Foundation is registered in various states (Florida is not listed) and that the Bristol Hospice Foundation of California is the largest and most involved.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) asserts being a partner with its nonprofit affiliated foundation, the Cornerstone Hospice Foundation – stated to be a 501(c)(3) organization, to lead fundraising and charitable activities and that this relationship will continue in place as Cornerstone expands its services into SA 3B. In addition, to defray continually rising costs of medical expenses to its patients and families, the Cornerstone Hospice Foundation will provide funding for specific programs, including children’s bereavement programs, hospice houses, Pet Peace of Mind, Cornerstone Salutes!, Gold Standard of Giving Awards, nurse proctor and more. CON application #10680’s Tab 23 is referenced for further information. The Cornerstone Hospice Foundation is also discussed on the applicant’s page 119.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) states:

- Being a not-for-profit
- Utilization of the following internal ProMedica funding sources to give back to the communities it serves
 - Senior Care Fund
 - Memory Care Fund
 - Hospice Memorial Fund
- ProMedica does not plan on do fund raising activities in the service area

CON application #10681’s Attachment 10 is referenced. ProMedica also states that several conditions that spell out how it is committing to provide resources and address the needs of the service area are in the applicant’s Schedule C.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) states that it does not actively raise funds from the community and therefore, it does not compete with non-profit hospice organizations or other groups in obtaining funds from the community. PruittHealth contends that as a result, it will not dilute potential contributions available in the community or adversely impact existing hospices’ fundraising efforts.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) reiterates its Schedule C – C.4 15.

- 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.**

Alleo Health of Florida, LLC (CON application #10677) does not respond to this rule preference.

Brevard HMA Hospice, LLC (CON application #10678) maintains that Mederi Hospice will file its semi-annual utilization reports with all required data elements in conformity with this rule criterion.

Bristol Hospice – Miami Dade, LLC (CON application #10679) points out that Bristol Hospice’s track record in Florida, as well as other states, shows conformity with the requirements for reporting services to the Agency pursuant to requirements in statute and rule.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) states routinely making the referenced reports to the Agency, is skilled at doing so in an accurate and timely fashion and will continue to do so.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) maintains that the applicant will provide semi-annual reports containing the data elements set forth in this criterion.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) explains that the applicant will comply with all reporting requirements and will submit this information to AHCA or its designee as required.

Transitions Intermediate Holdings, LLC (CON application #10683) does not respond to this rule preference.

VITAS Healthcare Corporation of Florida (CON application #10684) maintains that VITAS will continue to comply with all reporting requirements as it does for its existing hospice services in Florida.

3. Statutory Review Criteria

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

As previously stated, in Volume 47, Number 152, of the Florida Administrative Register, dated August 6, 2021, need for one hospice program was published in SA 3B for the January 2023 hospice planning horizon. The co-batched applicants are applying in response to published need.

The following chart illustrates 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, 2019 (which experienced a decrease of 107 admissions over the 12 months ending June 30, 2018), SA 3B’s total admissions increased every year from the 12 months ending June 30, 2017 (3,307 admissions) to the 12 months ending June 30, 2021 (3,940 admissions).

**Service Area 3B
Hospice Admissions
Five Years Ending June 30, 2021**

| 12 Months Ending: | Admissions |
|-------------------|------------|
| June 20, 2021 | 3,940 |
| June 30, 2020* | 3,575* |
| June 30, 2019 | 3,507 |
| June 30, 2018 | 3,614 |
| June 30, 2017 | 3,307 |

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

Note: * Twelve months ending June 30, 2020 includes July-Dec 2019 admissions as reported by the existing providers but not published data as a result of Emergency Order 20-004.

As previously stated in item E.1.a. of this report, SA 3B is currently served by the following providers:

- Hospice of Marion County Inc
- Kindred Hospice f/k/a Gentiva/Odyssey Hospice

Alleo Health of Florida, LLC (CON application #10677): Regarding availability, Alleo Health of Florida, LLC reiterates the Agency’s most recent fixed need pool publication for an additional hospice program in SA 3B and also reiterates unmet hospice need in the area particularly regarding the African American and Hispanic populations. The applicant states that the proposed new project, “...“will target the resolution of this shortfall”.

Regarding quality, the applicant states that the Hospice of Chattanooga Group provides quality care in every aspect of the hospice programs it operates. See item E.3.b. of this report.

Regarding accessibility, Alleo Health of Florida, LLC contends that with an organization focus on providing care to all patients, regardless of ability to pay, it will enhance SA 3B hospice patients' ability to access hospice care without the traditional barrier of inadequate financial resources.

Regarding extent of utilization, Alleo Health of Florida, LLC states the overall unmet SA 3B hospice need and lower than appropriate rates of African American and Hispanic patients accessing hospice care and explains that this indicates that existing hospice providers are not operating at a level appropriate to adequately meet needs. Further, Alleo Health of Florida, LLC additionally explains that its broad and comprehensive hospice infrastructure will ensure that all segments of the SA 3B community will receive the hospice services that they need and deserve.

Alleo responds to the Health Care Access Criteria (pages 67-69 of the application).

Brevard HMA Hospice, LLC (CON application #10678) states a commitment to serve the following populations with unmet hospice needs in the area:

- Those in need of palliative care
- Patients without primary caregivers
- The homeless population
- Veterans
- The Black and the Hispanic populations

Brevard contends that:

- None of the existing providers, or new providers, replicate LHC Group's deep post-acute care experience and expertise that complement hospice services along the care continuum
- LHC Group knows how to leverage its technology, clinical experiences and market presence to drive organic growth in market penetration rates to reach patients at the right time in their care journey for hospice services

Bristol Hospice – Miami Dade, LLC (CON application #10679) states that availability often refers to how much of a service exists, such as how many beds or facilities are in the market and in the case of hospice programs, in addition to the number of hospice providers, their ability to expand and further, outreach and education.

Bristol maintains that its proposal improves availability of hospice care through outreach and education of gatekeepers and through building a strong workforce.

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

Bristol states that access is defined as how potential users are able to utilize the service or gain admittance or enter the service. Bristol also states that with health care service, access is often discussed in terms of these features:

- Eligibility criteria
- Financial criteria or payer requirements
- Location of facilities or admission centers
- Geographical features—roadways, bridges, railroads
- Travel time—or travel distance that users experience
- Specific services or programs

Bristol briefly discusses financial, geographic and service access and reiterates its Schedule C, Condition #14.

The applicant provides two graphs (CON application #10679, page 3-4, Figure 3-1 and page 3-5, Figure 3-2) to reflect 2018-2020 hospice penetration rates in SA 3B compared to Florida overall and to reflect hospice admission growth, by hospice provider, 2016-2020, respectively. Bristol contends that the applicant can engage the community and enroll patients appropriately to benefit from all that the hospice has to offer, filling existing gaps in SA 3B.

Bristol also responds to the Health Care Access Criteria on the application's pages 3-6 through 3-8.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) reiterates the Agency's fixed need pool publication for an additional hospice program in SA 3B and also restates its bulleted need justification for CON application #10680 to be approved, as described in pages 6-8 and 72-73 of the application.

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Availability, accessibility and extent of utilization is briefly restated (page 110 of the application).

Quality of care is addressed in item E.3.b. of this report.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) reiterates the Agency's fixed need pool for one new hospice program in SA 3B, stating that project approval will enhance access to quality hospice care and offer additional services well beyond the core Medicare hospice benefits. Additionally, ProMedica reiterates its letters of support in CON application #10681, Attachment 4.

ProMedica stresses that it is committed to providing access to all patients without regard to ability to pay. ProMedica emphasizes that the applicant will serve patients covered by Medicare, Medicaid, and other third-party payer programs, as well as self-pay and charity patients. The reviewer notes that the applicant's Schedule 7A indicates no patient days in year one or in year two for self-pay. See item E.3.g. of this report for further discussion.

Specialized staff training for staff working with individuals with Alzheimer's disease is briefly mentioned.

ProMedica's response to quality is addressed in E.3.b. of this report.

ProMedica states its dedication to removing barriers that hinder a patient's ability to access hospice benefit and contends it will improve access for SA 3B's minority populations and transients. ProMedica also cites Attachments 9, 10 and 12.

ProMedica asserts that the applicant will address the specific needs of patients who are under age 65. However, the reviewer notes ProMedica did not identify under age 65 Marion County residents as a population experiencing unmet hospice needs (see item E.2.a.(1) of this report).

Regarding extend of utilization, ProMedica maintains that the fixed need pool calculation indicates there will be 430 additional patients in the service area by 2023. The reviewer notes that the projected hospice patients for the planning horizon shows a projected minus current of 375 for SA 3B.

ProMedica states on page 37 of the application, in response to ss. 408.035(1), (2) and (5), Florida Statutes, that, "The proposed project will enhance the availability, quality of care, efficiency, and accessibility of

hospice services within Service Area 3B” and ProMedica bullets 14 services that it indicates can be shared between its existing providers and SA 3B program.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) reiterates discussion of penetration rates among existing hospice programs in SA 3B, as well as statewide penetration rates. The applicant responds briefly to the Health Care Access Criteria on page 110 of the application.

Transitions Intermediate Holdings, LLC (CON application #10683) 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, Transitions states that SA 3B 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 70 of the application). The reviewer notes that as indicated in items A.2. and E.2.a.(4) of this report, SA 3B is a single county hospice service area - Marion County.

The applicant also briefly discusses financial accessibility and extent of utilization. Particularly regarding financial accessibility, the reviewer notes that the applicant 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. The reviewer notes that according to the applicant’s Schedule 7A, when self-pay, Medicaid and Other Indigent are added together, separately for year one and for year two, the following percentages are attained:

- Year one – 7.84 percent
- Year two – 3.19 percent

VITAS Healthcare Corporation of Florida (CON application #10684)

maintains that in addition to responding to fixed need, this proposal seeks to address the entirety of the needs of the terminally ill population, regardless of age, race, gender, disability or income level. VITAS also maintains that specific groups to be served include, but are not limited to:

- Minority populations, including:
 - African American
 - Hispanic
 - Asian
 - Jewish residents
- Patients with respiratory, cardiac and/or sepsis diagnoses
- Veterans
- Residents, ages 65 and up, with a life-limited diagnosis outside of cancer

VITAS also identified other populations stated to be in need of hospice services in its response to items E.1.a. and E.2.a (1) of this report. The applicant's response to quality of care is addressed in item E.3.b. of this report. VITAS responds to the Health Care Access Criteria on pages 229-230 of the application.

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.

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 publicly available HQRP information, as presented in the referenced website for each of the co-batched applicants (or the parent/manager and corresponding affiliates), with current licensed

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hospice operations in Florida. Specific to the table below, a legend is provided as follows:

- CHPC for Cornerstone Hospice & Palliative Care, Inc. (CON application #10680)
- ProM for ProMedica Hospice of Marion County, FL, LLC (CON application #10681)
- TIH for Transitions Intermediate Holdings, LLC (CON application #10683)

**CAHPS Data
January 1, 2018 through December 31, 2019
for the Co-Batched Hospice Providers**

| Measure | Alleo | Brevard | Bristol | CHPC | ProM | VITAS | STATE |
|--|-------|---------|---------|------|------|-------|-------|
| Communication with family | 79 | 81 | N/R | 77 | 77 | 72 | 78 |
| Getting timely help | 79 | 79 | N/R | 76 | 73 | 68 | 75 |
| Treating patient with respect | 89 | 90 | N/R | 89 | 89 | 83 | 88 |
| Emotional & spiritual support | 90 | 92 | N/R | 90 | 90 | 87 | 89 |
| Help for pain & symptoms | 75 | 72 | N/R | 71 | 71 | 67 | 73 |
| Training family to care for patient | 76 | 72 | N/R | 68 | 69 | 64 | 70 |
| Caregivers rated the hospice a 9 or 10 | 81 | 86 | N/R | 81 | 78 | 74 | 80 |
| Willing to recommend this hospice | 84 | 90 | N/R | 86 | 81 | 78 | 84 |
| Average Score | 82 | 83 | N/R | 80 | 78 | 74 | 80 |

Source: <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>, as of October 5, 2021.

Notes: Alleo's (Hospice of Chattanooga) scores confirmed @ <https://www.medicare.gov/care-compare> website.

The applicants with licensed Florida hospices Quality of Patient Care Measures-Hospice Item Set's rating on patients who got an assessment on all seven HIS quality measures is shown below.

| Hospice Provider/SA Facility/City | Patients Who Got an Assessment of All 7 HIS Quality Measures |
|---|--|
| Bristol | |
| SA 11 (Miami) | 98.6% |
| Cornerstone | |
| SAs 3E, 6B & 7B (Tavares) | 91.4% |
| LHC Group - Wuesthoff | |
| SA 7B (Rockledge) | 98.2% |
| ProMedica (f/k/a Heartland Hospice) | |
| SAs 4A, 10 and 11 (Jacksonville and Plantation) | 98.3% |
| VITAS | |
| SAs, 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11 | 95.3% |

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

As of October 5, 2021, the CMS.gov website indicates there are nine HIS Quality Measures. The reviewer notes that the Florida hospice HIS Quality of Patient Care Measures are available @ (<https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>).

Alleo Health of Florida, LLC (CON application #10677) is a development-stage Florida entity with no licensed hospice programs in Florida. Alleo has CON-approval for a new hospice program in SA 4A.

Alleo provides the Group's (page 11 of the application):

- Mission, Vision and Values
- Culture of – Service, Giving and Appreciation

Alleo states its focus will drive the development and then the operation of its SA 3B program, through the following corporate positions (page 22 of the application):

- Equity
- Inclusion

The applicant provides an overview of the Hospice of Chattanooga Group's compliance, quality and performance improvement (QPI) approach to provide organizational excellence which is the approach to be utilized by the applicant's SA 3B operation (CON application #10677, page 39 graphic).

Alleo provides a copy of the Group's September 14, 2019 accreditation by the Joint Commission (Home Care Accreditation Program).

Brevard HMA Hospice, LLC (CON application #10678) 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

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- Robust Financial Resources
- Leading Technology Platforms
 - HomeCare HomeBase
 - Medscope
 - Medalogix
- 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).

Brevard 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.

In CON application #10678, page 35, under the major heading "Hospice Service Line Aggregate Results 2020", Brevard 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 LHG 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)

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**CAHPS Data
Brevard (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 #10678, pages 35 and 36 (partially reproduced)

Note: *Brevard did not provide scores to these measures.

Brevard’s stated May 2020 to August 2020 CAHPS scores are LHC Group’s aggregated programs.

The reviewer notes that according to Brevard on page 505 the first page of Appendix IV, the time period is 12/01/2019 – 11/30/2020, with a report date of 3/23/2021. According to the applicant’s SHP Scores and Benchmarks data (page 505 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 #10678, Appendix IV, page 505

Brevard HMA Hospice, LLC had no substantiated complaints during the 36 months ending October 25, 2021.

Bristol Hospice – Miami Dade, LLC (CON application #10679) shares its Mission and Vision as well as the following core values (page ii of the application):

- Integrity – We are honest and professional
- Trust – We count on each other
- Excellence – We strive to do our best at all times and to look for ways to improve and excel

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- Accountability – We accept responsibility for our actions, attitudes and mistakes
- Mutual Respect – We treat others the way we want to be treated

The applicant states a commitment to:

- Being Joint Commission or CHAP accredited
- National Hospice and Palliative Care Organization (NHPCO) and Florida Hospice and Palliative Care Association (FHPCA) membership
- Adherence to the Centers for Medicare and Medicaid Services' (CMS) reporting requirements

Additionally, Bristol Hospice – Miami Dade, LLC states encompassing (as well as providing) NHPCO's ten components of quality in hospice care (page 4-2 of the application).

The applicant explains that Bristol Hospice local offices are individualized hospice operations, supported by a national office and that local leaders are supported at the corporate level. The applicant also explains that Bristol Hospice locations share a common set for four goals, which are listed (page 4-4 of the application).

The reviewer indicated above the most recently available CAHPS scores for Bristol Hospice – Miami Dade, LLC, per the Agency website <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>, as of October 5, 2021. However, Bristol indicates that using Agency website <https://www.floridahealthfinder.gov>, Hospice Quality Reporting Program CAHPS 01/01/2018-12/31/2019, the applicant generates a separate CAHPS quality measure scores for Bristol Hospice, as well as for the existing hospices in SA 3B, the Florida average and the US average, for each of the eight CHAPS component scores. In the table below, the reviewer:

- Reproduces the portion of the Agency's most available CAHPS quality scores for Bristol Hospice – Miami Dade, LLC
- Overlays the stated Bristol Hospice, Florida and US CAHPS scores

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**CAHPS Scores
Brevard (January 1, 2018 through December 31, 2019) and
Florida and US Averages and Bristol Hospice**

| Florida, US and Bristol Hospice | 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 |
| Florida | 78.0% | 75.0% | 88.0% | 89.0% | 73.0% | 71.0% | 79.0% | 84.0% |
| US | 81.0% | 78.0% | 91.0% | 90.0% | 75.0% | 76.0% | 81.0% | 84.0% |
| Bristol | N/R | N/R | | N/R | N/R | N/R | N/R | N/R |
| Bristol Enterprise (ending April 2021) | 81% | 70% | 92% | 90% | 74% | 69% | 79% | 84% |
| Bristol Miami (ending Dec 2019) | 96% | 71% | 100% | 40% | 67% | 85% | 75% | 75% |
| Bristol Miami (ending April 2021*) | 80% | 100% | 100% | 100% | 100% | 0% | 100% | 100% |

Source: <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>, as of October 5, 2021 and CON application #10679, page 4-5, Table 4-1 (partially reproduced)

The reviewer notes that CON application #10679 offers a brief narrative description of each of the following 10 programs that the applicant states positively impact quality of care (pages 4-6 and 4-7 of the application):

- Electronic Medical Records (EMR)
- Bright Moments
- We Honor Veterans
- Namaste Care
- Sweet Dreams
- Cancer Care
- Bridge Program
- Bristol Foundation
- Lights On Program
- AIM-Advanced Illness Management

Bristol Hospice–Miami Dade, LLC had no substantiated complaints during the 36 months ending October 25, 2021.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) provides the following Mission Statement:

- Delivering extraordinary care to all those we touch, in every community that we serve

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The applicant bullets 18 services that are available for each patient (page 121 of the application).

Cornerstone cites its Joint Commission accreditation and the application's Tab 28 includes the nine-page final report of 4/8/2020.

Cornerstone points to having been awarded the 2021 Ingrid Thornquist award by The Pet Peace of Mind, helping 114 pets and their families during the pandemic.

Cornerstone states and the reviewer confirms the following policies and procedures materials in CON application #10680:

- Tab 15-Infection Control Policies and Procedures
- Tab 16-Policies and Procedures Manual (index)
- Tab 18-Charity Care
- Tab 24-QAPI and Quality
- Tab 30-Staff Education Materials
- Tab 31-Personnel Policies

Cornerstone briefly discusses the following affiliated entities and their correlation with the applicant's hospice services (pages 119-120 of the application):

- Cornerstone Health Services, LLC (established in 2014)
- Care Partners, LLC

Cornerstone contends that its' award-winning 7-Day Case Management Model (pages 128-131 of the application and conditioned in CON application #10680, Schedule C, Condition #1) provides an array of significant benefits including:

- True full-time case management
- Teams of two RNs for each patient that cover every day of the week to meet the needs of the patient and maintain continuity of care
- Increased frequency of patient visits to develop stronger relationships and individual care plans
- Improved communication
- Seamless delivery of care

Cornerstone cites its CAHPS for the January 2018 through December 2019 period and discusses its not-yet-published CAHPS scores for the first eight months of Cornerstone fiscal year (October 2020-May 2021). Cornerstone states its average CAHPS score increased by three points from 80 to 83 percent between the two periods and that this demonstrates its commitment to patient quality. The reviewer partially reproduces Cornerstone's October 2020-May 2021 CAHPS scores below.

**Hospice Compare (CAHPS) Scores, Family Caregiver Experience
Cornerstone Hospice**

| Item | OCT 20 – MAY 21 |
|---|-----------------|
| Caregivers rated the hospice agency a 9 or 10 | 90% |
| Always communicated well | 82% |
| Always provided timely help | 76% |
| Always treated the patient with respect | 93% |
| Provided the right among of emotional and spiritual support | 92% |
| Patient always got the help they needed for pain and symptoms | 74% |
| Definitely received the training they needed | 67% |
| Yes, they would definitely recommend the hospice | 90% |
| Average | 83% |

Source: CON application #10680, page 61, Table 15 (partially reproduced)

The reviewer notes that Cornerstone’s willing to recommend this hospice score increased from 86 to 90 percent. Cornerstone Hospice & Palliative Care, Inc. had no substantiated complaints during the 36 months ending October 25, 2021.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) explains that its parent, The Systems, is a national provider of hospice, home health, assisted living, rehabilitation and nursing home services. ProMedica lists a total of 26 facilities nationwide (with the following two being in Florida) all stated to have...”Overall 5 Star Ratings”:

- ManorCare Health Services, Dunedin
- ManorCare Health Services, Palm Harbor

ProMedica lists a total of 42 facilities nationwide (with the following five being in Florida) that are stated to have ...”Overall 5 Star Ratings in the area of Quality Measures”:

- ManorCare Health Services, Dunedin
- ManorCare Health Services, Sarasota
- ManorCare Health Services, Boca Raton
- ManorCare Health Services, Palm Harbor
- ManorCare Health Services, Ft. Myers

The reviewer notes that none of the seven bulleted SNFs listed above are located within SA 3B.

CON application #10681, Attachment 3 is documentation to reflect Agency licensure records of affiliated hospice providers, nursing homes and ALFs in Florida. Further, the applicant references Attachments 2, 5, 8, 9, 10, 12 and 14 to reflect more proof of the high quality and accreditations that The Systems will bring to CON application #10681.

ProMedica affiliated hospice programs had no substantiated complaints during 36 months ending October 25, 2021.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682), 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 aggregate of 4,527 hospice admissions in 2019 (page 11, Figure 6 of the application).

PruittHealth lists a total a 35 “Best Practices” at PruittHealth hospice (pages 13-15 of the application) and provides a table to describe where hospice and palliative care differ or are the same (page 20, Figure 7 of the application). Additionally, the applicant provides the PruittHealth Model of Care (CON application #10628, page 53, Figure 32) and offers a brief narrative of the model’s five components. Further, PruittHealth offers a diagram of the PruittHealth Continuum of Care (page 112, Figure 78 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 June 30, 2020 (most recently available data), PruittHealth Hospice exceeded the national average in 13 of 16 quality-related metrics, some of which include: (page 113, Figure 79 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)

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- 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 Agency notes that upon further review of CON application #10682's 113, Figure 79, the following is of note:

- 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 narrative of the following (pages 114 and 115 of the application):

- Mission
- Vision
- The Commitment to Caring Pledge

PruittHealth offers discussion of the following quality of care characteristics (pages 115-122 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
 - CN A Career Ladder
 - Leadership Mirroring
 - Bi-Annual Leadership Conference
 - Orientation for Professional Nurses
 - CPR Instructor Training
 - The Green Sweep Program

Transitions Intermediate Holdings, LLC (CON application #10683) was previously indicated to be a development stage entity with no

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hospice operating history in Florida. Transitions bullets eight reasons that set it apart from other hospices through its staffing capabilities on the application's pages 16, 68 and Schedule 6 notes.

Transitions discusses the following on pages 7 -9 of the application:

- Transition Mission
- Transition Hospice Commandments (three fundamental principals)
 - Commit to Hospice
 - Each Patient is Unique
 - Always Do the Right Thing
- Tenets (Acceptance, Empowerment, Peace and Freedom)

Transitions emphasizes the profound belief that no individual should die alone – ever.

The applicant describes the interdisciplinary care team structure, support and cadence (pages 12-14 of the application).

The applicant provides a Palliative Care Program Model (page 31, Exhibit 6 of the application). The reviewer notes that through CON application #10683 does not offer a source and does not offer a time frame or issuance date, Transitions provides diagrams to reflect Transitions palliative care outcomes pertaining to the following end-stage/terminal illnesses (pages 32-36 of the application):

- COPD (Exhibit 7)
- Heart Failure (Exhibit 8)
- Neuro-Cognitive (Exhibit 9)
- Oncology (Exhibit 10)
- Renal (Exhibit 11)

Per the applicant, Transitions Hospice has continuously received Community Health Accreditation Partner's (CHAP's) "Excellence" award in all of its active areas of care. The applicant explains that this level of care will continue to be put forward in Florida if the project is approved. The applicant includes a copy of a July 27, 2020 CHAP 2020 Accreditation Letter (page 39, Exhibit 13 of the application), indicating that Transitions Hospice, LLC dba Transitions Hospice (in the State of Illinois) was found to be in compliance with the CHAP Standards of Excellence (site review dates of June 8, 2020 to June 12, 2020).

The reviewer notes that the following three exhibits (Exhibits 14-16, pages 40-42, respectively) indicate a CHAPS rating for various quality measures. Particularly regarding CON application #10683, page 40,

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Exhibit 14-Overall Rating of Hospice Care, the diagram indicates that Transitions Hospice of Central Illinois received the following 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)

Concerning diversity, Transitions explains that Transitions and all its subsidiaries are committed to creating an inclusive work environment that welcomes the ideas of all cultures and backgrounds. The applicant points out that Transition Hospice employees are (page 48 of the application):

- 39.3 percent minority
- 90.3 percent female
- 43.7 percent millennial

Transitions states a recognition and an understanding that there is no place like home and offers the full spectrum of services of care for every patient wherever they reside.

Transitions discusses continuity of care and provides Exhibit 2-Care Team Organization (pages 20 and again 72 of the application). Other quality topics are discussed under the following major headings (pages 72-83 of the application):

- Extended Care Team
- End-of-Life Doulas
- Grief and Bereavement Support
- Medical Equipment and Supplies
- Volunteer Services
 - Companionship
 - Family Support
 - Internships
 - Animal Assisted (therapy pets)

- Veterans
 - Veteran Pinning Ceremonies
- Emergency Preparedness

VITAS Healthcare Corporation of Florida (CON application #10684) states being a national leader in hospice and palliative care and that in CY 2020, VITAS Healthcare had:

- 90,176 patients served
- Average daily census (ADC) of 19,042 patients

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- 49 hospice programs in 14 states and DC
- 11,481 employees including 4,386 nurses

VITAS provides its “Florida Overview (CY 2020)” on page 27 of the application which states:

- 43,441 patients served
- 3.9 million days of care
- 1.88 percent of Medicare patient days as continuous care
- ADC of 10,734 patients
- 5,525 employees, 2,308 nurses
- 186 interdisciplinary teams
- 1,395 active volunteers
- 65,393 volunteer hours
- 24-hour clinical staff through the Telecare Program
- \$7.76 million in charity care

VITAS points out partnering with universities and colleges to provide end-of-life care curricula to healthcare students and new graduates, listing a total of 13 Florida institutions with which VITAS indicates having such a partnership (page 27 of the application).

VITAS discusses having had a positive impact in Florida and particularly regarding natural disasters and emergency preparedness as it relates to Hurricanes Irma, Michael and Dorian, as well as the COVID-19 Pandemic (pages 28 through 34 of the application).

VITAS Healthcare states having the following mission, values and vision (page 17 of the application):

- Mission
 - VITAS is a growing family of hospices providing the highest quality human services, products and case management to terminally ill and other appropriate patients and their families with measurable advantages for the patient, the family, the medical community, the employee and the stockholder

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- Values
 - Improving the quality of life, empowerment and personal dignity are fundamental values and principles at VHC. VITAS' values are instilled in all of its employees, from the corporate office to the field staff member-
 - ✓ Patients and families come first
 - ✓ We take care of each other
 - ✓ I'll do my best today and do even better tomorrow
 - ✓ I am proud to make a difference

- Vision
 - For over 40 years, VITAS has advocated for the rights of terminally ill patients and their families. VITAS believes that patients should be apprised of their clinical prognosis and be involved in the decision-making process that determines how their end-of-life care is provided

The applicant emphasizes that (page 17 of the application):

- VITAS is 100 percent focused on hospice and palliative care which is the core of the business
- Without other service lines competing for its attention, VITAS is able to provide programs that exceed state and federal requirements

The applicant states that it has a long history of providing quality of care in Florida and across the country and complies with the Conditions of Participation for hospice providers under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) and the Medicaid Program.

CON application #10684 provides narrative discussion and tables/diagrams as they relate to hospice quality measures and VITAS comparative performance with respect to those measures, under the major heading of quality and compliance (pages 108-124 of the application). The reviewer lists a breakdown of subheadings under this major heading and references some referenced tabs and comments:

- Hospice Quality of Care and VITAS Initiatives
 - Tab 32: VITAS Quality Initiatives and Documentation
- Measures of Meeting the Patients' Needs

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- CMS Compare Data-HIS and CAHPS¹²
 - Per VITAS
 - Existing HQRP measure set, calculated using data collected from the HIS and the CAHPS hospice survey, does not access quality of hospice care during a hospice election (between admission and discharge)
 - The current measure set does not directly address the full range of hospice services or outcomes
 - VITAS has identified a need for a new quality measure to address this gap, without increasing data collection burden
- Cost of Care
- Accreditation and Quality of Care
- Licensure Surveys as a Measure of Quality

VITAS provides a three-page bulleted list of recognitions and honors from 2010 - 2021 (CON application #10684, Tab 5: Corporate and Program Awards). The reviewer notes that the applicant does not provide documentation to validate the stated awards.

VITAS discusses its Quality Assurance/Utilization Review (QAUR) Plan and Committee, its Quality Assessment and Performance Improvement (QAPI) process and the QAPI Dashboard (pages 214-215 of the application). According to VITAS, the goals of its QAPI program are ongoing improvement of patient/family palliative outcomes, experience of care and overall hospice performance and that these are achieved and maintained through the following mechanisms:

1. Measure, analyze and track quality indicators, including adverse events, to enable the assessment of palliative outcomes and hospice services
2. Collect data to monitor the effectiveness and safety of services and quality of care and to identify opportunities for improvement
3. Conduct performance improvement projects to improve performance and to monitor performance to ensure the improvements are sustained
4. Document QAPI activities, including reasons for conducting performance improvement projects, and the measurable progress achieved on the projects

The applicant references and the reviewer confirms CON application #10684, Tab 43: QAPI Data Elements. This tab includes the VITAS QAPI Plan.

¹² The reviewer notes that VITAS results regarding the most recent HQRP summary data was previously provided at the beginning of this section (E.3.b. of this report).

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To support its efforts to continuously improve quality of care, VITAS bullets two initiatives that the applicant plan to implement in SA 3B. VITAS maintains that its proposed program in SA 5B, like all other VITAS Healthcare programs, will adhere to the same policies, procedures and standards for the VITAS Healthcare programs externally accredited by The Joint Commission and CHAP. The applicant indicates that the proposed VITAS SA 3B governing body will implement a quality assurance program consistent with its existing programs in Florida.

The applicant provides its three existing VITAS Healthcare Corporation of Florida Agency-issued hospice licenses (CON application #10684, Tab 15: Hospice Licenses). Regarding pain management strategies, the reviewer notes the five extensive VITAS-generated pain management learning/reference modules (CON application #10684, Tab 14: Pain Management Modules):

- Introduction to Pain Management (Module One)
- Pain Management: Categories of Pain (Module Two)
- Pain Management: Assessment and Documentation (Module Three)
- Pain Management: Pain Palliation (Module Four)
- Pain Management: Pharmacologic Concepts (Module Five)

The reviewer notes that VITAS' five pain management modules indicate it provides continuing education (CE) credits through VITAS Healthcare Corporation of Florida, Inc./CE Broker Number 50-2135.

VITAS indicates that recognizing the importance of providing culturally relevant care, it will build a diverse and highly skilled work force. Further, that as an affirmative action employer, VITAS participates in diversity recruitment efforts as part of its rigorous recruitment strategy. The applicant states that it complies with the Equal Employment Opportunity Commission and provides equal employment opportunity for all qualified applicants and employees without regard to race, color, religion, national origin, non-job-related disability, Vietnam-era and disabled veteran status, sexual orientation, age or gender. The applicant briefly discusses its competitive benefits

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package and its management tool (VITAS CARES--Coach, Assist, Recognize, Engage and Satisfy). VITAS indicates that VITAS CARES has contributed to lower employee turnover and created an environment of appreciation and recognition.

VITAS maintains that it will assess every patient within 24 hours of admission to any of its programs and that the IDT visits patients in their place of residence.

VITAS emphasizes that the most recent CMS HIS data does not allow for acuity adjustment for comparison among providers but does reflect updates to the measure deemed important by CMS. VITAS indicates each of the seven most recent HIS measure scores and the HIS scores. The 'Patients Who Got an Assessment of All 7 Quality Measures' score is 95.3 percent, which is consistent with what the Agency documented earlier in item E.3.b.

As previously stated, VITAS serves SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11. Agency records indicate that for the three-year period ending October 25, 2021, VITAS had a total of 18 substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. Below is a table to account for the substantiated complaints by the applicable complaint category.

**VITAS Substantiated Complaint History by Category
Three-Year Period Ending October 25, 2021**

| Complaint Category | Number Substantiated |
|---------------------------------|-----------------------------|
| Quality of Care/Treatment | 16 |
| Resident/Patient/Client Rights | 6 |
| Administration/Personnel | 2 |
| Resident/Patient/Client Neglect | 2 |
| Misappropriation of Property | 1 |

Source: Agency for Health Care Administration Complaint Records

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

Applies to all applicants, except CON application #s 10677, 10682 and 10683 - 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

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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.

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

Alleo Health of Florida, LLC (CON application #10677): 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 limited assets, liabilities, and equity.

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$956,338, which includes the CON currently under review and the establishment of a hospice program in SA 4A. The applicant indicates on Schedule 3 of its application that funding for the project will be by non-related company financing. The applicant provided a letter from Crescent Capital Group LP stating the applicant has access to a revolving credit line in excess of \$35 million.

Conclusion:

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

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Brevard HMA Hospice, LLC (CON application #10678):

| 10678 - LHC Group, Inc. and Subsidiaries | |
|---|------------------------|
| | Dec-20 |
| Current Assets | \$647,022,000 |
| Total Assets | \$2,483,354,000 |
| Current Liabilities | \$681,436,000 |
| Total Liabilities | \$870,000,000 |
| Net Assets | \$1,613,354,000 |
| Total Revenues | \$2,063,204,000 |
| Excess of Revenues Over Expenses | \$137,933,000 |
| Cash Flow from Operations | \$529,247,000 |
| Short-Term Analysis | |
| Current Ratio (CA/CL) | 0.9 |
| Cash Flow to Current Liabilities (CFO/CL) | 77.67% |
| Long-Term Analysis | |
| Long-Term Debt to Net Assets (TL-CL/NA) | 11.7% |
| Total Margin (ER/TR) | 6.69% |
| Measure of Available Funding | |
| Working Capital | (\$34,414,000) |

| 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 nationwide capital expenditures and hospices in Districts 5B, 4A, 1, 6B, 9A, and 9C. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by related company financing. The most recent audit showed \$286.5 million in cash on hand and \$529.2 million in cash from operating activities.

Conclusion:

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

Bristol Hospice – Miami Dade, LLC (CON application #10679):

| 10679 - Bristol Hospice Parent, LLC | |
|--|----------------|
| | Dec-20 |
| Current Assets | \$99,079,843 |
| Total Assets | \$477,326,961 |
| Current Liabilities | \$40,011,716 |
| Total Liabilities | \$302,365,053 |
| Net Assets | \$174,961,908 |
| Total Revenues | \$300,058,396 |
| Excess of Revenues Over Expenses | (\$12,767,255) |
| Cash Flow from Operations | \$62,591,414 |
| | |
| Short-Term Analysis | |
| Current Ratio (CA/CL) | 2.5 |
| Cash Flow to Current Liabilities (CFO/CL) | 156.43% |
| Long-Term Analysis | |
| Long-Term Debt to Net Assets (TL-CL/NA) | 149.9% |
| Total Margin (ER/TR) | -4.25% |
| Measure of Available Funding | |
| Working Capital | \$59,068,127 |

| 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 \$343,635, which includes the CON currently under review and routine capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. The most recent audit showed \$38.8 million in cash on hand and \$62.5 million in cash from operating activities.

Conclusion:

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

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680):

| 10680 - Cornerstone Hospice & Palliative Care, Inc. | |
|--|---------------|
| | Sep-20 |
| Current Assets | \$43,295,809 |
| Total Assets | \$81,907,139 |
| Current Liabilities | \$14,147,774 |
| Total Liabilities | \$14,147,774 |
| Net Assets | \$67,759,365 |
| Total Revenues | \$87,600,354 |
| Excess of Revenues Over Expenses | \$4,088,138 |
| Cash Flow from Operations | (\$1,025,575) |
| Short-Term Analysis | |
| Current Ratio (CA/CL) | 3.1 |
| Cash Flow to Current Liabilities (CFO/CL) | -7.25% |
| Long-Term Analysis | |
| Long-Term Debt to Net Assets (TL-CL/NA) | 0.0% |
| Total Margin (ER/TR) | 4.67% |
| Measure of Available Funding | |
| Working Capital | \$29,148,035 |

| 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 \$9,365,559, which consists entirely of the CON currently under review, IT expenditures, facilities, expenditures, business development, and other expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand. The audited financials show \$20.2 million in cash and cash equivalents and \$1 million in negative cash flow from operations.

Conclusion:

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

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ProMedica Hospice of Marion County, FL, LLC (CON application #10681) provides its parent audited financial statements.

| 10681 - ProMedica Health System and Subsidiaries | |
|---|---------------|
| | Dec-20 |
| Current Assets | \$2,045,682 |
| Total Assets | \$9,253,040 |
| Current Liabilities | \$2,193,965 |
| Total Liabilities | \$6,537,305 |
| Net Assets | \$2,715,735 |
| Total Revenues | \$6,861,265 |
| Excess of Revenues Over Expenses | \$87,226 |
| Cash Flow from Operations | \$841,667 |
| Short-Term Analysis | |
| Current Ratio (CA/CL) | 0.9 |
| Cash Flow to Current Liabilities (CFO/CL) | 38.36% |
| Long-Term Analysis | |
| Long-Term Debt to Net Assets (TL-CL/NA) | 159.9% |
| Total Margin (ER/TR) | 1.27% |
| Measure of Available Funding | |
| Working Capital | (\$148,283) |

| 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 \$348,325, which consists entirely of the CON currently under review. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by related company financing. The audited financials show \$944,675 in cash and cash equivalents and \$841,667 in cash flow from operations.

Conclusion:

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

PruittHealth Hospice – West Central Florida, LLC (CON application #10682): 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 limited assets, liabilities, and equity.

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$0, which neglects to include the CON currently under review. On Schedule 1 the applicant lists total project costs of \$266,942. The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. The applicant provided a screenshot of a bank account showing \$6,293,187.55 available as of 10/13/2021.

Conclusion:

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

Transitions Intermediate Holdings, LLC (CON application #10683):

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.

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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 \$622,598, 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.

VITAS Healthcare Corporation of Florida(CON application #10684):

| 10684 Vitas Healthcare Corporation of Florida | |
|--|----------------------|
| | Dec-20 |
| Current Assets | \$52,333,822 |
| Total Assets | \$911,011,782 |
| Current Liabilities | \$42,509,302 |
| Total Liabilities | \$85,483,887 |
| Net Assets | \$825,527,895 |
| Total Revenues | \$721,468,057 |
| Excess of Revenues Over Expenses | \$130,171,490 |
| Cash Flow from Operations | \$140,274,017 |
| Short-Term Analysis | |
| Current Ratio (CA/CL) | 1.2 |
| Cash Flow to Current Liabilities (CFO/CL) | 329.98% |
| Long-Term Analysis | |
| Long-Term Debt to Net Assets (TL-CL/NA) | 5.2% |
| Total Margin (ER/TR) | 18.04% |
| Measure of Available Funding | |
| Working Capital | \$9,824,520 |

| 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 \$22,920,656, which includes the CON currently under review and current year capex expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be provided by operating cash flows. The most recent audit showed \$140.2 million in cash from operating activities.

Conclusion:

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

d. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035 (6), Florida Statutes

Applies to all co-batched 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.

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

Calculated patient days that vary widely from the applicant's projected patient days call into question the applicant's profitability assumptions and feasibility. The results of the calculations are summarized below.

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Alleo Health of Florida, LLC (CON application #10677):

| 10677 | Alleo Health of Florida, LLC | | | | |
|-----------------------------|------------------------------|---------------------------------|---------------------------|-----------------------------------|-------------------------|
| Marion | Wage Component | Wage Index | Adjusted Wage Amount | Unadjusted Component | Payment Rate |
| Base Rate Calculation | | | | | |
| Routine Home Care 1-60 days | \$131.61 | 0.8734 | \$114.95 | \$67.80 | \$182.75 |
| Routine Home Care 61+ days | \$104.00 | 0.8734 | \$90.83 | \$53.58 | \$144.41 |
| Continuous Home Care | \$1,078.25 | 0.8734 | \$941.74 | \$355.59 | \$1,297.33 |
| Inpatient Respite | \$283.32 | 0.8734 | \$247.45 | \$181.14 | \$428.59 |
| General Inpatient | \$665.05 | 0.8734 | \$580.85 | \$382.28 | \$963.13 |
| | | | | | |
| 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 | 1.039 | \$189.95 | \$2,044,520 | | 10,763 |
| Routine Home Care 61+ days | 1.039 | \$150.10 | \$3,465,887 | | 23,090 |
| Continuous Home Care | 1.039 | \$1,348.46 | \$175,578 | 24 | 130 |
| Inpatient Respite | 1.039 | \$445.48 | \$77,334 | | 174 |
| General Inpatient | 1.039 | \$1,001.09 | \$521,363 | | 521 |
| | | Total | \$6,284,682 | | 34,678 |
| | | | | Days from Schedule 7 | 30,730 |
| | | | | Difference | -3,948 |
| | | | | Percentage Difference | -12.85% |

As such, the applicant’s projected patient days are 12.85 percent or 3,948 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 \$247,521 in year one to a net gain of \$514,993 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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Brevard HMA Hospice, LLC (CON application #10678):

| 10678 | Brevard HMA Hospice, LLC | | | | |
|-----------------------------|---------------------------|---------------------------------|---------------------------|-----------------------------------|-------------------------|
| Marion | Wage Component | Wage Index | Adjusted Wage Amount | Unadjusted Component | Payment Rate |
| Base Rate Calculation | | | | | |
| Routine Home Care 1-60 days | \$131.61 | 0.8734 | \$114.95 | \$67.80 | \$182.75 |
| Routine Home Care 61+ days | \$104.00 | 0.8734 | \$90.83 | \$53.58 | \$144.41 |
| Continuous Home Care | \$1,078.25 | 0.8734 | \$941.74 | \$355.59 | \$1,297.33 |
| Inpatient Respite | \$283.32 | 0.8734 | \$247.45 | \$181.14 | \$428.59 |
| General Inpatient | \$665.05 | 0.8734 | \$580.85 | \$382.28 | \$963.13 |
| | | | | | |
| 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 | \$190.40 | \$1,584,274 | | 8,321 |
| Routine Home Care 61+ days | 1.042 | \$150.46 | \$2,624,807 | | 17,445 |
| Continuous Home Care | 1.042 | \$1,351.68 | \$35,288 | 24 | 26 |
| Inpatient Respite | 1.042 | \$446.55 | \$117,157 | | 262 |
| General Inpatient | 1.042 | \$1,003.48 | \$785,694 | | 783 |
| | | Total | \$5,147,219 | | 26,837 |
| | | | | Days from Schedule 7 | 26,104 |
| | | | | Difference | -733 |
| | | | | Percentage Difference | -2.81% |

As such, the applicant’s projected patient days are 2.81 percent or 733 days less than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net gain of \$122,122.86 in year one to a net gain of \$719,269.38 in year two.

Conclusion:

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

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Bristol Hospice – Miami Dade, LLC (CON application #10679):

| 10679 | Bristol Hospice - Miami-Dade, LLC | | | | |
|-----------------------------|-----------------------------------|---------------------------------|---------------------------|-----------------------------------|-------------------------|
| Marion | Wage Component | Wage Index | Adjusted Wage Amount | Unadjusted Component | Payment Rate |
| Base Rate Calculation | | | | | |
| Routine Home Care 1-60 days | \$131.61 | 0.8734 | \$114.95 | \$67.80 | \$182.75 |
| Routine Home Care 61+ days | \$104.00 | 0.8734 | \$90.83 | \$53.58 | \$144.41 |
| Continuous Home Care | \$1,078.25 | 0.8734 | \$941.74 | \$355.59 | \$1,297.33 |
| Inpatient Respite | \$283.32 | 0.8734 | \$247.45 | \$181.14 | \$428.59 |
| General Inpatient | \$665.05 | 0.8734 | \$580.85 | \$382.28 | \$963.13 |
| | | | | | |
| 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 | \$190.40 | \$1,558,700 | | 8,186 |
| Routine Home Care 61+ days | 1.042 | \$150.46 | \$2,066,000 | | 13,731 |
| Continuous Home Care | 1.042 | \$1,351.68 | \$110,300 | 24 | 82 |
| Inpatient Respite | 1.042 | \$446.55 | \$16,100 | | 36 |
| General Inpatient | 1.042 | \$1,003.48 | \$36,100 | | 36 |
| | | Total | \$3,787,200 | | 22,071 |
| | | | | Days from Schedule 7 | 21,726 |
| | | | | Difference | -345 |
| | | | | Percentage Difference | -1.59% |

As such, the applicant’s projected patient days are 1.59 percent or 345 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 \$326,245 in year one to a net gain of \$353,094 in year two.

Conclusion:

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

CON Action Numbers: 10677 through 10684

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680):

| 10680 | Cornerstone Hospice & Palliative Care, Inc. | | | | |
|-----------------------------|---|---------------------------------|------------------------------|-----------------------------------|-------------------------|
| Marion | Wage Component | Wage Index | Adjusted Wage Amount | Unadjusted Component | Payment Rate |
| Base Rate Calculation | | | | | |
| Routine Home Care 1-60 days | \$131.61 | 0.8734 | \$114.95 | \$67.80 | \$182.75 |
| Routine Home Care 61+ days | \$104.00 | 0.8734 | \$90.83 | \$53.58 | \$144.41 |
| Continuous Home Care | \$1,078.25 | 0.8734 | \$941.74 | \$355.59 | \$1,297.33 |
| Inpatient Respite | \$283.32 | 0.8734 | \$247.45 | \$181.14 | \$428.59 |
| General Inpatient | \$665.05 | 0.8734 | \$580.85 | \$382.28 | \$963.13 |
| | | | | | |
| 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 | \$193.13 | \$1,118,936 | | 5,794 |
| Routine Home Care 61+ days | 1.057 | \$152.61 | \$2,063,714 | | 13,522 |
| Continuous Home Care | 1.057 | \$1,371.00 | \$171,827 | 24 | 125 |
| Inpatient Respite | 1.057 | \$452.93 | \$73,969 | | 163 |
| General Inpatient | 1.057 | \$1,017.82 | \$632,764 | | 622 |
| | | Total | \$4,061,210 | | 20,227 |
| | | | Days from Schedule 7 | | 20,735 |
| | | | Difference | | 508 |
| | | | Percentage Difference | | 2.45% |

As such, the applicant's projected patient days are 2.45 percent or 508 days greater than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$564,219 in year one to a net gain of \$518,001 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be slightly overstated and/or revenues understated.

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ProMedica Hospice of Marion County, FL, LLC (CON application #10681):

| 10681 | ProMedica Hospice of Marion County, FL, LLC | | | | |
|-----------------------------|---|---------------------------------|------------------------------|-----------------------------------|-------------------------|
| Marion | Wage Component | Wage Index | Adjusted Wage Amount | Unadjusted Component | Payment Rate |
| Base Rate Calculation | | | | | |
| Routine Home Care 1-60 days | \$131.61 | 0.8734 | \$114.95 | \$67.80 | \$182.75 |
| Routine Home Care 61+ days | \$104.00 | 0.8734 | \$90.83 | \$53.58 | \$144.41 |
| Continuous Home Care | \$1,078.25 | 0.8734 | \$941.74 | \$355.59 | \$1,297.33 |
| Inpatient Respite | \$283.32 | 0.8734 | \$247.45 | \$181.14 | \$428.59 |
| General Inpatient | \$665.05 | 0.8734 | \$580.85 | \$382.28 | \$963.13 |
| | | | | | |
| 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 | \$193.13 | \$541,288 | | 2,803 |
| Routine Home Care 61+ days | 1.057 | \$152.61 | \$1,186,462 | | 7,774 |
| Continuous Home Care | 1.057 | \$1,371.00 | \$0 | 24 | 0 |
| Inpatient Respite | 1.057 | \$452.93 | \$11,584 | | 26 |
| General Inpatient | 1.057 | \$1,017.82 | \$130,257 | | 128 |
| | | Total | \$1,869,591 | | 10,731 |
| | | | Days from Schedule 7 | | 10,623 |
| | | | Difference | | -108 |
| | | | Percentage Difference | | -1.01% |

As such, the applicant’s projected patient days are 1.01 percent or 108 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 \$385,415 in year one to a net gain of \$448,987 in year two.

Conclusion:

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

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PruittHealth Hospice – West Central Florida, LLC (CON application #10682):

| 10682 | PruittHealth Hospice - West Central Florida, LLC | | | | |
|-----------------------------|--|---------------------------------|------------------------------|-----------------------------------|-------------------------|
| Marion | Wage Component | Wage Index | Adjusted Wage Amount | Unadjusted Component | Payment Rate |
| Base Rate Calculation | | | | | |
| Routine Home Care 1-60 days | \$131.61 | 0.8734 | \$114.95 | \$67.80 | \$182.75 |
| Routine Home Care 61+ days | \$104.00 | 0.8734 | \$90.83 | \$53.58 | \$144.41 |
| Continuous Home Care | \$1,078.25 | 0.8734 | \$941.74 | \$355.59 | \$1,297.33 |
| Inpatient Respite | \$283.32 | 0.8734 | \$247.45 | \$181.14 | \$428.59 |
| General Inpatient | \$665.05 | 0.8734 | \$580.85 | \$382.28 | \$963.13 |
| | | | | | |
| 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 | \$190.40 | \$2,484,037 | | 13,046 |
| Routine Home Care 61+ days | 1.042 | \$150.46 | \$1,337,558 | | 8,890 |
| Continuous Home Care | 1.042 | \$1,351.68 | \$272,858 | 24 | 202 |
| Inpatient Respite | 1.042 | \$446.55 | \$29,979 | | 67 |
| General Inpatient | 1.042 | \$1,003.48 | \$468,357 | | 467 |
| | | Total | \$4,592,789 | | 22,671 |
| | | | Days from Schedule 7 | | 22,463 |
| | | | Difference | | -208 |
| | | | Percentage Difference | | -0.93% |

As such, the applicant’s projected patient days are .93 percent or 208 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 \$477,516 in year one to a net gain of \$290,200 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be understated and/or revenues overstated.

CON Action Numbers: 10677 through 10684

Transitions Intermediate Holdings, LLC (CON application #10683):

| 10683 | Transitions Intermediate Holdings, LLC | | | | |
|-----------------------------|--|---------------------------------|------------------------------|-----------------------------------|-------------------------|
| Marion | Wage Component | Wage Index | Adjusted Wage Amount | Unadjusted Component | Payment Rate |
| Base Rate Calculation | | | | | |
| Routine Home Care 1-60 days | \$131.61 | 0.8734 | \$114.95 | \$67.80 | \$182.75 |
| Routine Home Care 61+ days | \$104.00 | 0.8734 | \$90.83 | \$53.58 | \$144.41 |
| Continuous Home Care | \$1,078.25 | 0.8734 | \$941.74 | \$355.59 | \$1,297.33 |
| Inpatient Respite | \$283.32 | 0.8734 | \$247.45 | \$181.14 | \$428.59 |
| General Inpatient | \$665.05 | 0.8734 | \$580.85 | \$382.28 | \$963.13 |
| | | | | | |
| 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 | \$189.50 | \$1,222,077 | | 6,449 |
| Routine Home Care 61+ days | 1.037 | \$149.75 | \$2,234,487 | | 14,922 |
| Continuous Home Care | 1.037 | \$1,345.24 | \$278,304 | 24 | 207 |
| Inpatient Respite | 1.037 | \$444.42 | \$42,792 | | 96 |
| General Inpatient | 1.037 | \$998.70 | \$189,189 | | 189 |
| | | Total | \$3,966,849 | | 21,863 |
| | | | Days from Schedule 7 | | 20,877 |
| | | | Difference | | -986 |
| | | | Percentage Difference | | -4.73% |

As such, the applicant’s projected patient days are 4.73 percent or 986 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 \$396,055 in year one to a net gain of \$310,195 in year two.

Conclusion:

This project appears to be financially feasible, although patient days may be understated and/or revenues overstated.

CON Action Numbers: 10677 through 10684

VITAS Healthcare Corporation of Florida (CON application #10684):

| 10684 | VITAS Healthcare Corporation of Florida | | | | |
|-----------------------------|---|---------------------------------|---------------------------|-----------------------------------|-------------------------|
| Marion | Wage Component | Wage Index | Adjusted Wage Amount | Unadjusted Component | Payment Rate |
| Base Rate Calculation | | | | | |
| Routine Home Care 1-60 days | \$131.61 | 0.8734 | \$114.95 | \$67.80 | \$182.75 |
| Routine Home Care 61+ days | \$104.00 | 0.8734 | \$90.83 | \$53.58 | \$144.41 |
| Continuous Home Care | \$1,078.25 | 0.8734 | \$941.74 | \$355.59 | \$1,297.33 |
| Inpatient Respite | \$283.32 | 0.8734 | \$247.45 | \$181.14 | \$428.59 |
| General Inpatient | \$665.05 | 0.8734 | \$580.85 | \$382.28 | \$963.13 |
| | | | | | |
| 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 | \$189.04 | \$2,100,549 | | 11,111 |
| Routine Home Care 61+ days | 1.034 | \$149.39 | \$4,395,220 | | 29,421 |
| Continuous Home Care | 1.034 | \$1,342.02 | \$662,516 | 24 | 494 |
| Inpatient Respite | 1.034 | \$443.35 | \$65,264 | | 147 |
| General Inpatient | 1.034 | \$996.31 | \$258,409 | | 259 |
| | | Total | \$7,481,958 | | 41,433 |
| | | | | Days from Schedule 7 | 41,042 |
| | | | | Difference | -391 |
| | | | | Percentage Difference | -0.95% |

As such, the applicant’s projected patient days are .95 percent or 391 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 \$1,529,622 in year one to a net gain of \$125,626 in year two. Schedules 7 and 8 use two different year ends. The Schedule 7 year end was used.

Conclusion:

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

- e. Will the proposed project foster competition to promote quality and cost-effectiveness? ss. 408.035(7), Florida Statutes.**

Applies to all co-batched applicants: Strictly, from a financial perspective, the type of price-based competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost effectiveness through

competition is typically achieved via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in hospice, price-based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited.

Conclusion:

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

- f. Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? 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 will not impose a charity care or Medicaid patient day condition on an applicant.

Each co-batched applicant's Medicaid and charity care response is summarized in the table below.

CON Action Numbers: 10677 through 10684

**Service Area 3B Co-Batched Applicants
Medicaid and Charity Care
History & Projections**

| Applicant/CON appl. # | Discusses Applicant/Parent History | Year One Medicaid Proposed | Year Two Medicaid Proposed | Year One Charity Care | Year Two Charity Care |
|------------------------------|---|-----------------------------------|-----------------------------------|------------------------------|------------------------------|
| Alleo/10677 | Yes | 3.5% | 3.5% | 1.5% | 1.5% |
| Brevard/10678 | Yes | 10.0% | 10.0% | 1.0% | 1.0% |
| Bristol/10679 | Yes | 6.0 % | 6.0% | 2.0 % | 2.0% |
| Cornerstone/10680 | Yes | 3.0% | 3.0% | 0.8% | 0.8% |
| ProMedica/10681 | Yes | 2.1% | 2.1% | 0.1% | 0.1% |
| PruittHealth/10682 | Yes | 3.0% | 3.0% | 3.0% | 3.0% |
| Transitions/10683 | Yes | 3.53% | 1.44% | 3.45% | 1.4% |
| VITAS/10684 | Yes | 3.7% | 3.7% | 1.2% | 1.2% |

Source: Each co-batched applicant's respective response to item E. 3. g. and/or Schedule 7A for years one and two

F. SUMMARY

Each co-batched applicant is seeking a CON to establish a new hospice program in SA 3B.

Alleo Health of Florida, LLC (CON application #10677) is a for-profit, development stage Florida entity and is a part of the larger Hospice of Chattanooga/Alleo Health operational entity.

In September 2021, Hospice of Chattanooga, Inc./Alleo Health and its subsidiary entities and subsidiary hospice programs-together described as the “Hospice of Chattanooga Group” (or the Group), operating since 1980-was acquired by Care Hospice – a national, hospice-only organization, based in Charlottesville, Virginia.

The reviewer notes that per the applicant:

- The Group provides hospice programs in the states of Alabama, Georgia, North Carolina and Tennessee
- Care Hospice provides hospice care in 95 locations in 17 states and is the ultimate parent

Alleo Health is CON-approved, through CON #10642, to establish a new hospice program in SA 4A (Baker, Clay, Duval, Nassau and St. Johns Counties).

The applicant expects issuance of license and initiation of service to occur in June 2022.

Total project costs are projected to be \$441,121 and include equipment, project development, financing and start-up costs.

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Pursuant to project approval, Alleo Health of Florida, LLC offers a total of 28 Schedule C conditions:

Brevard HMA Hospice, LLC (CON application #10678) references the proposed project as Mederi Hospice. Brevard is an affiliate of/managed by LHC Group, which has operations in 35 states and the District of Columbia. Brevard HMA Hospice, LLC is licensed to serve SA 7A as Wuesthoff Health System Brevard Hospice and Palliative Care.

In this batching cycle, LHC Group also proposes to establish new hospice programs in SAs 1, 6B, 9A and 9C.

Total project costs are projected to be \$483,497.50 and include equipment, development, and start-up costs.

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

Bristol Hospice – Miami Dade, LLC (CON application #10679) is an existing, licensed, for-profit hospice provider serving SA 11. The parent Bristol Hospice Parent, LLC has hospices in 13 states.

Total project costs are projected to be \$323,635 and include equipment, development, financing and start-up costs.

Pursuant to project approval, Bristol Hospice Miami-Dade, LLC offers a total of 14 Schedule C conditions.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) is an existing not-for-profit Florida hospice which has operated in Florida since 1984. Cornerstone provides hospice services in SAs 3E, 6B and 7B.

Total project costs are projected to be \$345,559 which include building (signage), equipment, project development, start-up and other tangible/deferred (donation to Foundation) costs.

Pursuant to project approval, Cornerstone offers a total of 17 Schedule C conditions.

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) is a not-for-profit development stage Florida entity and is a subsidiary of ProMedica Health Systems and Subsidiaries (the Systems), which operates in 28 states as well as providing healthcare consultative services in China.

CON Action Numbers: 10677 through 10684

The Systems, through its Florida affiliates, owns/operates hospice programs in SAs 4A, 10 and 11.

In this batching cycle, ProMedica also proposes to establish a new hospice program in SA 9C.

The applicant proposes \$348,325 in total project costs which include equipment, project development and start-up costs.

Pursuant to project approval, ProMedica Hospice of Marion County, FL, LLC offers a total of 20 Schedule C conditions.

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) is a for-profit development stage Florida entity with no operating history. The applicant is an affiliate of PruittHealth, Inc., which operates a total of 25 hospice programs in three states.

The ultimate parent company is United Health Services, Inc., which is currently not licensed to provide and is not CON-approved to provide a hospice program in Florida.

PruittHealth also proposes to establish a new hospice program in SAs 1, 6B and 9C.

The applicant proposes \$270,320 in total project costs, which include equipment, project development and start-up costs.

Pursuant to project approval, PruittHealth Hospice – West Central Florida, LLC offers a total of 39 Schedule C conditions.

Transitions Intermediate Holdings, LLC (CON application #10683) is a for-profit development stage Florida entity with no Florida hospice operating history and no CON-approved hospice programs in Florida. Transitions affiliates have five hospice agencies in 124 counties, in the midwestern United States.

In this batching cycle, Transitions also proposes to establish new hospice programs in SAs 1, 6B and 9C.

The applicant proposes \$622,598 in total project costs, which include equipment, project development and start-up costs.

Transitions Intermediate Holdings, LLC offers a completed Schedule C cover page, but provides no Schedule C attachments and hence, offers no Schedule C conditions.

VITAS Healthcare Corporation of Florida (CON application #10684)

is an existing for-profit Florida hospice provider, parented by CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11.

VITAS is CON-approved, through CON #10655, to establish a new hospice program in SA 8C (Glades, Hendry and Lee Counties).

The applicant proposes \$921,488 in total project costs, which include equipment, project development and start-up costs.

Pursuant to project approval, VITAS offers a total of 19 Schedule C conditions.

Need/Access:

The co-batched applicants' proposed projects are in response to the fixed need pool for a new hospice program in SA 3B.

Alleo Health of Florida, LLC (CON application #10677) contends the following support project approval:

1. AHCA's fixed need pool forecast shows strong elderly population growth and identifiable underserved population segments
2. Large African American and Hispanic populations, along with a large and underserved financially impaired population
3. Large Veterans population
4. Letters of support documenting the community-based and qualitative need for the proposed project
5. Without exception, the Group provides care to all segments of the populations it serves regardless of race, ethnicity, insurance coverage, financial resources or ability to pay
6. The Group/Alleo FL has the managerial, financial and clinical resources necessary to successfully develop and operate the proposed project
7. The Group has the geographic expansion experience and expertise required to support the proposed expansion into SA 3B marketplace
8. Alleo Health of Florida will establish a value-based and cost effective hospice program in SA 3B that will follow the Group's existing program low re-admission and high patient satisfaction rates

CON Action Numbers: 10677 through 10684

9. Alleo Health of Florida will bring a strong and comprehensive bereavement and grief support program into SA 3B, similar to the programs currently offered at the Group's existing operations
10. CON application #10677, Schedule C conditions document important linkages with the local SA 3B community

The applicant forecasts either:

- 202 or 212 total admissions (9,540 patient days) in year one
- 439 or 467 total admissions (30,730 patient days) in year two

Brevard HMA Hospice, LLC (CON application #10678) states a commitment to serve the following populations with unmet hospice needs in the area:

- Those in need of palliative care
- Patients without primary caregivers
- The homeless population
- Veterans
- The Black and the Hispanic populations

Brevard contends that:

- None of the existing providers, or new providers, replicate LHC Group's deep post-acute care experience and expertise that complement hospice services along the care continuum
- LHC Group knows how to leverage its technology, clinical experiences and market presence to drive organic growth in market penetration rates to reach patients at the right time in their care journey for hospice services

The applicant estimates year one total admissions of 279 (18,965 total patient days) and estimates year two total admissions of 348 (26,104 total patient days).

Bristol Hospice – Miami Dade, LLC (CON application #10679) states having identified the following unmet hospice needs in the area:

- Elderly population (age 65+)/seniors who are disadvantaged
- Veterans
- Cancer and cardiovascular patients

CON Action Numbers: 10677 through 10684

The applicant forecasts, specific to the proposed SA 3B operations apart from SA 11 operations, either:

- 172 or 174 total admissions (7,093 patient days) in year one
- 305 or 308 total admissions (21,726 patient days) in year two

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680) states having identified a total of 19 areas of concern relative to the delivery of hospice area in the area, based on four CHNAs conducted by healthcare providers in the area, conducted or updated in 2019.

Cornerstone indicates that project approval is justified/warranted based on the following 12 unmet needs/services in the area as follows:

- Cornerstone, a Florida nonprofit corporation, has a governing body composed of leaders from the communities that Cornerstone serves which it will expand into SA 3B – fostering local accountability
- Between 2021 and 2026, the SA population is projected to increase by 25,605 persons
- African American and Hispanic residents area expected to grow at rates exceeding the corresponding Marion County averages regardless of age
 - African American overall growth is forecast to be 1.6 percent per year vs. 1.0 percent per year for all residents of 3B and the African American growth rate is higher than that for the total population of 3B in both the 0-64 and the 65+ age groups
 - Hispanic growth is projected to increase by 3.4 percent per year, a rate more than three times that for the total population of the service area and the highest rate of growth will be among Hispanic persons age 65+
 - The Hispanic community possesses distinct cultural, language and religious preferences and this community/population traditionally encounters language and cultural barriers which inhibit access to hospice care.
 - Medicare hospice admission rates for African Americans and Hispanic residents of SA 3B lag behind the overall service area
- Three of four CHNAs published for SA 3B identify poverty/lower in income status as contributing to health status problems and unmet health care needs in SA 3B
- Median household incomes for SA 3B fall below the Florida average and the 3B median for the African American community is more than \$16,000 below the overall 3B median income

CON Action Numbers: 10677 through 10684

- Cornerstone will set up a designated charitable account, as conditioned in the application, which will be used to meet the needs of low-income patients outside of hospice services
- Census data is not capturing poor/low-income persons living in the Ocala National Forest – called the “Rainbow People”, many of whom are elderly
 - Cornerstone commits to the purchase of an all-terrain vehicle to bring its services to the isolated residents living in the Ocala National Forest

Cornerstone also states an expectation to provide enhanced outreach services and programming for the following populations/services that are needed:

- Pain and Symptom Management
- Dyspnea Self-Management Program (DSMP)
- Heart/Respiratory Disease
- Stroke Care Program
- Care for Diabetics
- Care of End-Stage Renal Disease
- Liver Failure
- Care for Alzheimer’s and Dementia Patients
- Depression among Seniors
- HIV/AIDS

The applicant estimates year one total admissions of either 162 or 164 (9,541 total patient days) and estimates year two total admissions of 323 (20,735 total patient days).

ProMedica Hospice of Marion County, FL, LLC (CON application #10681) indicates that some patients in the area who have unmet hospice needs include:

- Homeless or near homeless
- Hispanics
- Patients in remote sections of the county
- African-Americans
- End-stage cardiac patients
- Religious groups with specific end-of-life protocols

The applicant estimates year one total admissions of either 212 or 313 (10,623 total patient days) and estimates year two total admissions of 450 (24,384 total patient days).

PruittHealth Hospice – West Central Florida, LLC (CON application #10682) states a commitment to serve the following underserved groups with unmet hospice needs in the area:

- Indigent population and particularly
 - The homeless
 - The population living under 185 percent of the Federal Poverty Level
 - Residents experiencing food insecurity
 - Elderly residents living alone
- Veterans
- Patients with specific terminally ill diseases who can benefit from PruittHealth’s Pathways Programs

The applicant estimates (in response to E.1.a.):

- 112 total admissions (6,587 patient days and an ALOS of 58.8) for year one
- 348 total admissions (22,463 patient days and an ALOS of 69.3) for year two

However, the applicant estimates (in response to E.2.b.(1).(d.):

- 121 total admissions for year one
- 377 total admissions for year two

Transitions Intermediate Holdings, LLC (CON application #10683) 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

CON Action Numbers: 10677 through 10684

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 year one total admissions of 50 (8,473 patient days) and estimates year two total admissions of 100 (20,877 patient days).

VITAS Healthcare Corporation of Florida (CON application #10684) identifies, either quantitatively or through local meetings, the following groups as underserved/having unmet hospice need in SA 3B and offers specialized programs to particularly reach the populations listed below as justification to support project approval:

- Patients age 65+ with chronic, terminal non-cancerous conditions
- Minority populations including African Americans, Asians and Hispanic populations
- Jewish residents
- Impoverished and/or homeless populations
- Patients with diabetes, Alzheimer's, respiratory, cardiac and sepsis diagnoses near the end of life
- Patients requiring continuous care and high acuity services
- Patients requiring admission in the evening or on weekends
- Patients residing in ALFs including those with Alzheimer's and dementia
- Patients who would benefit from earlier admission to hospice
- Veterans
- Age-restricted communities
- ALOS under 45 days
- COPD higher death rates
- Sepsis higher death rates

With any instances in which there is a difference of one admission likely due to rounding, the applicant forecasts either:

- 271 or 272 total admissions (15,032 patient days) in year one
- 483 or 484 total admissions (41,042 patient days) in year two

CON Action Numbers: 10677 through 10684

CON application # 10680 Cornerstone Hospice & Palliative Care, Inc., on balance, best satisfied the statutory and rule criteria for a new hospice provider in SA 3B 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*
- *Being a high quality provider serving an adjoining service area, with strong local community support from SA 3B health organizations, social services organizations and other entities*

Quality of Care:

All co-batched applicants demonstrate the ability to provide quality care.

Alleo Health of Florida, LLC (CON application #10677):

- Is a development stage Florida entity, with no licensed Florida hospices
- Is CON-approved to operate a new hospice program in SA 4A (through CON #10642)
- Is an affiliate of the Group, which has Joint Commission accredited (through the Home Care Accreditation Program, as of September 14, 2019)

Brevard HMA Hospice, LLC (CON application #10678):

- Is a Florida entity and 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 this Hospice score was 90
 - Compared to an average score of 84
 - 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
- Brevard HMA Hospice, LLC (SA 7A) had no substantiated complaints during the 36 months ending October 25, 2021

Bristol Hospice – Miami Dade, LLC/CON application #10679

- Is an existing for-profit hospice provider in SA 11
- Nationally has 38 hospice programs in 13 states
- Bristol Hospice's most currently available Agency-linked CHAPS measure for:
 - Willingness to Recommend this Hospice score was N/R
 - An overall average CHAPS average score of N/R

CON Action Numbers: 10677 through 10684

- Bristol Hospice states having the following CHAPS “Willingness to Recommend this Hospice” scores as of the dates indicated:
 - Bristol Enterprise (ending April 2021) – 84 percent
 - Bristol Miami (ending December 2019) – 75 percent
- Bristol Hospice’s most currently available HIS measure for:
 - Patients who got an assessment of all 7 HIS Quality Measures was 98.6
- Bristol Hospice – Miami Dade, LLC (SA 11) had no substantiated complaints during the 36 months ending October 25, 2021

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680):

- Is an existing not-for-profit hospice provider in the central Florida area – SAs 3E, 6B and 7B
- Cornerstone’s most currently available Agency-linked CAHPS measure for:
 - Willingness to Recommend this Hospice score was 86
 - Compared to an average score of 84
 - An overall CAHPS average score of 80
- Cornerstone’s own internal CAHPS measure for the eight-month period October 2020-May 2021 indicated:
 - Willingness to Recommend this Hospice score was 90
 - An overall CAHPS average score of 83
- Cornerstone’s most currently available HIS measure for:
 - Patients who got an assessment of all 7 HIS Quality Measures was 91.4 percent
- Cornerstone Hospice & Palliative Care, Inc. (SAs 3E, 6B and 7B) had no substantiated complaints during the 36 months ending October 25, 2021

ProMedica Hospice of Marion County, FL, LLC (CON application #10681):

- Is a not-for-profit Florida entity, parented by The Systems, a national provider of hospice, home care, assisted living, rehabilitation and nursing home services
- The Systems has licensed hospice programs, SNFs and ALFs in Florida
- ProMedica’s affiliated hospices most currently available Agency-linked CHAPS measure for:
 - Willingness to Recommend the Hospice score was 81
 - An overall CHAPS average score of 78
- ProMedica’s affiliated hospices most currently available HIS measure for:
 - Patients who got an assessment of all 7 HIS Quality Measures was 98.3

CON Action Numbers: 10677 through 10684

- ProMedica affiliated programs (SAs 4A, 10 & 11) had no substantiated complaints during the 36 months ending October 25, 2021

PruittHealth Hospice – West Central Florida, LLC (CON application #10682): 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 last (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

Transitions Intermediate Holdings, LLC (CON application #10683) 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, Transitions contends that 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 a July 27, 2020 CHAP 2020 Accreditation Letter to indicate 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)

CON Action Numbers: 10677 through 10684

- 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)

VITAS Healthcare Corporation of Florida (CON application #10684)

- Is an existing for-profit hospice provider licensed in 16 of Florida 27 SAs
- VITAS' most currently available Agency-linked CAHPS measure for:
 - Willingness to Recommend the Hospice score was 78
 - Compared to an average score of 84
 - An overall CAHPS average score of 74
- VITAS' most currently available HIS measure for:
 - Patients who got an assessment of all 7 HIS Quality Measures was 95.3
- During the 36 months ending October 25, 2021, VITAS had a total of 18 substantiated complaints

Financial Feasibility/Availability of Funds:

None of the co-batched projects, strictly, from a financial perspective, will have a material impact on price-based competition.

The following applies to all co-batched applicants except #10683:

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

Transitions Intermediate Holdings, LLC (CON application #10683):

Funding for this project and the entire capital budget could not be verified.

Alleo Health of Florida, LLC (CON application #10677)

- This project appears to be financially feasible, although patient days may be understated and/or revenues overstated

Brevard HMA Hospice, LLC (CON application #10678)

- This project appears to be financially feasible, although patient days, and thus revenue, may be understated

Bristol Hospice – Miami Dade, LLC (CON application #10679)

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

Cornerstone Hospice & Palliative Care, Inc. (CON application #10680)

- This project appears to be financially feasible, although patient days may be slightly overstated and/or revenues understated

ProMedica Hospice of Marion County, FL, LLC (CON application #10681)

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

PruittHealth Hospice – West Central Florida, LLC (CON application #10682)

- This project appears to be financially feasible, although patient days may be understated and/or revenues overstated

Transitions Intermediate Holdings, LLC (CON application #10683)

- This project appears to be financially feasible, although patient days may be understated and/or revenues overstated

VITAS Healthcare Corporation of Florida (CON application #10684)

- This project appears to be financially feasible, although patient days, and thus revenue, may be understated

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. Therefore, the Agency will not impose a charity care or Medicaid patient day condition on an applicant.

See the table in item E.3.g. of this report for the applicants proposed service to Medicaid and medically indigent patients.

G. RECOMMENDATION

Approve CON #10680 Cornerstone Hospice & Palliative Care, Inc. to establish a new hospice program in Service Area 3B. The total project cost is \$344,559.

CON Action Numbers: 10677 through 10684

CONDITIONS:

1. Cornerstone Hospice commits to implement its award winning Seven Day Case Management Program from the initiation of licensed hospice services in Service Area 3B.
2. Annually provide 4 percent of total patient days to medically indigent (Charity and Medicaid) patients.
3. Form cooperative and collaborative relationships with Service Area 3B indigent service organizations and the local Health Department office.
4. Cornerstone will immediately upon licensure expand its existing We Honor Veterans Level IV (four) program to serve Service Area 3B. Cornerstone will provide the same broad range of programs and services to Veterans in Service Area 3B as it currently provides in its existing Service Areas. Every veteran patient & family that desires will be served by the “We Honor Veterans” program and recognized by “Cornerstone Salutes”.
5. Provide a part-time Medicaid Specialist to assist patients with Medicaid application process within the first two years of operation.
6. Allocate \$25,000 per year for transportation services for Patients and Caregivers who need transportation.
7. All restricted donations made to Cornerstone Hospice or the Foundation from Service Area 3B, or identified as a gift in honor of a patient served in the 3B program, shall be maintained in this dedicated account and only used for the benefit of patients and services in Service Area 3B.
8. Not hold or host any fund-raising events (such as golf tournaments) within Service Area 3B during the first two years of operation.
9. Development of Spanish language education and outreach, including having two full-time employees dedicated to this effort, and successfully recruit local bilingual volunteers to help serve migrant and minority populations for whom English is a second language.
10. Implement a SAGECare cultural competency training program to better serve the LGTB population and become SAGECare certified during the second year of operations.
11. Establish a Cornerstone Centers for Wellbeing in conjunction and co-located with its office in Marion County in the first year of operation.
12. Cornerstone Hospice will develop a physician advisory committee, focusing on addressing community specific healthcare needs. A minimum of 2 community advisory meetings will be held in Service Area 3B during each of the first two years of operation.

CON Action Numbers: 10677 through 10684

13. Cornerstone will commit to extending free CEU in-services to the healthcare community in Service Area 3B. Topics will cover a wide range of both required and pertinent subjects and will include information on appropriate conditions and diagnoses for hospice admission. As part of these offerings, Cornerstone will make EPEC and ELNEC palliative educational programs available to community physicians and nurses. A minimum of 10 in-services will be offered in a variety of healthcare settings during each of the first five years. Additional CEU will be provided on an ongoing basis.
14. Establish its physical presence in Service Area 3B in central Marion County during the first year in the form of an office in the 34470 ZIP code area of Ocala.
15. Purchase an all-terrain vehicle to bring education and services to the isolated patients and families living in the Ocala National Forest that may be in need of hospice care.
16. Cornerstone Hospice will commit to expand the Pet Peace of Mind program into Service Area 5B similar to its other three territories.
17. Apply for licensure within seven (7) days of receipt of the CON and initiate services in 3B within seven (7) days of receipt of the 3B license to quickly enhance and expand hospice services in Service Area 3B.

Deny CON #s 10677, 10678, 10679, 10681, 10682, 10683 and 10684.

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