

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

**A. PROJECT IDENTIFICATION**

1. Applicant/CON Action Number

**Alleo Health of Florida, LLC/CON #10642**

4411 Oakwood Drive  
Chattanooga, Tennessee 37416

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

**Compassus of Florida, LLC/CON #10643**

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

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

**Cornerstone Hospice & Palliative Care, Inc./CON #10644**

2445 Lane Park Road  
Tavares, Florida 32778

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

**OMNI Home Health-Jacksonville, LLC/CON #10645**

7840 Graphics Drive, Suite 100  
Tinley Park, Illinois 60477

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

**Seasons Hospice & Palliative Care of Northeast Florida, LLC/CON #10646**

6400 Shafer Court, Suite 700  
Rosemont, Illinois 60018

Authorized Representative: Russell Hilliard, PhD, LCSW, LCAT,  
MT-BC, CHRC, CHC  
Senior Vice President of Key Initiatives  
Seasons Hospice & Palliative Care  
(847) 708-9123

2. Service District/Subdistrict

Service Area (SA) 4A (Baker, Clay, Duval, Nassau and St. Johns Counties)

**B. Public Hearing**

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

**Letters of Support**

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

**Alleo Health of Florida, LLC (CON application #10642)** provides a fairly large number of letters of support in Appendix 2 of the application. The reviewer notes that the first several support letters originate from outside of SA 4A and in fact, from outside of Florida, with one hand-written testimonial of appreciation for hospice services provided.

These support letters are individually composed—some relatively recurring themes are that Alleo:

- Is aware of hospice needs in a community
- Provides many hospice services, programs and activities that address hospice and hospice-related needs of well-defined populations (such as cardiac and COPD patients, for instance)
- Provides financial support and assistance to expand access to hospice care (including the expansion of educational opportunities such as clinical rotations and scholarships for nursing students)

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- Fosters new and maintains long-lasting successful partnerships and linkages in its existing service areas and will seek to attain such partnerships and linkages in SA 4A
- Seeks to reduce re-hospitalizations and reach better outcomes
- Addresses and reaches out to underserved/minority communities/populations

Alleo includes 20 support letters from SA 4A social service and health care provider organizations, churches, skilled nursing facilities (SNFs), an assisted living facility (ALF), an educational institution, and a medical staffing service provider willing to contract for staffing. Four of the nursing homes listed below—Life Care Center of Jacksonville being the exception, state intent to contract with Alleo for hospice inpatient and respite care beds.

The reviewer notes that eight of the excerpted letters of support originate from SA 4A. Signatories of the excerpted letters are identified below in the order presented in the application:

- Bill Brim, Executive Director—Lutheran Social Services of Northeast Florida, Inc.
- Bishop Edward Robinson, Sr., Southside Church of God in Christ
- Nick Howland, Executive Director—The Northeast Florida Fire Watch Council
- Nicole Bradberry, Chief Executive Officer—Florida Association of ACO's<sup>1</sup>
- Pastor Walter Johnson, Gateway to Heaven Christian Church
- Scott Revels, Executive Director—Elmcroft at Timberlin Parc
- Tanya Viciardo, RN, Executive Director—Woodland Grove Health and Rehabilitation Center
- Dr. Curt Lox, Dean, Brooks College of Health, University of North Florida

Additional letters of support include -

- Glenford Wright, Administrator—Fouraker Hills Rehab and Nursing Center
- Stephanie Rosenberg, Executive Director—Signature Healthcare of Orange Park
- Trisha Kruse, Executive Director—St. Augustine Health and Rehab Center

<sup>1</sup> Per [Accountable Care Organizations \(ACOs\) | CMS](#) they are groups of doctors, hospital and other health care providers who coordinate high-quality care to Medicare patients. The goal is to ensure patients right care at the right time, avoid unnecessary duplication of services and prevent medical errors. ACOs share in any savings achieved with Medicare.

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- Kevin D. Poole, Executive Director - Life Care Center of Jacksonville
- Sean Cary, Vice-President of Visiting Angels
- Annie Wilson Brown, President/CEO, Annie Wilson Home Care Services
- Pastor Ralph Hughes, Temple of Praise Church of God in Christ
- Jennifer Smith, Executive Director – Jacksonville Jewish Center
- Tyler L. Morris, Executive Director – CIL Jacksonville
- Kelly A. Conway, Acting CEO – Value Network
- Jami Bueker, Executive Director – Vision Is Priceless

**Compassus of Florida, LLC (CON application #10643)** provides a list of 19 letters in Exhibit G of the application. The applicant breaks down the list in two tables on CON application #10643, page 37 as follows:

- Table 6: Organizations Supporting the Application of Compassus (17 support letters that specifically endorse Compassus)
- Table 7: Organizations Contacted by Compassus Endorsing Need for an Additional Hospice in Subdistrict 4A (these two letters do not endorse any applicant)

Compassus' letters of support include:

- Joseph G. Cacchione, MD, FACC Ascension's EVP, Clinical & Network Services
- Craig Cordola, MBA, MHA, FACHE Ascension's Executive Vice President & Chief Operating Officer
- C. Susan Cornejo, Chief Operating Officer - Ascension Florida & Gulf Coast
- LaRhonda Brown, MSW, LCSW Regional Director Case Management - Ascension Florida and Gulf/Midwest Market
- Loraine Brown, Chief Mission Integration Officer - Ascension Florida and Gulf Coast
- Estrellita H. Redmon, MD, MBA, Chief Clinical Officer - Ascension Florida and Gulf Coast
- Danny Stricker, President, Ascension Living
- Jeff Mathison, MD, Chief Medical Officer - Ascension St. Vincent's HealthCare
- Tom VanOsdol, President & CEO - Ascension St. Vincent's HealthCare
- Willie Pennick, MD - Ascension St. Vincent's Medical Group Physician
- David McInnes, MD, MEd, FAAFP, Program Director Ascension St. Vincent's Family Medical Residency Program and Medical Director, Ascension St. Vincent's Family Medicine Center
- Mary Ann Cox, Owner, Caritas In Home Primary Care

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- Anita A. Hassell, Diocesan Director/CEO, Catholic Charities Bureau, Inc., Diocese of St. Augustine
- Most Reverend Felipe J. Estevez, S.T.D., Bishop of St. Augustine
- Chad Anfinson, Executive Director, Grand Living at Tamaya
- David Samara, MD, Medical Director, PruittHealth-Fleming Island
- Ronald Shumacher, MD, Chief Medical Officer, Optum Care Services

Some characteristics of the support letters are that:

- Indicate an SA 4A origin
- Most (11 of 17) are from Ascension Healthcare personnel
- Hold management authority with regard to operations in SA 4A
- List the five counties that comprise SA 4A with all but two of the 17 letters citing the service area as 5A

Common themes in the applicant's letters are:

- Compassus is a strongly aligned partner in care with Ascension
- Ascension designates Compassus as the preferred hospice care provider in all markets where Compassus has programs and this is because of a shared mission alignment and commitment to high quality and standards of care
- The entry of Compassus into the Ascension service area in Florida will offer the opportunity to improve continuity of care for patients discharged from Ascension hospitals through Compassus' strong connection with the Ascension hospital system
- Ascension and Compassus have highly compatible shared values, culture and mission of care and their relationship includes the sophisticated exchange of shared data to improve care for patients
- The Ascension hospitals—Ascension St. Vincent's (Clay County), Ascension St. Vincent's Riverside and Ascension St. Vincent's Southside in Jacksonville discharge over 1,000 patients annually to hospice
- Ascension has already discussed opportunities with Compassus to develop a Hospice and Palliative Care Fellowship Program
- Two letter writers indicate they have a long-time and productive relationship with Beyond Home Health "that is owned by Compassus"<sup>2</sup> and project approval would enhance quality and promote coordination, seamlessness and integration of care, at the end-of-life.

<sup>2</sup> Agency licensure records show Ascension Health at Home of Florida I LLC, is owner/licensee of this home health agency as of February 1, 2021. The applicant's parent FC Compassus has a 50 percent financial interest and manages Ascension Health at Home, LLC entities.

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The reviewer notes the two support letters in CON application #10643, supportive of another hospice program in SA 4A that do not endorse an applicant were from:

- Representative Clay Yarborough, District 12, Florida House of Representatives
- Kent R. Thielen, MD, Chief Executive Officer, Mayo Clinic of Florida

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** provides 18 letters of support in Tab 3 of the application. These letters are individually composed and some recurring themes expressed are:

- Facilities/area residents would benefit from the additional resources and quality of care that Cornerstone Hospice would provide
- Cornerstone Hospice has a strong history of a record of providing exceptional care in its existing service areas
- Cornerstone is:
  - Community-based
  - Provides quality hospice care according to publications and has a reputation for providing quality care
  - Tenured and experienced in having the reach to care for patients in multiple counties
  - Nationally recognized for its leadership team
  - Innovative, forward-thinking and award-winning
  - A provider of services beyond what is required by the State
- Close working relationships are needed to provide specialized care services like hospice and Cornerstone should be considered for meeting this need

Cornerstone intermittently provides excerpts of these letters in the application's pages 12-69. The reviewer notes the SA 4A excerpted letters of support in the order presented in the application include:

- Marzoug Izzat Al-Amad, Publisher, Heritage Publishing, Inc.
- Dr. Rene U Pulido, Emed Multispecialty Group
- Sharon Sharp, New Horizon Healthcare Center, Inc. (ALF)<sup>3</sup>
- Linda Noel, Executive Director, Atria Park of San Pablo (ALF)
- Stephen Jordan, Executive Director, Fernandina Beach Rehabilitation & Nursing Center (Nassau County SNF)
- Greg Davis, St. Johns County Resident

<sup>3</sup> This letter lacks a signature.

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Additional support letters in CON application #10644, Tab 3, include:

- Gregory Forbes NHA, Executive Director, Governor's Creek Health and Rehabilitation Center (Clay County SNF)
- Marc Lei, Executive Director, Life Care Center of Hilliard (Nassau County SNF)
- Scott Revels, Executive Director—Elmcroft at Timberlin Parc (ALF)
- Daniel Cano, Executive Director—Her Heart Assisted Living d/b/a Ft. Caroline Gardens, ALF & Autumn Village ALF
- Brenda Lee, Executive Director—Centerfield of Clay County (ALF)
- Jerry Lynn Daniels, Executive Director—Symphony at St. Augustine Assisted Living & Memory Care
- Monica Denton, Administrator—Right Time Right Place (ALF)
- Mark Morse, Chief Executive Director—Enclara Pharmacia, which provides pharmacy services to Cornerstone
- Chris Weaver, Client Service Consultant—StateServ/Hospicelink, Cornerstone's DME provider
- David Lilley, Division Manager—Medline Industries, Inc., which provides medical supplies to Cornerstone
- Sol Angel Wynter, FL Certified Community Health Worker and Duval County Resident

Steve Ortiz, Vice President of Business Development, Citadel Care Centers representing Fouraker Hills Rehab and Nursing Center (Duval County), indicates willingness to engage in discussion with Cornerstone for a contractual agreement for the provision of hospice services and general inpatient care, should the applicant be approved.

Cornerstone indicates having contacted more than 115 individuals or organizations in SA 4A to share information regarding Cornerstone's quality hospice programming and to solicit details regarding perceived issues and gaps in existing services that need to be addressed. The reviewer notes that Cornerstone specifically refers to CON application #10644, Tab 3 (18 letters) regarding these stated 115 contacts.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)**

provides a large number of letters of support in Appendix I of the application and categorizes these letters in the following order:

- Provider Executives/Administrators
- Provider Staff
- Physicians/Practitioners
- Other Community Representatives
- Government
- Other Community Representatives

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Though some are individually composed, the vast majority of the support letters are of a form letter variety with some variations on common themes. Some of these recurring common themes in the letters of support are that LHC Group:

- Serves the area as a home health provider
- Employs approximately 2,500 employees in the State of Florida and is a leading national provider of healthcare services with 32,000 employees operating in 35 states
- Reaches 60 percent of the U.S. population aged 65 and older
- Provides high-quality to patients through home health, hospice, home and community-based services and facility-based care
- Has a culture of innovation that drives adaption and improvements in quality services in the ever-changing health care system
- Will bring national excellence to the community, improving hospice care access and quality, while integrating hospice care with local providers

OMNI provides excerpts from 28 of its letters of support that are located in CON application #10645, Appendix I. These excerpts are spread among 10 pages in its response to items E.2.a (5) and E.2.b (1)(a) of this report. The applicant categorizes these in the following order:

- Provider Executives/Administrators
- Physicians & APPs
- Provider Staff
- State/County/City Government
- Other Support

The reviewer notes that of the 28 excerpted letters of support, the following signatories indicate origination from within SA 4A (listed below in the order presented by the applicant):

- John Prioleau, MD, First City Hospitalist Group
- Dr. Cole Linville, Medical Director, Patient Focus Physicians Associates, Inc.
- Wendi Orr, General Manager, Augustine Landing (ALF)
- Ivorlque' Turner, DO, CEO/Medical Director, Veterans Healthcare
- Ravish I. Narvel, MD, PA, Ascension
- Judith Nichols, APRN, St. Augustine, Florida
- Billie Jean Russell, PhD, ARNP, St. Augustine Cardiology Associates
- Claudine Aguilera, MD, First City Hospitalist Group
- Alexis Vasquez, MD, Cisca Pulmonary and Critical Care
- Jennifer Geller, RN, St. Augustine Cardiology Associates
- Rhonda Kifer, RN, Concierge Care St. Augustine



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- Jeb S. Smith, County Commissioner District 2, St. Johns County Board of County Commissioners
- Rory Diamond, Council Member, District 13, Jacksonville City Council
- DeeDee Corbin, Nassau County State Committeewoman, Republican Party of Florida
- Captain Melanie Newbern, St. Johns County Fire Rescue
- Jose L. Parra, System Engineer, Dex Imaging, Inc.
- Betty Hayes, Duval County Resident

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** provides 31 letters of support in Tab 10 of the application. These letters are individually composed and some have overlapping themes. The reviewer notes that specific to Seasons' music therapy and social work collaborations/partnerships and programs, the letters indicate that Seasons is:

- The only American Music Therapy Association (AMTA)-approved multi-state National Roster Internship Program (NRIP) and is committed to on-going training of future professionals through Seasons' NRIP in partnership with The Center for Music Therapy in End of Life Care
- The largest employer of MT-BCs nationwide, ensuring access to professional music therapy services for all patients and their families
- Utilizing music therapy by MT-BCs at the Camp Kangaroo children's bereavement program
- Supportive of research in music therapy for end-of-life care through partnerships with academic researchers and graduate students
- Tailoring hospice care to each community it serves, creating culturally-specific programs, through Seasons community-orientated needs assessments
- Embracing a social work-centric culture
- Already collaborating/partnering regarding the Master of Social Work programs at the University of South Florida, Florida International University and Barry University for social work internships and could be a wonderful resource and partner with the University of North Florida's program

The reviewer summarizes some of the applicant's other support letters below, indicating that Seasons:

- Is a family-owned hospice company, providing care to over 30,000 patients annually

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- Is responsive in meeting patients needs after hours and on weekends and this helps ensure patients do not return to the hospital but stay at home where they prefer
- Is highly innovative and flexible in meeting special needs of diverse populations
- Puts families first and has dedication to “go the extra mile” for a patient
- Takes the time needed to get to know the communities they serve, and in doing so Seasons creates unique services and programs for each community
- Creates advisory boards to bridge gaps in addressing underserved demographics in the area
- Provides a respectful and dignified death in a safe, secure and home environment
- Uses a holistic, “whole system” approach that is inclusive and seamless
- Proposes services and approaches that are not widely utilized in the area
- Demands excellence from its staff and treats employees with respect and empowerment, which is reflective of Seasons’ noticeable high morale and rates of retention

The reviewer also notes that some of the support letters indicate that AccentCare:

- Is well connected across the Jacksonville area but there are still times that getting patients connected to palliative care is challenging
- Merging/partnering with Seasons through the proposed project would:
  - Allow for continuity of care without a referral source having to piece together the next right provider
  - Provide a full continuum of care of post-acute healthcare, with many entities in the area already placing great trust in AccentCare
  - Alleviate a great deal of stress from case managers that struggle knowing exactly what level of care is appropriate for patients with complex needs – when there is not always a clear-cut “path” for getting patients to the right provider or service

Many of the support letters are from social service organizations, educational institutions, churches/synagogues and ALFs, with many originating from geographic areas where Seasons is already a hospice provider in Florida and in some cases are from members of Season’s

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existing advisory boards. The reviewer notes that these letters support Seasons' SA 4A and 7A applications.

Seasons letters of support are in CON application #10646, Tab 10, with excerpts from them discussed intermittently on pages xiv – 5-8 of the application. The reviewer notes that of the total excerpted letters of support (not of AccentCare), five are signed and indicate an origination from within SA 4A (or have managerial authority within the area). The excerpted five signed letters of support are as follows:

- Frank Selvaggio, Founder and Paster, One Baptist Church Jax
- Teresa Matheny, Chief of Programs, Episcopal Children's Services
- Leeanne Sacino, Executive Director, Florida Coalition to End Homelessness
- Sebastian R. Stanciu, MD, FACP (clinical consultant for home health care)
- Dr. Jennifer Spaulding-Givens, Associate Professor, University of North Florida

The reviewer notes one letter of support not excerpted by the applicant and but originating from within SA 4A is from:

- Paul G. Clark, PhD, MSW, Assistant Professor & MSW Program Director, Department of Sociology, Anthropology & Social Work, University of North Florida

### **C. PROJECT SUMMARY**

The applicants propose to establish a new hospice program in SA 4A in response to the published need.

**Alleo Health of Florida, LLC (CON application #10642)**, also referenced as Alleo or the applicant, is a not-for-profit, development stage Florida entity, whose ultimate parent is Hospice of Chattanooga, Inc. d/b/a Alleo Health. The parent, initially operating as Hospice of Chattanooga, Inc. has operated since 1980 and has hospice operations in 37 counties, spread among the following states: Tennessee, North Carolina, Alabama and Georgia. The project would be Alleo Health's first Florida hospice.

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

The applicant proposes \$515,216 in total project costs.

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

1. Alleo Health of Florida will begin operations no later than January 2022.
2. Alleo Health of Florida will open our first office on in Jacksonville (Downtown to Arlington area) after receiving the initial hospice license. Alleo Health of Florida will also open a satellite office within 12 months following service initiation in Yulee or Green Cove Springs 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 4A.
4. Alleo Health of Florida will offer educational grants (\$50,000 per year for four years) to University of North Florida 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 and health care administration students from the University of North Florida to support the student's clinical and administrative education and to enable these students to better understand end of life and hospice issues and services.
6. Alleo Health of Florida will provide a grant in the amount of \$10,000 over three years to Lutheran Social Services for their meals on wheels program to support hospice and non-hospice eligible residents of Service Area 4A. Alleo Health of Florida will also provide a grant in the amount of \$10,000 over three years to Lutheran Social Services for acquiring a van to provide meals to school age children in Duval and Clay Counties. Alleo Health of Florida will also provide Advance Care Planning seminars to Lutheran Social Services constituents at least two times during the first 12-18 months of operations. COSTS: \$7,000 in first year, \$7,000 in second year and \$6,000 in third year
7. Alleo Health of Florida will offer Inspiring Moments to Service Area 4A residents on Alleo Health hospice, a program to recognize a special event or activity that occurred in the patient's life and re-create that event or activity as a memory for the patient/ family/caregivers. Some examples of these special events include:

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- 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, seashells 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 five years for Inspiring Moments.

8. Alleo Health of Florida will provide public transportation vouchers through the Jacksonville Transportation Authority in areas served, to immediate family members (spouse, child, grandparent) of Alleo hospice patients whose income level falls below the federal poverty level to:
- Visit patients of Alleo Health of Florida in a nursing home or assisted living facility or;
  - Provide Alleo Health of Florida palliative care patients ability to access the service.

Alleo Health of Florida will contribute \$5000 over three years for the voucher program. COSTS: \$1,667 in the first year, \$1,667 in the second year and \$1,666 in the third year

9. Alleo Health of Florida will participate in the WatchList Program. The Northeast Florida Fire Watch Council is a multijurisdictional government entity formed in November 2019 by Baker County, Clay County, Nassau County, St. Johns County and the City of Jacksonville to create and implement a comprehensive solution to reduce veteran suicide in Northeast Florida. Alleo Health of Florida recognizes this is a serious problem that affects our veterans and seniors and will participate in this effort by donating \$5,000 over three years to support additional educational aides and programs in support of our veterans. Alleo Health of Florida will also participate in the Watchlist training by having hospice social workers complete the Fire Watch training to be a resource not only for our veteran patients but also to our elderly patients with depression. COSTS: \$1,667 in the first year, \$1,667 in the second year and \$1,666 in the third year

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10. Alleo Health of Florida will expand its existing *We Honor Veterans* program to Service Area 4A and obtain Level 4 certification within 24 months of initial licensure.
11. Alleo Health of Florida will extend our Open Access Program, *Alleo Access*, to Service Area 4A 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.
12. Alleo Health of Florida will provide advance care planning programs to churches in underserved areas of Service Area 4A to assist the members with end of life needs.
13. Alleo Health of Florida will extend our clinical preceptorship/clinical didactics/clinical workshops and Alleo University educational offerings for hospice staff in Service Area 4A as part of our initial orientation to the organization and ongoing trainings.
14. Alleo Health of Florida will expand our pediatric hospice program to Service Area 4A.
15. A Bereavement Children's Camp will be scheduled in Service Area 4A within 12-18 months of the start of operations. The bereavement coordinator hired for the program will also oversee the camp.<sup>4</sup>
16. 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. The young adults will be provided with much needed support to understand the work environment and help prepare them to enter the work force.
17. 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 4A to provide additional support to the patient and their families within the first six months of full operation. The series includes:
  - Heart Touch Journey – for cardiac patients

<sup>4</sup> The reviewer notes that CON application #10642's Schedule 6A includes FTEs in year one and in year two for Bereavement Counselors. See item E.2.b.(1)(a) of this report.

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- 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
  - Creative Journey – art and music intervention
  - Heart to Heart Touch – gentle hand message
  - Loving Pet Therapy program
18. Alleo Health of Florida will extend our comprehensive telehealth/ telemedicine services and capabilities to Service Area 4A to improve access to all patients throughout the service area.
  19. Alleo Health of Florida will establish a palliative care program to serve Service Area 4A residents, including the provision of advanced illness management within 12 months of initial licensure. The palliative care program will be provided in several settings, including underserved areas, to improve access to the service. Palliative Care settings will include the patient’s home, skilled nursing facility, assisted living facility and in a clinic setting.
  20. Alleo Health of Florida will obtain Joint Commission accreditation within 12 months of receiving licensure.
  21. 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.
  22. Alleo Health will expand our existing Foundation to Service Area 4A, to support not only unfunded programs such as Alleo Access but also to support expanded hospice activities in Service Area 4A.
  23. The Sacred Journey program, a program already developed and being used by Alleo Health, where no patient dies alone, will be implemented in Service Area 4A within 12 months of initiating hospice operations.
  24. Alleo Health of Florida will offer bereavement support for all segments of the Service Area 4A 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.

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25. Alleo Health of Florida will expand our Care Navigation program, *Alleo Caring*, to the Service Area 4A population.
26. Alleo Health of Florida will provide continuing education units at no charge to health care providers within Service Area 4A on end of life and hospice topics.
27. Alleo Health of Florida will develop and implement patient specific training programs that will be on the Alleo University site for patients and caregivers. Patients and caregivers will have access to the University for education.

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

**Compassus of Florida, LLC (CON application #10643)**, also referenced as Compassus or the applicant, a for-profit, development stage Florida entity, is a wholly owned subsidiary of FC Compassus, LLC<sup>5</sup>. The affiliates, subsidiaries and the applicant, in total or in part, may be referenced as Compassus. FC Compassus, through its affiliates and subsidiaries has had hospice operations since 1996, with original location and headquarters in Tullahoma, Tennessee. The applicant also indicates that it is affiliated with Ascension Health. FC Compassus has a “50% financial interest in Ascension Health at Home, LLC” with Compassus ‘managing the operation and consolidating the business”.

FC Compassus (CON application #10643, Exhibit R) shows it has hospice operations in: Alabama, Arizona, California, Colorado, Connecticut, Georgia, Illinois, Iowa, Indiana, Kansas, Louisiana, Massachusetts, Maine, Michigan, Mississippi, Missouri, Montana, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, West Virginia and Wisconsin.

The applicant expects issuance of license on December 1, 2021 and initiation of service also on December 1, 2021

The applicant proposes \$360,175 in total project costs.

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

<sup>5</sup> Per the applicant, Compassus of Florida, LLC is owned by a series of holding companies that lead to FC Compassus, LLC as the parent organization.



- 1. Implement the Compassus Delivery Model™ in Florida**  
Compassus of Florida will implement its Care Delivery Model™ and Pathways for Caring in Florida.
- 2. Provide disease-specific hospice programming for all residents of Subdistrict 4A**  
Compassus of Florida will provide disease-specific programming for illnesses with demonstrated high need in Subdistrict 4A.
  - Cardiac Care Program
  - Chronic Respiratory Disease Care
- 3. Community-specific programming for ethnic and linguistic minority communities**  
Compassus of Florida will provide community-specific programming and staffing to support ethnic and language groups specific to Service Area 4A
  - Spanish-language speaking residents: Compassus will employ bilingual staff to field a Spanish-language-speaking team of nurses and caregivers in Duval County, the area within Subdistrict 4A with the greatest number of Spanish-speaking residents.
  - Bosnians, Vietnamese and other refugee resettlement communities: Compassus will provide cultural training to all staff within Subdistrict 4A to facilitate communication and outreach to these minority members. Compassus will provide advanced care planning workshops in their communities, in their language.
- 4. Care navigation and hospice care for the homeless and indigent**  
Compassus of Florida will provide a bridge program to provide end of life care navigation for the homeless and indigent, coordinating with Ascension hospitals and providers. Compassus will allocate \$25,000 annually, for five years, to the Compassus Living Foundation annually to provide this service within Subdistrict 4A.
- 5. Veterans program**  
Compassus of Florida commits to bring Level IV We Honor Veterans services to Subdistrict 4A to meet the needs of veterans during their final months. Among the special care practices that Compassus provides to veterans and their families:
  - Compassus of Florida will employ a Veterans Liaison<sup>6</sup> to work with VA Medical Centers, the Veterans Benefits Administration, local veterans' organizations and long-term

<sup>6</sup> There is no FTE to reflect the Veterans Liaison, Schedule 6A notes indicate veteran programs are functions of volunteers.

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care communities in Subdistrict 4A. See *Exhibit O: Programs for Veterans* for a document listing the responsibilities of the Veterans Liaison position.

- Compassus of Florida will identify hospice patients with military experience using a veterans military history checklist upon admission to hospice care.
- Compassus of Florida will assist with obtaining VA benefits to which veterans and their families are entitled, such as burial benefits, survivors' benefits for spouses and dependents, and death pensions
- Compassus devises care plans that take into account injuries received in combat, illnesses or disease contracted while serving, the effects of biological and chemical agents, post-traumatic stress disorder, depression and substance abuse.
- The Compassus Veterans Liaison and staff social workers will help eligible veterans and their families receive proper Military Funeral Honors.

**6. Continuum of Care Navigation program**

Compassus of Florida will develop a Continuum of Care Navigation program by the end of year two. This program will coordinate non-hospice services including palliative care, hospital care and home health for patients referred to the program.

**7. Office in Baker County**

Compassus of Florida will open an office in Baker County<sup>7</sup> that will be large enough to hold community education and bereavement services on site, as well as providing workspace for locally based clinical staff serving the community.

**8. CHAP accreditation by end of Year Two**

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

**9. Community Grief Conference**

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

**10. Palliative Care Program**

No later than the end of year two, Compassus of Florida will found a community-based Palliative Care Program to provide non-hospice care to patients with life-limiting illness. Compassus' affiliate, Beyond Home Health, will be used as the licensed provider for this new service.

<sup>7</sup> The proposed opening date of the Baker County office is not indicated in this condition.

- 11. Palliative medical training opportunities**  
Compassus of Florida will spend \$10,000 annually<sup>8</sup> to fund a Fellowship in Hospice and Palliative medicine in Subdistrict 4A, coordinating with the medical residency program at Ascension St. Vincent's in order to provide special training opportunities in palliative medicine.
- 12. Dream Team Foundation for final wishes**  
Compassus will bring its Dream Team Foundation to Florida, with funding of a minimum of \$5,000 annually, for five years, allocated to meet the final wishes of people in hospice care within Subdistrict 4A.
- 13. Interfaith Advisory Council**  
Compassus of Florida will establish Interfaith Advisory Council in Subdistrict 4A in year one of operations. The council will be composed of leaders from a variety of faith congregations in Subdistrict 4A, with special attention to underserved or minority faith communities. Compassus will seek advice from the Interfaith Advisory Council on ways to communicate effectively and with cultural sensitivity to better meet the end-of-life care needs of their adherents.
- 14. Family Advisory Council**  
Compassus of Florida will establish a Family Advisory Council in Subdistrict 4A in year two of operations. The council will be composed of family members of patients of Compassus Hospice who have died, with representatives from each of the five counties in 4A. Potential members of the advisory council will not be contacted until after at least 12 months have passed since their family member's death, in keeping with best practices for bereavement care, which is why Compassus, as a new provider in Florida, will wait until year two to establish the council. The Family Advisory Council will be used to assess quality of care and procedures used, and to seek input on new programs and services that might aid the patient and the family during the course of hospice care.
- 15. Virtual reality headsets for patients**  
Compassus is now piloting its program using virtual reality headsets for hospice patients and their families and commits to bring this program so Subdistrict 4A by the second year of operation.
- 16. No fundraising other than memorial gifts**  
Compassus of Florida will limit its fundraising efforts within Subdistrict 4A to memorial gifts on behalf of Compassus patients who have died. It will not conduct other fundraising within the five counties of Baker, Clay, Duval, Nassau and Saint Johns.

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

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)**, also referenced as Cornerstone, CHPC or the applicant, is an existing not-for-profit Florida hospice. Cornerstone was founded in 1984 and has a 37-year history of providing licensed hospice care in Florida. Cornerstone provides hospice services in SAs 3E, 6B and 7B.

In this batching cycle, Cornerstone also proposes to establish new hospice program in SA 5B.

The applicant expects issuance of license on September 17, 2021 and initiation of service on October 1, 2021.

Cornerstone proposes \$306,380 in total project costs, which is the same as projected in its CON application #10648 for SA 5B.

The reviewer notes that CON application #10644, Schedule C, includes an eight-page attachment, with 42 numbered conditions. However, CON #10644, Schedule C, page 1 of 1, item D, is left blank by the applicant.

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

**Indigent Care:**

1. Cornerstone commits to annually provide five percent of total patient days provided in Service Area 4A to medically indigent patients.
2. Cornerstone commits to form partnerships with Service Area 4A indigent service organizations and local Health Department offices.
3. Within the first two years of operation, Cornerstone commits to providing a part-time Medicaid Specialist<sup>9</sup> to assist Service Area 4A patients and families through the Medicaid application process.

**Seven Day Case Management Program**

4. Cornerstone Hospice commits to implement its award winning Seven Day Case Management Program from the initiation of licensed hospice services in Service Area 4A.

<sup>9</sup> The reviewer notes that CON application #10644 does not offer, reference in narrative or discuss any Medicaid Specialist FTEs in Schedule 6A (FTE staff added by this project), in notes to Schedule 6A or in response to items E.2.a.(5) and in item E.2.b.(1)(a) of the application.

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5. Cornerstone Hospice will commit to providing dedicated marketing staff to diversify education and access. 1.0 FTE resources will be allocated to diversity outreach in Service Area 4A from day one operation.
6. Cornerstone Hospice commits to implementing a SAGECare cultural competency training program to better serve the LGBT population and becoming SAGECare certified during the second year of operations.

**African American Outreach**

7. Cornerstone will establish a “Minority Outreach Program” to serve the needs of Service Area 4A’s African American population in need of hospice services.
8. Cornerstone will provide minority outreach to serve the African American population with at least 1.0 FTE dedicated African American Outreachstaff by the end of the first year of operations.

**Hispanic Outreach**

9. Cornerstone commits to provide two full-time salaried positions (2.0 FTE) for bilingual staff as part of its Community Education Team. These Community Education Team members will be responsible for the development, implementation, coordination and evaluation of programs to increase community knowledge and access to the hospice services, particularly designed to reach the Hispanic community in Spanish.
10. Cornerstone commits to form partnerships with Service Area 4A’s migrant service organizations.
11. Cornerstone commits to hiring Spanish-speaking, culturally competent interdisciplinary team members.
12. Cornerstone commits to offer all patient care materials, brochures, forms and education in Spanish.
13. Cornerstone commits to offer classes in medical Spanish for its staff and community staff who do not speak Spanish.

**Bilingual Volunteers**

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

**Physical Presence Through Offices Locations in Service Area 4A**

15. Cornerstone conditions its application on the establishing its physical presence in Service Area 4A in the first year in the form of a main office in central Jacksonville, in Duval County, and a second office in the Orange Park area of Clay County.

**Veterans**

16. Cornerstone commits to providing services tailored to the military Veterans in Service Area 4A.

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17. Cornerstone will immediately up licensure expand its existing We Honor Veterans Level IV (four) program to serve Service Area 4A. Cornerstone will provide the same broad range of programs and services to Veterans in Service Area 4A 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 recognition by “Cornerstone Salutes”.
18. Cornerstone will establish a Cornerstone Centers for Wellbeing (“CCWB”) counseling services in its Orange Park office in Clay County during the first year of operation.
19. The CCWB will have concentrated offerings serving Veterans in need of counseling and mental health services oriented to assist military veterans dealing with such issues as post-traumatic stress disorder, the psychological effects of military sexual trauma, depression, suicidal ideation, anger management and readjusting to civilian life.

**Life Enrichment Services**

20. Cornerstone shall offer “Life Enrichment” services (such as art programs and therapy, music programs and therapy and pet programs and therapy) for Cornerstone’s patients and families within with first two years of operation.
21. Cornerstone shall offer its Story Corps program to help patients at end of life to remember their lives and if they choose to leave a recorded legacy of their memories.

**Long Term Care Outreach and Services**

22. Cornerstone will offer a volunteer “vigil” team for the long-term care facility patients in year two of the program.
23. Cornerstone will offer a “CrossWalk” program for joint care planning between cornerstone and skilled nursing facilities in the first year of the program.
24. Cornerstone will implement its “Tuck-In” program for hospice patients in long-term care facilities during the first year of operations.

**Physician Advisory Committee**

25. Cornerstone Hospice will provide a physician advisory committee, focusing on addressing community specific healthcare needs. A minimum of two community advisory meetings will be held in Service Area 4A during each of the first two years of operation.

**Community Education**

26. Cornerstone Hospice will conduct “Being Mortal” presentations within Service Area 4A, creating focus and end of life dialogues. The program will include information on all types of patients who may benefit from hospice care. A minimum of two (2) community presentations will be held during each of the first two years.

**Community Education Programming (CEUs)**

27. Cornerstone will commit to extending free CEU in-services to the health care community in Service Area 4A. 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.

**Staff Development and Education**

28. Cornerstone will provide education and training to support its registered nurses in becoming certified in hospice and palliative care nursing (HPCC CHPN®) with at least half (50 percent) of its RNs in Service Area 4A achieving HPCC CNPN® certification in the third year of operation.
29. Cornerstone will offer scholarship assistance for home health aides who want to go back to school for nursing.
30. Cornerstone will offer a tuition reimbursement program for staff who wish to further their education in a hospice related field of study.
31. Cornerstone will provide lap top computers/PDAs and other electronic devices to field staff to provide efficient, readily accessible documentation and communication.

**Transportation Services for Patients and Caregivers**

32. Cornerstone commits to allocate \$25,000 a year<sup>10</sup> for transportation services for Patients and Caregivers who need transportation. This is a need for many elderly patients and caregivers, as well as others who are too ill to drive or who can no longer afford transportation. These services will be provided through a combination of passes for public transportation, when adequate, and use of other private transportation companies when necessary.

**Cooperation with local Community Organizations**

33. Cornerstone commits to donate a minimum of \$250,000 (two hundred fifty thousand dollars) during the first two years of operations to non-profit community organizations focused upon providing greater healthcare access and disease-specific support and advocacy groups located in Subdistrict 4A. These donations will be to assist with their core missions which foster access to care, and in collaboration with Cornerstone to provide educational content on end of life care.

<sup>10</sup> This yearly allocation has no specified start or end dates.

**Pet Peace of Mind**

34. Cornerstone will commit to expand the Pet Peace of Mind program into Service Area 4A similar to its other three territories.

**Bereavement Services**

Cornerstone Hospice commits to providing the following bereavement and counseling services which are not included in the Medicare Benefit:

35. Cornerstone's extended hospice bereavement services to families for 18 months after the death of their loved one.
36. Implement a Community Bereavement program to serve people in Service Area 4A with grief issues who have not used hospice. This will include "Grief in the Workplace" and "Grief in the Schools" programs. This will include specialized crisis bereavement individual counseling and groups such as: children, persons dealing with multiple loss issues, persons dealing with traumatic loss, for example: suicide, murder, disaster, etc.
37. Offer hospice chaplains<sup>11</sup> to conduct memorial services for families and nursing homes.
38. Develop a Suicide Prevention educational program for the Service Area 4A community.

**Separate Foundation Account and Restriction on 4A Donations and Gifts**

39. Cornerstone Hospice will donate \$25,000 to a dedicated account for Service Area 4A maintained and controlled by the Cornerstone Hospice Foundation. This account will be used to meet the special needs of patients which are not covered under the Medicare hospice benefit and cannot be met through insurance, private resources, or community organization services in Service Area 4A.
40. Additionally, all donations made to Cornerstone Hospice or the Foundation from Service Area 4A or identified as a gift in honor of a patient served in the 4A program, shall be maintained in this dedicated account and only used for the benefit of patients and services in Service Area 4A.

**No Fundraising Events in Service Area 4A for Two Years**

41. The applicant will not hold or host any fund-raising events (such as golf tournaments) within Service Area 4A during the first two years of operation.

<sup>11</sup> The reviewer notes that for both year one and year two, CON application #10644, Schedule 6A (FTE Staff Added by this Project) includes FTEs for chaplains.



**Licensure of the Hospice Program**

42. Cornerstone is dedicated to quickly addressing the unmet need of Service Area 4A for hospice services. Therefore, Cornerstone commits to apply for licensure within seven (7) days of receipt of the CON to ensure that its service delivery begins as soon as practicable to enhance and expand hospice and community education and bereavement services in service area 4A.

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

The reviewer notes that for year one and for year two, the entirety of CON application #10644's Schedule 6A (FTE staff added by this project) does not reference Medicaid Specialist FTEs or 2.0 FTE positions for Community Education Team staff. Further, the reviewer notes that CON application #10644's responses to item E.2.b.(1) of this report references "Outreach Liaisons (with no FTEs allocated for this) and no narrative mention of a Community Outreach Team or Medicaid Specialists.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)**, also referenced as OMNI, or the applicant, is a for-profit, development stage Florida entity. OMNI references the proposed project as Grace Hospice.

OMNI is an affiliate of/managed by LHC Group (or LHC). The affiliate (parent/manager) has hospice operations in Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Illinois, Michigan, Missouri, Nevada, New Jersey, North Carolina, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington and West Virginia. OMNI's parent/manager (LHC) provides hospice services in SA 7A as Wuesthoff Health System Brevard Hospice and Palliative Care.

In this batching cycle, LHC Group also proposes to establish new hospice program in SA 5B.

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

The applicant proposes \$363,647.41 in total project costs.

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

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Grace Hospice agrees to condition the award of this CON application upon the following commitments. The commitments evidence the dedication of our organization to the community and the intent to deliver care of the highest quality to all individuals in need of hospice services. We are proud to commit to TJC accreditation to deliver the highest quality care, while also designating funds to honor the needs of those most vulnerable in the community. This includes those patients without primary caregiver support, the homeless, and others in need of grants assistance. We will continue our commitment to honor our country's veterans through both the We Honor Veterans Program and the Honor Flight Network. As hospice volumes grow, we will provide palliative care services within the community. We will co-locate our services with our existing home health operations and deliver an integrated program of care in keeping with our nationally recognized and locally executed programs.

### **The Joint Commission Accreditation**

- Grace Hospice commits to pursuing and obtaining accreditation by The Joint Commission by the end of its second year of operation or sooner.

### **Palliative Care Program Development**

- Grace Hospice commits to establishing a palliative program for the service area once the program operates at an ADC of 75. 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**

- Grace Hospice commits to make funding in the amount of \$25,000 available for free room and board to support patients without a primary caregiver over our first two years of service. 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**

- Grace Hospice commits to targeting and serving the homeless population of District 5B<sup>12</sup> as part of our program development should we be approved to provide hospice services. We will set aside \$25,000 to fund required services for homeless patients and execute a program of outreach and offer care 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.

<sup>12</sup> CON application #10645 seeks to establish a new hospice program in SA 4A, not 5B.

**We Honor Veterans Program**

- Grace 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. Grace 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.

**Honor Flight Network Support**

- Grace Hospice will also provide The Honor Flight Network with \$10,000 per year to support the mission of Honor Flight to transport America's veterans to Washington, D.C. to visit the memorials dedicated to honoring those who have served and sacrificed for our country.

**Hospice Office Development**

- Grace Hospice commits to a principal care delivery site at 3890 Dunn Avenue, Suite 103, Jacksonville, FL 32218-6428 (or like site within same region pending finalization of lease terms), upon program inception and tracking completion of the proposed arrangements with AHCA.

**Community Hospice Education**

- Grace 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. Grace Hospice commits to:
  - a. Conducting at least fifty (50) one-on-one outreach sessions with health care providers and community organizations.
  - b. Monthly Facebook Live presentations such as Hospice Hangout to provide end-of-life education and support to the community.
  - c. Initiate the Pet Peach 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 three 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<sup>13</sup>. During Grief Speak, once of

<sup>13</sup> The Agency notes that the applicant does not define "CST", the entirety of HSA 4A currently operates under Eastern Daylight Time (EDT).

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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 six 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 six months for any families served by the location as well as anyone in the community needed support and caregiving education.
- g. Provide an online community resource for end-of-life education with HospiceWePromise.com.

### **Medicaid Enrollment**

- LHC intends to serve the Medicaid Community and shall seek Medicaid enrollment within six months of receiving Medicare approval.

### **Hospice Promise Foundation**

- The Hospice Promise Foundation has committed to provide support grants of up to \$50,000 over the first three years of operations to Florida residents receiving hospice care services who request and establish a need for support.

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

### **Seasons Hospice & Palliative Care of Northeast Florida, LLC**

**(CON application #10646)**, also referenced as Seasons, or the applicant is a development stage for-profit Florida entity. Seasons is an affiliate of Seasons Hospice & Palliative Care, Inc., (Seasons or SHPC), founded in 1997 and nationally headquartered in Rosemont, Illinois.

Seasons is wholly owned by AccentCare, Inc., as on December 22, 2020, AccentCare and Seasons merged combining a national leader of post-acute health care with a national network of community-based hospice providers.

Seasons and AccentCare (per the applicant's Exhibit 1) have hospice operations in the following states:

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- Seasons
  - Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Massachusetts, Maryland, Michigan, Missouri, New Jersey, Nevada, Oregon, Pennsylvania, Texas and Wisconsin
- AccentCare
  - California, Massachusetts, Mississippi, Tennessee and Texas

The applicant indicates that combined, Seasons and AccentCare have nearly 75 years of experience and 225 sites around the country.

Seasons provides hospice services in SAs 5A, 5B, 6A, 10 and 11. In this batching cycle, Seasons also proposes to establish a new hospice program in SA 7A.

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

The applicant proposes \$743,338 in total project costs.

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

**Seasons Hospice & Palliative Care of Northeast Florida, LLC's**

(referred to as *Seasons*) conditions focus on elements that underlie successful program implementation to produce the following outcomes:

- Increase hospice enrollment, particularly for minorities, seniors, the Lesbian, Gay, Bisexual, Transgender (LGBT) Community, and the homeless
- Increase hospice enrollment in the underserved counties of Baker, Clay and Duval
- Educate community representatives, health care professionals, and the public
- Recruit and retain a competent workforce, and
- Improve quality of care

**The following conditions offer commitments for the hospice program and the measurement of them. Funding for the services and programs appears on Schedule 8 of the application.**

1. **The primary office location is Duval County.** To better serve all five counties within Service Area 4A, Seasons will establish offices in **Baker** and **Clay Counties** within the first year.

2. **Seasons ensures minority representation by having a minimum of one African-American, one Asian and one Hispanic board member on the hospice program's governing board, identifying those members in the annual monitoring report.** Seasons further commits to forming an **African-American Advisory Board** to meet at least twice yearly. The Advisory Board will advise Seasons in ensuring culturally competent care, recruiting professionals that represent communities served, and educate the community about access to hospice services.
3. **Seasons commits to having a Chaplain with expertise in the African American community. In addition to serving the spiritual needs of African Americans in hospice care, a minimum of six workshops will be held in African American churches each year** to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. These "Church Chats" will help inform the community of hospice care and increase access to services. Seasons ensures staff receive cultural competence training to improve the delivery of hospice care.
4. **Seasons commits to support of local community-based non-profit organizations to assist seniors and disadvantaged persons.** An annual investment of \$100,000 for three years will benefit the following Council on Aging and Senior Services organizations that provide services allowing frail and vulnerable populations to remain safely in their homes. Seasons will partner with these organizations donating \$25,000 to each per year, to increase public awareness and improve access to hospice and palliative care for residents in low-income and rural areas.
  - **Baker County Council on Aging**, providing transportation, Meals on Wheels, and respite care
  - **Nassau County Council on Aging**, providing Adult Day HealthCare, Meals on Wheels, Senior Life Centers, and "Circle of Friends" Volunteer Companion Services
  - **Clay County Senior Services**, providing transportation, in-home care, home repairs, Meals on Wheels, Lifelong Learning, Senior Centers, and LifeBio Memory Journals
  - **St. Johns County Council on Aging**, providing Memory Services, Meals on Wheels, Home Care, and Independent Living Services, and Care Connect
5. Seasons establishes an ongoing **Homeless Program** in Hospice Service Area 4A to offer shelter and comfort for homeless hospice patients in their final days. Seasons commits to initial funding of \$100,000 during the first three years (\$15,000 in year 1, \$30,000

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in year 2, and \$55,000 in year 3) to **Changing Homelessness**. Housing vouchers will be offered based on individual needs and resources from subsidizing rent to supporting the entire expense for monthly assisted living facility care.

6. Seasons Hospice & Palliative Care of Northeast Florida, LLC will become **Services and Advocacy for Gay Elders (SAGE) Platinum Certified** by the end of its first year of operations.
7. Implement Seasons' **No One Dies Alone** policy in Hospice Service Area 4A. Seasons educates staff and volunteers to identify when the patient is approaching the final weeks of life, providing additional support. Continuous Care is available when the patient meets the eligibility requirements. Otherwise, the **Volunteer Vigil** program provides specially trained volunteers to stay with the patient throughout the dying process. When volunteers are unavailable, Seasons staff hold vigil to ensure No One Dies Alone. Seasons' **24-Hour CALL Center** operations provide another level of assurance to deal with any emergencies, concerns, or fears that may arise.
8. Seasons implements its **Partners in Care** program in Hospice Service Area 4A, providing education and training to staff and volunteers regarding the importance of partnering with long-term care facility staff in care of the hospice patient. Seasons educates facility staff through an e-learning module and in-person team building education. Seasons commits to participating in and/or lead care plan meetings with facility and hospice staff and the patient and family to address the hospice plan of care and improve continuity of care expectations.
9. Seasons donates **\$25,000** per year to Seasons Hospice Foundation restricted to **Wish Fulfillment** (funding of wishes that enhance quality of life), **Emergency Relief** (funding basic needs such as food and shelter), and **Camp Kangaroo** (children's grief camp) for Area 4A residents.
10. Seasons offers therapies beyond the core hospice services. Seasons provides one Full Time Equivalent (FTE) for music therapy per 100 patients.
11. Seasons commits to provide **Continuing Education Units (CEU)** offerings for registered nurses, licensed practical nurses, and licensed social workers at no charge through their nationally accredited CEU programs by the *Association of Social Work Boards* and the *American Nurses Credentialing Center*.
12. Seasons offers **internship experiences** within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants. Seasons will seek local contracts with area universities and schools and will leverage existing national contracts.

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Seasons commitments extend to all statements made within the application and agrees should the Agency reviewers select others to add to those in the list above. Furthermore, Seasons understands that the applicable administrative rule requires that the CON holder furnish an annual report regarding measuring and reporting on each condition. Failure to meet a condition may result in a fine of a maximum of \$1,000 per day, with each day considered a separate violation.

Seasons includes brief individual descriptions of how compliance will be reported to the Agency.

*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 Derron Hillman of the Bureau of Central Services who evaluated the financial data.

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

The following indicate the level of conformity of the proposed project with the review criteria and application content requirements found in Sections 408.035 and 408.037 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.**

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In Volume 47, Number 24, of the Florida Administrative Register, dated February 5, 2021, need for one hospice program was published in SA 4A for the July 2022 hospice planning horizon. The applicants are applying in response to published need.

SA 4A is currently served by the following providers:

- Community Hospice of Northeast Florida Inc.
- Haven Hospice
- Heartland Home Health Care and Hospice
- VITAS Healthcare Corporation of Florida

CY 2020 Hospice admissions in SA 4A are listed below:

**SA 4A Admissions  
Calendar Year 2020**

<b>Hospice Provider</b>	<b>Admissions</b>
*Community Hospice of Northeast Florida Inc.	6,657
*Haven Hospice	963
Heartland Home Health Care and Hospice	702
*VITAS Healthcare Corporation of Florida	1,251
<b>Total</b>	<b>9,573</b>

Source: Florida Need Projections for Hospice Programs for the July 2022 Hospice Planning Horizon, published February 5, 2021

Note - \* Also serve adjacent service area(s).

**Each** co-batched applicant offers additional argument in support of need for their respective project is listed and briefly described below.

**Alleo Health of Florida, LLC (CON application #10642)** provides on pages 24 and 25 of the application, three population growth tables to reflect resident population estimates (2021 to 2026) for each county in SA 4, as well as total population, for the total population and for the age 65+ population. The applicant indicates that these estimates are from the Agency’s Florida Population Estimates and Projections by AHCA District 2015-2030, issued March 20, 2020. The reviewer notes that the Agency’s Florida Population Estimates and Projections by AHCA District 2015-2030, issued September 2020 was available. The applicant offers no explanation as to why older population estimates were utilized. Alleo’s population tables indicate that by 2026, Duval County will have the highest age 65+ population of the SA 4A counties (184,627 of the 327,357 total).

Alleo next provides racial/ethnic groups by percentages but not in whole numbers. See the table below.

**SA 4 Racial and Ethnic Profile  
2019 Population by Percentage**

<b>County/State</b>	<b>White</b>	<b>African American</b>	<b>Hispanic (of any race)</b>
Baker	82.7%	14.2%	2.8%
Clay	80.3%	12.6%	10.4%
Duval	60.6%	30.8%	10.5%
Nassau	90.5%	6.1%	4.7%
St. Johns	88.6%	5.6%	7.5%
Florida	77.3%	16.9%	26.4%

Source: CON application #10642, page 26 from U.S. Census Quick Facts Population Estimates July 1, 2019

Alleo emphasizes that Duval County has the lowest percentage of white population (60.6 percent), highest percentage (30.8 percent) of African American population and highest percentage (10.5 percent) of Hispanic or Latino population of the five SA 4A counties. The applicant contends that the lower hospice penetration rate within the African American population in Duval County will require focused service, education and awareness initiatives to target the underserved hospice care needs of this important community segment within Duval County. Alleo concludes that it will increase African American access to hospice based on its proven African American service and established programs/ initiatives in use in its existing programs which will be utilized in its SA 4A hospice.

Alleo states that it 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 reflect percentages (in 2019) of Medicare decedents who use hospice, by race/ethnicity. See the table below.

**Percent of Medicare Decedents  
Who Use Hospice Care – 2019**

<b>Race/Ethnicity</b>	<b>Percent of Medicare Decedent Who Use Hospice Care</b>
White	53.8%
African American	40.8%
Hispanic	42.7%
Asian American	39.8%
North American Native	38.5%
<b>All Medicare Beneficiaries</b>	<b>51.6%</b>

Source: CON application #10642, page 27

Alleo Health asserts that, led by an African American CEO, it has programs and initiatives in use in its existing operations and its proven African American service, education and awareness initiatives will support its successful entry into SA 4A. Alleo contends its project will ensure that the African American residents of SA 4A will access hospice care at the rate/level observed elsewhere within the community.

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Hospice of Chattanooga, Inc.’s service area market by percent for the 12 months ending September 2020 is provided in a chart on the application’s page 27 based on HealthPivots April 2021 database on Medicare data. Alleo Health had 36 percent of the total market share, 35 percent of the white hospice patient market and 44 percent of the African American patient market share.

The applicant’s next table reflects that African American population death ratio percentages/hospice penetration rates (resident deaths in hospice service/total resident deaths) for each county in SA 4A is lower than the total population death ratio percentage and is lower than the white population death ratio percentage. See the table below.

**SA 4A 2020 Death Ratio Data X Race**

<b>County</b>	<b>Total Pop Death Ratio</b>	<b>White Pop Death Ratio</b>	<b>African American Death Pop</b>
Baker	53%	55%	32%
Clay	60%	62%	44%
Duval	56%	61%	44%
Nassau	58%	60%	43%
St. Johns	66%	67%	48%

Source: CON application #10642, page 28, from HealthPivots database 04/2021, based on Medicare data from the 12 months ending September 2020.

Alleo again emphasizes that the disparity in hospice services to the African American population in Duval County and throughout SA 4A will require focused service, education and awareness initiatives to resolve the underserved hospice care needs of this population.

Alleo Health again uses U.S. Census, Quick Facts, Population Estimates July 1, 2019 in a table (page 29 of CON application #10642) showing a lower 2019 median household income and a higher 2019 uninsured rate in Duval County, compared to the other SA 4A counties. Alleo asserts that the economic weakness observed in Duval County will require a higher than average level of Medicaid and underfunded/un-funded hospice care and cites its experience in serving economically impaired communities.

Alleo states that Duval County is home to the largest number of SA 4A veterans (82,283), that this is 59 percent of all SA 4A veterans and that after Duval County, there is a significant drop off in the number of veterans per county, with Clay and St. Johns Counties having 20-26,000 veterans in their counties. See the table below.

**SA 4A 2019 Veterans Profile**

<b>County/Area</b>	<b>2019 Veterans (2015-2019 Profile)</b>	<b>2019 Population Age 18+</b>	<b>2019 Veterans as a Percent of Pop Age 18+</b>
Baker	2,063	22,229	9.3%
Clay	26,414	168,824	15.6%
Duval	82,283	742,260	11.1%
Nassau	8,727	71,166	12.3%
St. Johns	20,491	207,503	9.9%
Florida	1,440,338	17,246,622	8.4%

Source: CON application #10642, page 30 from U.S. Census Quick Facts Population Estimates July 1, 2019

Alleo points out having a strong and focused veterans program in its existing operations, including utilizing the We Honor Veterans program which will be used to provide needed veterans hospice care in the SA 4A market. Further, its local market data shows that there is a significant service gap in the provision of hospice care to SA 4A African Americans and the financially underserved segments of the service area and that the proposal is to ensure that all SA 4 residents have needed access to hospice care regardless of race, financial resources or insurance support.

Alleo estimates what is stated to be a conservative forecast of 202 hospice cases in year one (CY 2022), increasing to 467 hospice cases in year two (CY 2023). The reviewer notes that these year one and year two ending dates are consistent with the applicant’s Schedule 10.

**Compassus of Florida, LLC (CON application #10643)** generates duplicate Tables 5 and 11 on pages 30 and 46 of the application, which the reviewer notes reproduces the SA 4A data and the net need determination for an additional hospice program in SA 4A, as shown in a portion of page 17 of the Agency’s Florida Need Projections for Hospice Programs publication, issued February 5, 2021. The reviewer notes that these calculations verified the net need for one additional hospice program in SA 4A for the July 2022 hospice planning horizon.

For convenience, the reviewer relocated Compassus’ need argument to this section from item E.3.a. of this report. Concerning existing hospice providers in SA 4A, Compassus discusses and provides tables 12 and 13 on pages 46 and 47 of the application, to indicate the existing hospice providers, the year those providers began operations in SA 4A, all SAs these providers offer hospice services and office location (by SA 4A county). Compassus conditions to open an office in Baker County, stating that none of the existing SA 4 hospices have an office location in

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Baker County and with Baker County being the smallest, most rural, poorest and most poorly served county in SA 4A, according to multiple sources. However, VITAS Healthcare Corporation of Florida, has a satellite office in Baker County in Macclenny, Florida.

As for multiple sources, Compassus refers to CON application #10643, Exhibit H-Community Health Needs Assessment, an extensive 141-page CHNA performed in 2016 by the Jacksonville Nonprofit Hospital Partnership (JNHP). The JNHP originated in July 2011, when leaders from Baptist Health, Brooks Rehabilitation, Mayo Clinic, the Clay, Duval, Nassau and Putnam County Health Departments, UF Health Jacksonville (then Shands Jacksonville Medical Center), Ascension St. Vincent's and Wolfson Children's Hospital came together and formed the Jacksonville Metropolitan Community Benefit Partnership. In 2015, the organization's membership changed to include just the non-profit hospitals and to conduct the first-ever multi-hospital system and public health sector collaborative CHNA, for the five-county (SA 4) service area.

Regarding population and demographics of SA 4A, Compassus states the use of the Agency's Florida Population Estimates and Projections by AHCA District 2015-2030, issued September 2020, in generating July 1, 2021 to July 1, 2026 population growth projections for each county and for SA 4A in total (Tables 14 and 15 of the application). Based on estimated population growth in SA 4A in the referenced years, especially among the age 65+ population, Compassus states an expectation of significant in the demand for hospice services in SA 4A.

Regarding veteran population growth in SA 4A, Compassus states the use of the Veterans Administration Table 9L:County-Level Veteran Population by State, Age Group, Gender, 2018-2048, to generate the application's Tables 16 and 17 on pages 48 and 49. The reviewer notes that though these tables indicate an overall SA 4A reduction among the age 65-84 and the age 85+ veteran populations from 2021 to 2026, Compassus states dedication to serving veterans and current participation as a Level IV We Honor Veterans Program participant and plans to extend this participation into SA 4A.

Concerning Ethnicity and Race in SA 4A, Compassus states the use of the Bureau of Economic and Business Research to indicate an expectation of increases in percentages, from 2020 to 2025, for both the Black and the Hispanic populations in SA 4A (Figure 8, page 50 of the application), as follows:

- Black (22.8 percent in 2020 to 23.2 percent in 2025)
- Hispanic (10.1 percent in 2020 to 11.5 percent in 2025)

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The applicant indicates that individual counties are projected to see very rapid increases in the number of residents identifying as non-white and that the Hispanic population in Clay, Duval, Nassau and St. Johns Counties is expected to more than double by 2045. The reviewer reproduces a portion of the applicant’s table below.

**Population Projection by Race/Ethnicity through 2025**

		<b>2010 Census</b>	<b>2017</b>	<b>2025</b>
Non-Hispanic Black	Baker	3,747	3,956	4,056
	Clay	19,177	23,585	30,451
	Duval	257,352	289,118	338,179
	Nassau	4,791	5,165	5,712
	St. Johns	10,935	13,480	17,571
Hispanic	Baker	520	584	705
	Clay	14,603	19,807	26,782
	Duval	65,398	95,506	137,751
	Nassau	2,380	3,543	5,147
	St. Johns	9,972	16,351	25,089

Source: CON application #10643, page 50, Table 18 – JNHP-CHNA, 2019

Compassus uses CY 2011 to 2019, Florida HealthCHARTS data that shows greater percentages of deaths among Black/non-Hispanic residents and Hispanic residents than white/non-Hispanic residents in SA 4A, as follows:

- White/Non-Hispanic – 24.4 percent increase
- Black/Non-Hispanic – 30.5 percent increase
- Hispanic – 107.6 percent increase

Compassus contends that the Jacksonville metropolitan area has long been one of Florida’s top three communities for refugee and asylee resettlement (the other two being Miami and Tampa) and references its CON application #10643, Exhibit N-Refugee Settlement and Immigrant Population in SA 4A, which includes The Brookings Institution /Living Cities Census Series, titled From “There” to “Here”: Refugee Resettlement in Metropolitan America. Compassus further states the U.S. Bureau of Census, “Detailed Languages Spoken at Home and Ability to Speak English: 2009-2013,” data indicates seven languages are spoken in Duval County:

**Detailed Languages Spoken at Home and Ability to Speak English, Duval County**

<b>Population Five Years and Over</b>	<b>Number of Speakers</b>	<b>Percent of Total Population</b>	<b>Number Speaking English less than “very well”</b>	<b>Percent of Total Population</b>
Total Population	812,668	100.0%	40,278	5.0%
Spanish	47,970	5.9%	17,010	2.1%
Tagalog	8,941	1.1%	3,043	0.4%
Vietnamese	3,954	0.5%	2,406	0.3%
Serbo-Croatian	4,380	0.5%	2,316	0.3%
Arabic	4,624	0.6%	1,893	0.2%
French Creole	3,425	0.4%	1,510	0.2%

Source: CON application #10643, page 51, Table 19

Compassus states its Jacksonville area Beyond Home Health has reported that services to the Bosnian community have been particularly challenging. The applicant contends that delivering linguistically and culturally competent health care through culturally sensitive programming is essential to the participation of minority residents in hospice care. Compassus uses Florida HealthCHARTS to provide three statistical death tables for CYs 2011-2019 by SA 4A counties (Tables 20—22) and two figures (9 and 10) for deaths by race in SA 4A. Hospice utilization for SA 4A programs is discussed in CON application #10643 pages 54-57. The applicant estimates the hospice data by cause of death and age because hospices serving multiple subdistricts do not provide this information by service area.

Pertaining to historical causes of death, Florida HealthCHARTS data indicate the 10 leading causes of death in each SA 4A county in 2019 (CON application #10643, page 57, Table 26). Compassus points out that cancer is the single leading cause of death for each SA 4A county. Compassus points to its Exhibit H, the recent JNHP-CHNA, page 107, Table 36-Cancer Indicators, emphasizing the following Cancer Key Issues:

- Cancer screenings are not prioritized or known about, with the percent of persons having received screenings much lower for most tests across the region than the overall state average
- Most counties in the region fail to meet the HealthyPeople 2020<sup>14</sup> targets for death rates due to various cancers
- There are many behaviors, such as smoking and vaping, which are contributing to the onset of cancer later in life

<sup>14</sup> The US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, at the Healthy People 2020 website <https://www.healthypeople.gov/2020/>.



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Regarding underserved diagnoses and populations, Compassus references the CON application #10643, Exhibit S, that identifies numerous Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) in portions of SA 4A, particularly regarding access to primary care, as determined by the Health Resources and Services Administration (HRSA). Compassus emphasizes that a shortage of adequate primary care in a region is important to hospice because patients may be referred to hospice too late, or with higher acuity of symptoms due to the shortage of local health providers. The reviewer notes that the HRSA MUA/MUP designations verify a lack of local health providers in portions of SA 4A, in some cases county-wide and in some cases by census tract areas.

Compassus again references its Exhibit H in which the JNHP-CHNA indicated that respiratory disease emerged as a significant health issue, especially for Baker County and chronic respiratory disease being one of the five leading causes of death in every county except Duval. Compassus expects to address these unmet needs through its disease-specific programs for cardiac care and COPD care.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** groups its conditions (see CON application #10644 Schedule C) into 11 major categories and lists two or more conditions in each category (pages 2 - 5 of the application). The major categories that Cornerstone states are areas of need are:

- Large underserved indigent population
- Growing underserved African American population
- Large, growing underserved Hispanic population
- Veteran population
- Underserved LGBT population
- Improved hospice services
- Community education and outreach
- Bereavement and counseling
- Provider and medical professional education
- Commitment to provide high quality hospice
- Commitment to the 4A Service Area

Cornerstone bullets a total of 13 factors that support its conclusion of need for an additional hospice program in SA 4A (pages 7 - 9 and pages 119 -121 of the application). These factors are provided in greater detail in the applicant's response to item E.3.a. of this report.

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Per the applicant, Cornerstone is the best candidate to fill the void/gap in hospice services in SA 4A and emphasizes that Cornerstone staff have spent considerable time in the service area and thoroughly analyzed the needs of the area.

CHPC (a not-for-profit hospice provider) points out that according to the National Hospice and Palliative Care Organization (NHPCO) *Facts and Figures 2020* Edition, the number of for-profit hospice providers nationally has grown by 24.7 percent since 2014, while the number of non-profit hospice providers has declined by 4.4 percent. CHPC further points out that non-profit health care providers are legally and ethically bound to benefit their communities. Rather than inuring to the benefit of private owners, the earnings and reserves of nonprofit health care organizations are reinvested to benefit the community. The applicant contends that Cornerstone, as a community-based not-for-profit healthcare provider, is mission driven and invests its resources to meet its mission. The applicant further contends that this allows Cornerstone to provide a broader range and more in-depth services than for-profit providers who operate under a business model that seeks to maximize owner or shareholder value and financial returns.

Cornerstone compares current and historic SA 4A to statewide penetration rates (CY 2015-2019) on the application's pages 21-22. CHPC maintains that in addition to its reliance on the published fixed need pool determination for an additional hospice program in SA 4A:

- Cornerstone has undertaken its own needs assessment related to specific conditions in SA 4A, including: extensive research into patterns of hospice admissions by patient zip code, hospice utilization by patient race/ethnicity, age and diagnosis, income status and county and age-specific mortality rates and trends
- Cornerstone's efforts included meetings with health care providers, social service organizations, and other interested parties in SA 4A whose clients/residents/patients utilize or would utilize its services
- Cornerstone has reviewed various CHNA reports issued by SA 4A nonprofit hospitals and hospital systems, as well as those published by individual county health departments
- Cornerstone has collected and analyzed population and health data from secondary sources in an attempt to validate issues raised in the aforementioned reports and support letters, and to determine any other unmet needs and has determined that Cornerstone is the ideal candidate to fulfill this need

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Based on its discussions, research and assessments, Cornerstone states that there are ongoing needs that will increase over time as the population of the service area increases and ages, and as the composition of that population changes. CHPC cites the following factors in its assessment include:

- Population size, composition and growth
- Mortality and morbidity data
- CHNA reports
- Local community provider discussions, input and support
- Patterns of hospice use including racial and ethnic considerations
- Access issues
- Service gaps in end-of-life care

CHPC utilizes Claritas and Legacy Consulting Group analysis data, to indicate population growth by age cohort (age 0–64 and age 65+) for each county in SA 4A and for Florida overall from 2021 to 2026 (page 25, Tables 3, 4 and 5 of the application). Regarding population characteristics drawn from the above referenced tables, CHPC contends that:

- Demand for hospice services is expected to increase along with population growth. SA 4A's total population is projected to increase from 1,602,120 to 1,700,947 persons between 2021 and 2026, a difference of 98,827. The corresponding overall percent increase in population in SA 4A will be 1.2 percent per year, approximately the same as the state average
- Persons age 65+ will account for 57,210 of the overall growth and the age 65+ population is expected to realize a 4.2 percent growth rate from 2021 to 2026, which is anticipated to exceed the states' the age 65+ population estimate of 3.4 percent

Claritas and Legacy Consulting Group population estimates from 2021 to 2026 by age, race and ethnicity for each county in SA 4A and for Florida overall are on CON application #10644's Tables 6-7 on pages 27 and 28. From these two tables, CHPC applicant provides the absolute changes in the population and percentages (average annual growth rates) for population cohorts. The reviewer collapses the individual county estimates into the totals for SA 4A by race and ethnic category, as well as for Florida overall. See the tables below.

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**Absolute Change in Population of SA 4A by  
Age, Race and Ethnicity  
2021-2026**

<b>Category</b>	<b>SA 4A All Five Counties</b>	<b>Florida</b>
<i>Total Population</i>	98,827	1,292,697
0-64	41,617	489,959
65+	57,210	802,738
<i>White</i>		
0-64	-984	17,020
65+	43,497	633,918
Total	42,513	650,938
<i>African American</i>		
0-64	17,777	167,001
65+	7,993	93,841
Total	25,770	260,842
<i>All Other Races</i>		
0-65	24,824	305,938
65+	5,720	74,979
Total	30,544	380,917
<i>Hispanic*</i>		
0-64	29,680	676,238
65+	6,663	247,386
Total	36,343	923,624

\*Hispanic population included in White, Black and other races  
Source: CON application #10644, page 29, Table 8 (partially reproduced)

**Population of SA 4A by  
Age, Race and Ethnicity  
Average Annual Growth Rate  
2021-2026**

<b>Category</b>	<b>SA 4A All Five Counties</b>	<b>Florida</b>
<i>Total Population</i>	1.2%	1.2%
0-64	0.6%	0.6%
65+	3.9%	3.2%
<i>White</i>		
0-64	0.0%	0.0%
65+	3.6%	2.9%
Total	0.8%	0.8%
<i>African American</i>		
0-64	1.1%	1.0%
65+	4.3%	4.3%
Total	1.4%	1.4%
<i>All Other Races</i>		
0-65	3.0%	2.6%
65+	7.0%	6.4%
Total	3.3%	2.9%
<i>Hispanic*</i>		
0-64	3.7%	2.4%
65+	8.1%	5.7%
Total	4.1%	2.9%

\*Hispanic population included in White, Black and other races  
Source: CON application #10644, page 30, Table 9 (partially reproduced)

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Cornerstone concludes that key findings include:

- Both minority population groups (African American and Hispanic) are expected to growth at rates exceeding the corresponding 4A averages regardless of age
- Specific to the African American population:
  - Overall growth is forecast to be 1.4 percent per year vs. 1.2 percent for residents of SA 4A in both age cohorts
    - In the case of Clay County, the differences are more noticeable/pronounced
    - Due to these factors, CHPC conditions to establish an office in the Orange Park area (Clay County)
- Specific to the Hispanic population:
  - Overall, the Hispanic population is projected to increase by 4.1 percent per year, a rate more than three times that for the total SA 4A population
  - The highest rate of growth will be the age 65+ population (8.1 percent per year)
  - The age 0-64 population is expected to increase by 3.7 percent per year, compared to the SA 4A total growth rate of 2.4 percent
  - Particularly in the counties of Clay and Duval, the age 65+ annual growth rate for this racial/ethnic group exceeds SA 4A overall
    - The Hispanic community possesses distinct cultural, language and religious preferences. As a result, the Hispanic population traditionally encounters language and cultural barriers which inhibit access to hospice care. Cornerstone will actively engage in specific outreach efforts to reach and serve SA 4A's Hispanic population
- Both the African American and the Hispanic populations experience health inequities

CHPC also provides population maps for SA 4A, by ZIP Code and by racial/ethnic total estimates. Regarding Cornerstone's readiness to serve SA 4A, CHPC comments that its hospice and palliative care services are provided to patients in their homes and other places of residence.

CHPC states that at least from 2014 to 2019, Cornerstone has a record of successfully growing its hospice admissions in each of the three SAs where it currently offers hospice services and provides a table to reflect this growth trend (CON application #10644, page 34). CHPC indicates that by the middle of the second year of operation in SA 4A, Cornerstone plans to open a satellite office in the Orange Park area to increase

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accessibility to the residents of southern SA 4A. The reviewer notes that this adds a timeframe to establish the office reference in CON application #10644, Condition #15. Should the applicant be approved, it would be conditioned to opening the office ‘by the middle of the second year of operation”.

Cornerstone next states the federal Patient Protection and Affordable Care Act requires nonprofit hospitals to perform a community health needs assessment once every three years, and to publish the results in writing. Further, Cornerstone has reviewed each of various CHNA(s) for SA 4A, in addition to similar assessments undertaken by the Clay County Health Department and the Duval County Health Department and a total of 15 plans were reviewed. The review of these CHNAs/assessments identifies the following areas of concern relevant to the delivery of hospice services in the area:

- Cancer
- Diabetes
- Heart disease
- Stroke
- Respiratory disease
- Alzheimer’s/dementia
- Depression among seniors
- HIV/AIDS
- Poverty/low income
- Cultural/linguist barriers
- Access to care
- Vulnerable/special populations
  - African Americans
  - Hispanic persons
  - Veterans
  - Homeless
  - LGBT+ persons

The applicant references a grid listing these issues/needs/problems, arranged by source document (CON application #10644, Tab 7). The reviewer notes that Cornerstone does not include the actual CHNA(s), county health department assessment(s) or other similar publications for review.

Concerning mortality and morbidity factors impacting resident hospice needs in SA 4A, Cornerstone utilizes FLHeathCharts.com to list the top 15 causes of death in the following arrangements:

- Leading Causes of Death in SA 4A 2019 (by county) – page 36, Table 10

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- Age Adjusted Death Rate (AADR) for SA 4A (by county) and Florida 2019 – page 37, Table 11
- Age-Specific Crude Mortality Rate for Hospice Appropriate Non-Cancer Deaths 2019 – page 39, Table 12
- SA 4A Hospice Appropriate Non-Cancer Crude Mortality Rate Compared to Florida 2019 (by age cohorts of under 65 and 65 and older) – page 40, Table 13

Among the tables referenced above, CHPC specifically points out that on an individual county basis, a number of counties have age-adjusted death rates for the priority conditions that exceed the SA 4A average, as listed below (page 38 of the application):

- Cancer – Baker, Duval and Nassau
- Heart diseases – Baker and Duval
- Cerebrovascular diseases (stroke) – Clay, Duval and Nassau
- Chronic lower respiratory disease – Baker, Clay and Duval
- Diabetes – Baker, Clay and Duval
- Nephritis, etc. (kidney diseases) – Baker, Duval and Nassau
- Alzheimer’s disease – Clay and Nassau

CHPC states having experience with and special programs for each of the following specific conditions described in CON application #10644:

- Dyspnea Self-Management Program (pages 41 and 42, Tab 14)
- Heart and Respiratory Disease (pages 42 and 42 and Tab 10)
- Cerebrovascular Disease (pages 43 and 44)
- Diabetes (page 44)
- Kidney Diseases (page 45)
- Alzheimer’s Disease (pages 45 and 46)
- Depression Among Seniors (page 46 and 47)
- HIV/AIDS (pages 47 and 48)

Particularly regarding HIV/AIDS, Cornerstone’s table indicates that per FLHealthCHARTS.com, in 2019, SA 4A had 7,565 HIV/AIDS cases and that this is a rate of 487.5 cases per 100,000 population, compared to a corresponding rate of 548.6 for Florida overall.

CHPC next discusses racial and ethnic disparities in health care in SA 4A. FLHealthCHARTS.com and Legacy Consulting Group analysis show the 15 leading hospice appropriate causes of death in 2019, as follows:

- SA 4A Mortality by Race (page 49, Table 14)
- SA 4A Mortality by Ethnicity (page 50, Table 15)

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From these two tables, the applicant contends that nonwhite mortality rates exceed those for whites for the following priority causes of death:

- Heart disease
- Cerebrovascular disease (stroke)
- Diabetes
- Nephritis, etc. (kidney disease)

Cornerstone notes that fortunately, mortality rates by cause among the Hispanic population of SA 4A are below those for non-Hispanic persons, “...in every priority two category” (page 50 of the application).

CHPC utilizes CMS Hospice Limited Dataset, the Florida Dept. of Health and Legacy Consulting Group analysis to show the 2019 SA 4A Medicare hospice utilization rates, by race (African American) and by ethnicity (Hispanic). See the table below.

**Medicare Hospice Utilization Rates, 2019  
SA 4A**

<b>Category</b>	<b>All</b>	<b>African American</b>	<b>Hispanic</b>
Hospice Admission	7,046	924	64
Hospice Appropriate Deaths*	12,466	2,263	378
Admission Rate	56.5%	40.8%	16.9%

Source: CON application #10644, page 51, Table 16

Note: \* Hospice appropriate deaths exclude Murder, Suicide, Unintentional injury, Pregnancy/Childbirth and Perineal Period Conditions

CHPC contends that its Tables 14 through 16 corroborate findings from the various CHNAs regarding health care inequalities experienced in African American and Hispanic population groups in SA 4A. CHPC also contends that both of these groups warrant special attention.

CHPC discusses relationships/key connections that it currently has with various senior organizations and groups targeting health disparities and lists various activities by Cornerstone’s Outreach Liaison (page 52 of the application). Cornerstone intends to further develop relationships with access points in the African American community and the Hispanic community in SA 4A.

Concerning English language proficiency, Cornerstone states the use of US Census Bureau, American Community Survey, Table S1601 and Legacy Consulting Group analysis to provide the following table. The reviewer collapses the stated data totals for each of SA 4A’s five counties into the totals provided by the applicant.



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**English Language Proficiency in SA 4A  
Five-Year Average  
2015-2019**

SA 4A/Area	Population 5+	Speak English Very Well*		Don't Speak English Very Well	
		Number	Percent	Number	Percent
Total	1,410,225	1,347,739	95.6%	62,486	4.4%
Florida	19,773,422	17,420,086	88.1%	2,353,336	11.9%

\*Includes those who speak only English.

Source: CON application #10644, page 53, Table 17 (partially reproduced)

CHPC points out that while overall 4.4 percent of the SA 4A population speaks English less than “very well” and that this is a lesser percentage than the average for the entire state (11.9 percent), CHPC contends that:

- Previous discussion has shown that SA 4A’s Hispanic population is the most rapidly growing segment
- Language barriers represent one of the issues identified in the CHNAs as negatively impacting the health of SA 4A residents

Cornerstone restates its outreach plans and its Outreach Liaisons including providing narrative descriptions of the following:

- Tertulia Con Café
- ENLACES (Encouraging Latino American Communities to Enhance their Salud)
- Hispanic Clergy Meetings

Cornerstone bullets 12 “key connections” its Outreach Liaisons utilize to educate its communities (page 55 of the application).

CHPC states using Environics Analysis to show that in 2021, Black/African American and Hispanic households in SA 4A have lower median household incomes than whites and lower median house incomes overall in SA 4A (CON application #10644, page 57, Table 19). CHPC references its Tab 12 to illustrate income characteristics in SA 4A. The reviewer notes that CON application #10644, Tab 12 includes a total of three SA 4A maps, named as follows:

- CHNA Identified Underserved Areas
- Total Medicaid, 2019 5 Year Avg.
- Top 20 ZIP Codes for Medicaid Eligibles<sup>15</sup>

<sup>15</sup> The reviewer notes that this map also identifies the two potential CHPC locations.

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Concerning access to care, CHPC points out that all SA 4A CHNAs identify access to health services as a priority area of concern and describes its plans to address these on the application’s pages 59 – 64 specifically based on:

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

Cornerstone states other underserved/vulnerable populations include:

- Veterans
- Homeless
- LGBTQ

Concerning Veterans, Cornerstone states the use of US Census Bureau, American Community Survey, Table S2101 and Legacy Consulting Group analysis to provide the following table. The reviewer collapses the stated data totals for each of SA 4A’s five counties into the totals provided by the applicant.

**Veteran Population in SA 4A  
Five-Year Average, 2015-2019**

<b>SA 4A/Area</b>	<b>Population 18+</b>	<b>Veteran 18+</b>	<b>Percent Veterans</b>
Total	1,148,963	139,978	12.2%
Florida	16,660,000	1,440,338	8.6%

Source: CON application #10644, page 64, Table 20 (partially reproduced)

Clay County with 26,414 veterans has SA 4A’s highest concentration of veterans at 16.5 percent of its population. This is the fourth highest in the state. CHPC describes its We Honor Veteran Level IV participation and its proposed Orange Park satellite office services noting these are conditions to CON approval.

US Dept. of Housing and Urban Development, Annual Homeless Assessment Report (AHAR) to Congress, “2007-2020-PIT-Estimates-by CoC.xlsx” data is cited which describes the homeless in the Jacksonville area from 2016-2020 (with the Jacksonville reference stated to capture the counties of Duval, Clay and Nassau). The applicant provides a table for these homeless estimates (CON application #10644, page 66, Table 21). The reviewer reproduces the following “Point in Time” homeless estimates (2016-2020 averages) below area:

Average 2016-2020

- Black – 930
  - Black sheltered – 682
  - Black unsheltered - 248

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- Hispanic – 91
  - Hispanic sheltered – 72
  - Hispanic unsheltered - 18

Cornerstone restates that it provides services to patients wherever they may reside, restates its non-discrimination policy includes gender and sexual orientation. CHPC also comments on having awareness that LGBTQ individuals experience health disparities throughout their life span, including during the end of life. Further, this population is less likely to have children that they can turn to for support/assistance, more likely to be single, live alone, face poverty and homelessness, and to have poor physical and mental health. CHPC states having taken steps in the communities it serves to address issues.

CHPC provides a comparison of the SA 4A applicants based on ‘CMS Hospice Compare dataset for January 2018-December 2019’ with the Florida and US average on pages 68 and 69 of the application. The applicant indicates that Omni is not included as it does not have a hospice program.

Cornerstone provides discussion of projected admissions, offering 12 separate data tables under the major heading of “Projected Admissions” on pages 70 - 80 of the application. CHPC projects 346 admissions and 18,641 patient days in year one and 641 year two admissions (39,270 patient days). See the table below:

**Projected Admissions and Patient Days  
Starting October 1, 2021**

<b>Quarter</b>	<b>Admissions</b>	<b>Patient Days</b>
Q4'21	37	1,260
Q1'22	73	3,980
Q2'22	97	5,631
Q3'22	139	7,771
<b>Total for Year One</b>	<b>346</b>	<b>18,641</b>
Q4'22	155	9,274
Q1'23	159	9,688
Q2'23	154	9,927
Q3'23	173	10,380
<b>Total for Year Two</b>	<b>641</b>	<b>39,270</b>

Source: CON application #10644, page 78, Table 32

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** generates a table that the reviewer notes produces the SA 4A data and the net need determination for an additional hospice program in SA 4A, as shown in a portion of page 17 of the Agency’s Florida Need Projections for Hospice Programs publication, issued February 5, 2021.

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The reviewer notes that these calculations verified the net need for one additional hospice program in SA 4A for the July 2022 hospice planning horizon.

Under the Additional Market Demographics Impacting Need portion of this section of the applicant’s response to Schedule B, item E.1. of the application, OMNI next provides four tables to address:

- SA 4A admissions (by hospice service provider) for CY 2018 through CY 2020 and the change from CY 2018 through CY 2020 compared to Florida admission rates
- Increased death rates in SA 4A compared to Florida overall (2017-2019)
- Total population growth and population growth percentages by age cohorts (from 2020 to 2025)
- A five-year total population growth estimate (2020-2025) by age cohorts (population growth in whole numbers as well as by percentages)

OMNI generates a table that the reviewer notes reproduces the total death projections (7/22-6/23) in SA 4A for cancer under age 65 (969), cancer age 65 and over (2,239), other causes under age 65 (3,752) and other causes age 65 and over (8,097). The reviewer notes that this reproduction is consistent with the SA 4A portion of page 15 of the Agency’s Florida Need Projections for Hospice Programs publication.

Omni utilizes Florida Health Charts (per 100,000 deaths) to reflect the eight leading causes of death (in 2019) in Florida and by SA 4A county. See the table below.

**2019 Leading Causes of Death in Florida and in SA 4A – Florida Health Charts (per 100,000 death)**

Area/County	Cardio-vascular	Cancer	CLPD	Stroke	Diabetes	Renal/Nephritis	Injuries	Liver Disease
<b>Florida</b>	<b>221.2</b>	<b>214.2</b>	<b>56.4</b>	<b>65.2</b>	<b>29</b>	<b>15</b>	<b>62</b>	<b>15</b>
Baker	174	196	53.4	50	36	32	68	14
Clay	157	187	65	65	26	16	63	17
Duval	183.4	184	46	57	26	20	73	15
Nassau	227	276	60	79	13	30	55	15
St. Johns	167	203	44	44	1615	15	47	14

Source: CON application #10645, from ‘Additional Market Demographics Impacting Need’ in FNP response.

According to OMNI, the number of veterans within the service area confirms the need for outreach and specialized programming that Grace Hospice is committed to providing within the service area. OMNI utilizes U.S. Department of Veterans Affairs veteran population estimates (2022 to 2025) to generate the following table:

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**SA 4A Veteran Population**

	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
Veteran Population	141,647	139,913	138,278	136,684
Percent of Total	8.6%	8.4%	8.2%	7.9%
Estimated Veterans Age 65+	72,098	71,216	70,384	69,572

Source: CON application #10645, from 'Additional Market Demographics Impacting Need' in FNP response.

Under the Utilization Projections portion of this section of the applicant's response to Schedule B, item E.1., OMNI states the use of the following two sources in projecting hospice need in SA 4A:

- The Agency's Florida Need Projections for Hospice Programs publication, (issued February 5, 2021) for the July 2022 hospice planning horizon
- The Florida Bureau of Economic and Business Development population projections

Omni states the following assumptions were made:

- the death rate would remain constant as applied to the 2022 need projections
- the 2020 death rates by category were maintained and it applied the statewide use rates for hospice as applied by AHCA for the July 2022 planning horizon

OMNI concludes that based on these assumptions (above) and the underlying data, Grace Hospice projects the total SA 4A need for CYs 2022 (10,258), 2023 (10,432) and 2024 (10,607).

The reviewer notes that OMNI offers a table to address how the 2022 through 2024 need estimates were determined using the following factors for each year (2022, 2023 and 2024): population, projected deaths, resident deaths in 2019, projected deaths and statewide use rate. The reviewer reproduces a portion of this table below, reflecting estimated volume regarding cancer and non-cancer for the under age 65 and the age 65+ population for 2022, 2023 and 2024.

**Estimated Volumes**

<b>Projected Need/Volume</b>	<b>Cancer</b>		<b>Non-Cancer</b>		<b>Admissions Total</b>
	<b>Under 65</b>	<b>65+</b>	<b>Under 65</b>	<b>65+</b>	
2022	810	2,095	919	6,433	10,258
2023	824	2,131	935	6,542	10,432
2024	838	2,166	951	6,652	10,607

Source: CON application #10645, Utilization Projections (partially reproduced)

Note: CY 2022 computes to 10,257. The applicant's 10,258 is probably due to rounding.

OMNI then states that based on these results, Grace Hospice factored in its knowledge of the local market, expected referral patterns and the historical trends of new hospice providers to project utilization over the first two years of service.

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The reviewer notes again, as previously stated in item C of this report, OMNI plans for issuance of license in October 2021 and initiation of service in October 2021. This would indicate a first year of operation ending in either September 2022 or October 2022.

OMNI expects to capture a five percent market share in year one and a 7.5 percent market share in year two. Based on these assumptions, OMNI the following patient admissions and patient days, as follows:

<b>Grace Hospice</b>	<b>Patient Admissions</b>	<b>Patient Days (ALOS 77.7)</b>
Year One	513	39,875
Year Two	782	60,784

Source: CON application #10645, Utilization Projections

According to OMNI, this leaves a total of 9,745 patients in year one and 9,650 patients in year two to be allocated between the existing care providers, which should have no negative impact upon the viability and ongoing operations of SA 4A’s current hospice providers.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** maintains that through its parent corporation, AccentCare, Inc., it is affiliated with AccentCare Home Health Care of Jacksonville, which has locations in Jacksonville and Orange Park. Seasons states the existing relationships with its affiliate provide a unique opportunity for it to reaffirm the commitment to caring for residents in their homes. According to Seasons, adding a hospice to the service area completes a continuum of care at home that creates efficiency and builds upon existing relationships that foster hospice enrollment and improves access.

Seasons states that with the announcement of need for an additional hospice program in SA 4A, it conducted a community-based needs assessment to identify specific unmet needs throughout the service area. Below is the applicant’s stated summary of the six major findings of the need assessment (page 1-2 of the application). Seasons offers corresponding solutions for these findings.

- All minority groups within the Service Area have lower hospice use rates among Medicare beneficiaries than among White beneficiaries
- Although 30 percent of the Duval County population and 22 percent of the Service Area population is African American, the hospice use rate among Black Medicare beneficiaries is only 44 percent compared to 66 percent for White beneficiaries

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- The Jacksonville MSA is estimated to have the highest percentage of adults who identify as lesbian, gay, bisexual, or transgender (LGBT) in the state
- The hospice use rate among Medicare beneficiaries residing in Baker County is only 49 percent and Duval County is only 58.5 percent, compared to a 62 percent average for the service area and 66.5 percent for the state
- Residents of Baker, Clay and Duval Counties have higher poverty rates and lower per capita income levels than residents in coastal communities in Nassau and St. Johns Counties
- There is a delay in hospice response time to rural long-term care facilities and several have no contracts with hospice providers because hospices move imminently dying patients to their hospice houses. This results in patients returning to the hospital for end-of-life symptom management and are transported at end-of-life, putting the patient in jeopardy of passing away in the ambulance

Seasons contends that should it be approved, SA 4A will gain a new, dedicated hospice program that focuses on the needs of the community to address the underlying challenges to improve hospice access and service.

Regarding population demographics and dynamics, Seasons utilizes the Agency's Florida Population Estimates and Projections by AHCA District publication, issued September 2020 to reflect population growth, from July 1, 2020 to July 1, 2025, for each county in SA 4A, SA 4A total and for Florida overall by age cohorts – those 0-64, 65+ and the total population (CON application #10646, page 1-4, Table 1-1). The reviewer provides the following summary of the applicant's Table 1-1 as follows:

- Overall, the service area has proportionately fewer seniors (16.4 percent) for residents age 65+ than the rest of the state (20.5 percent)
- Over the next five years, SA 4A's:
  - Overall population is expected to increase by 8.7 percent compared to a statewide overall population growth rate of 7.2 percent
  - Age 65+ population is expected to increase by 23.4 percent compared to a statewide age 65+ population growth rate of 17.6 percent

Seasons provides a map of the SA 4A 2021 population age 65+ estimate by ZIP Code (page 1-5, Figure 1-1 of the application).

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The Florida Legislature’s Office of Economic and Demographic Research data is cited as providing an insert to reflect the 2019 income/poverty levels in the area (see below).

**2019 Income Levels**

County/Area	Per Capital Income	Median Household Income	Percent in Poverty
Baker	33,254	63,275	14.9%
Clay	44,042	65,740	8.3%
Duval	47,475	55,809	13.5%
Nassau	61,329	69,943	9.0%
St. Johns	70,498	82,252	6.4%
Florida	52,426	55,660	12.7%

Source: CON application #10646, page 1-5

Seasons stresses that wealthier counties access hospice care more readily than others through the service area and that further, Baker and Duval Counties have higher poverty rates and lower hospice utilization. Seasons states plans to focus on serving residents within the City of Jacksonville and the suburban and rural areas north, west and south throughout the entire service area. According to Seasons, as the most populous county, Duval presents the greatest need for improving hospice availability.

The Agency’s Florida Population Estimates and Projections by AHCA District publication, issued September 2020 and the Agency’s website [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) are utilized to provide population, ALF and SNF bed totals and ALF and SNF beds (per 1,000 age 65+) for SA 4A and for Florida overall. See the table below.

**SA 4A ALFs and SNFs**

Area	2020 Population 65+	ALF Beds	ALF Beds per 1,000 Age 65+	SNF Beds	SNF Beds per 1,000 Age 65+
SA 4A Total	254,975	6,892	27	6,772	27
State	4,371,061	112,158	26	84,946	19

Source: CON application #10646, page 1-6, Table 1-2

Seasons asserts that through Seasons’ Partners in Care program, area ALF and SNF residents will benefit. SA 4A’s disparity of service among minority and particularly among African Americans is addressed. Seasons cites use of a ‘Claritas 2021 update’ data to determine population estimates in 2021 by racial/ethnic groups by SA 4A county, and the distribution of these groups by percentage (CON application #10646, page 1-7/Table 1-3A and page 1-8, Table 1-3B, respectively). Seasons next provides population estimates in 2026 by racial/ethnic groups by SA 4A county to determine the five-year growth rate. See the table below.



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**SA 4A Population Growth by Race and Ethnic Population Composition  
2021-2026**

<b>Race Category</b>	<b>Total 2021 Population</b>	<b>2021 Percent</b>	<b>Total 2026 Population</b>	<b>2026 Percent</b>	<b>Five-Year Increase</b>	<b>Five-Year Growth Rate</b>
White	1,080,879	67.5%	1,123,392	66.0%	42,513	3.9%
Black/African American	348,854	21.8%	374,624	22.0%	25,770	7.4%
Asian	68,332	4.3%	79,530	4.7%	11,198	16.4%
Indian/Alaskan	6,537	0.4%	7,117	0.4%	580	8.9%
Hawaiian/Pacific	1,551	0.1%	1,701	0.1%	150	9.7%
Other Races	40,678	2.5%	49,100	2.9%	8,422	20.7%
Two or more Races	55,289	3.5%	65,483	3.8%	10,194	18.4%
<b>SA 4A Total</b>	<b>1,602,120</b>	<b>100.0%</b>	<b>1,700,947</b>	<b>100.0%</b>	<b>98,827</b>	<b>6.2%</b>
<b>Ethnic Category</b>						
Hispanic	163,078	10.2%	199,421	11.7%	36,343	22.3%

Source: CON application #10646, page 1-9, Table 1-4

From the table above, Seasons points out that minority populations are projected to have higher growth rates and increases proportionately than the white population for the five-year period. The applicant particularly notes that:

- The largest minority group, African Americans, is expected to increase by 25,770 or 7.4 percent
- The second largest minority, Hispanics, show the greatest proportionate increase, expected to increase by 36,343 or 22.3 percent
- Asians are expected to increase by 11,198 or 16.4 percent

Seasons comments that the above profile indicates diversity, that this diversity adds incentives to meet their needs and that Seasons’ Diversity Council taps into the growth trend and prepares to engage minorities to know how to best address concerns and meet their needs. Seasons discusses several of its hospice programs that have successfully increased admissions for minorities contending that because Seasons is an industry leader in serving populations, it is well positioned to meet the needs of SA 4A.

Seasons next uses Claritas 2021 update data to indicate that the service area’s largest number of African Americans (cumulatively 51.2 percent) is within an eight ZIP Code area in Duval County. A map showing this is on page 1-10, Figure 1-2 of the application. See the table below.

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**Top ZIP Codes Having the Largest African Americans  
2021**

<b>Zip Code</b>	<b>African American</b>	<b>Total Population</b>	<b>Percent Black</b>	<b>Cumulative Percent of Total Black</b>
32218	33,537	65,826	50.9%	9.6%
32209	31,575	33,119	95.3%	18.7%
32208	26,018	32,256	80.7%	26.1%
32244	25,534	65,890	38.8%	33.4%
32210	23,918	64,501	37.1%	40.3%
32206	13,881	18,378	75.5%	44.3%
32277	12,396	31,350	39.5%	47.8%
32211	11,635	32,270	36.1%	51.2%
<b>Subtotal</b>	<b>178,494</b>	<b>345,590</b>	<b>51.9%</b>	
Other	170,416	1,258,072	13.5%	48.8%
<b>Total</b>	<b>348,910</b>	<b>1,601,662</b>	<b>21.8%</b>	<b>100.0%</b>

Source: CON application #10646, page 1-11, Table 1-5

Seasons states that with establishing its home office in one of the top three predominantly African American ZIP Codes, the program can focus on outreach initiatives to increase hospice awareness. The reviewer notes that the applicant’s Schedule C does not commit to the placement of a home office in any given ZIP Code.

Regarding veterans in the service area, Seasons states it utilized the Agency’s Florida Population Estimates and Projections and the U. S. Department of Veterans Affairs website at [http://www.va.gov/vetdata/veteran\\_population.asp](http://www.va.gov/vetdata/veteran_population.asp) to indicate that in 2020 only Baker County has a total veteran percentage of total population (6.5 percent) lower than the state overall (7.0 percent). The reviewer notes that according to the applicant’s table (below) each of the five counties in SA 4A had a veteran population age 65+ that was greater than the state overall (17.3 percent).

**2020 Veteran Population and Percent of Total Population**

<b>County/Area</b>	<b>2020 Veterans 65+</b>	<b>2020 Total Veterans</b>	<b>2020 Population 65+</b>	<b>2020 Total Population</b>	<b>Veterans 65+ Percent of Population 65+</b>	<b>Total Veterans Percent of Total Population</b>
Duval	27,252	88,403	148,221	988,783	18.4%	8.9%
St. Johns	10,897	21,040	53,209	266,128	20.5%	7.9%
Clay	9,219	25,576	34,934	219,925	26.4%	11.6%
Nassau	4,233	8,484	19,980	87,389	21.2%	9.7%
Baker	748	1,845	4,082	28,588	18.3%	6.5%
<b>SA 4A</b>	<b>52,349</b>	<b>145,348</b>	<b>260,426</b>	<b>1,590,813</b>	<b>20.1%</b>	<b>9.1%</b>
State	765,905	1,517,442	4,439,923	21,640,766	17.3%	7.0%

Source: CON application #10646, page 1-11, Table 1-6

Seasons emphasizes that its program in Pinellas County already has Level 5 status and that its newest program (in Pasco County) has achieved Level 4 after being licensed for only one year. The reviewer

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verifies that Seasons Hospice and Palliative Care of Pasco County, LLC was licensed effective April 14, 2020. Seasons lists its affiliates “We Honor Veterans star level” in Exhibit 5, Tab 10 of CON application #10646.

Seasons notes that the target population to be served are those persons who have one year or less to live as determined by a physician. FLHeathCharts.com data is used to provide (highest to lowest) resident death totals, death percentages and the percentage of potential hospice deaths in 2019, statewide (CON application #10646, page 1-13, Table 1-7). Seasons states that while conditions may change from year to year, with some causes of death being more or less prevalent than in other years or areas of the state, the top chronic conditions remain. The reviewer notes that the applicant’s Table 1-7 is not specific to SA 4A and therefore, may or may not be reflective of conditions in SA 4A.

Seasons states having proven experience nationally and in Florida to establish successful new hospice programs in a variety of markets. Narrative descriptions of its experience is included in the application’s pages 1-14 through 1-19 under the following topics:

- Collaboration with Area Providers
- Community Outreach and Education
- Use of Technology and Telemedicine
- Adapting to Changing Needs such as the Pandemic

Seasons forecasts in year one a 2.0 percent market share and a total of 207 admissions and forecasts in year two a 4.0 percent market share and a total of 422 admissions. See the table below.

**Forecasted SA 4A Total & Seasons First Two Years  
Hospice Admissions**

	<b>Projected 4A Hospice Patients 7/22-6/23</b>			<b>Seasons Admissions 7/22-6/23 – Year 1 Market Share 2%</b>		
Cause of Death	0-64	65+	Total	0-64	65+	Total
Cancer	821	2,122	2,943	16	42	58
Other	931	6,515	7,446	19	130	149
<b>Total</b>	<b>1,752</b>	<b>8,637</b>	<b>10,389</b>	<b>35</b>	<b>172</b>	<b>207</b>
	<b>Projected 4A Hospice Patients 7/23-6/24</b>			<b>Seasons Admissions 7/23-6/24 – Year 2 Market Share 4.0%</b>		
Cause of Death	0-64	65+	Total	0-64	65+	Total
Cancer	834	2,157	2,991	33	86	119
Other	946	6,624	7,570	38	265	303
<b>Total</b>	<b>1,780</b>	<b>8,781</b>	<b>10,561</b>	<b>71</b>	<b>351</b>	<b>422</b>

CON application #10646, page 1-20, Table 1-8

Seasons states that its forecast considers any temporary impact that COVID-19 may have had on the calculation and that the model produces results that reflect a reasonable expectation. In support of its projections, Seasons provides tables on the application's pages 1-21 through 1-23 which include:

- Seasons' National Hospice Program Experience – First Two Years (Table 1-19)
- Recent Experience of Season's Hospice Programs in Florida – First Two Years (Table 1-10)
- New Hospice Program in Florida, Most Recent 10 Years – First Two Years (Table 1-11)

Seasons provides an impact analysis and expects to have no negative consequence on other existing hospice providers in SA 4A (pages 1-24 and 1-25 of the application):

- 4A Projected Admissions Year One and Year Two (Figure 1-4)
- Seasons Hospice Impact on Existing Providers/First Two Years of Operation (Table 1-12)

## **2. Agency Rule Criteria and Preferences**

The applicants discuss hospice licensure standards in Rule 59A-38 F.A.C., demonstrating their understand of these standards.

### **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.**

The applicants are responding to published need for an additional hospice program for the July 2022 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 #10642)** emphasizes again, as already discussed in item E.1.a of this report, it plans to particularly focus the following two populations in SA 4A which are experiencing unmet hospice needs:

- African American residents
- Economically challenged/financially weak residents

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**Compassus of Florida, LLC (CON application #10643)** reiterates its “Underserved Diagnoses and Populations” and its Exhibit S: Medically Underserved Areas (MUAs) in SA 4A. The applicant particularly highlights MUA designations as follows:

- Baker County (in total)
- Clay and Duval Counties (sub-county areas in each)
- Western portions of St. Johns County (Low Income designation)

Compassus reiterates that the recent JNHP-CHNA identified respiratory disease as a significant health need, especially for Baker County and restates that chronic respiratory disease is among the top five leading causes of death for every county in SA 4A, except Duval. The applicant emphasizes that across all five SA 4 counties, there is a high prevalence of heart disease, with heart disease being the second leading cause of death in Baker, Duval and Nassau Counties and that it will address unmet need in these areas by offering Compassus’ disease-specific programs:

- Cardia Care Program
- COPD Program

The applicant points out other populations in the area with unmet hospice need as being:

- Refugees and resettled persons - to be addressed by targeting services to the refugee population)
- Black and Hispanic residents (non-white populations) historically use hospice services at rates lower than non-white Hispanics - to be addressed by a:
  - Patient and Family Advisory Council
  - Interfaith Advisory Council

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** responded in detail to this Agency rule criteria/preference in item E.1.a. of this report. However, Cornerstone also states below specific need for targeted attention and services in SA 4A in which it expects to provide enhanced outreach, education and/or programing:

- Pain and symptom management
- Dyspnea self-management program (DSMP)
- Heart and respiratory disease
- Stroke care program
- Care for Diabetes

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- Care for end stage renal disease
- Alzheimer's and dementia
- Depression among seniors
- HIV/AIDS

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** identifies the following services/population groups as having unmet needs in the area, with OMNI committing to meet the unmet need:

- Palliative Care
- Patients Without Primary Caregivers
- Veterans (and the provision of We Honor Veterans)
- Minority Populations-Community Outreach and Education
  - African Americans
  - Latino/Hispanics

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** contends that an initial need assessment made in speaking with area residents backed by statistical analysis confirms the following populations with unmet needs:

- Minority populations, including African Americans
- LGBT Community
- Seniors and disadvantaged persons, particularly in counties with high poverty rates and/or per capital income levels below the Florida average, including Baker, Clay and Duval
- Homeless population

The reviewer notes that Seasons addresses many of these populations in response to item E.1.a. of this report. Other tables and diagrams to support the conclusion that Seasons is committed to serve the four bulleted populations listed above identified as having unmet needs are on the application's pages 2-2 through 2-14.

The reviewer notes that one population in SA 4A identified by Seasons as having unmet need is the homeless. This is a population for which Seasons did not provide statistical data in response to item E.1.a. of this report but does provide statistical data here - response to item E.2.a.(1). Seasons utilizes the Agency's Florida Population Estimates and Projections by AHCA District publication, issued September 2020 and The Florida Council on Homelessness 2020 Annual Report; Table 7: Homeless Point of Time (PIT) Counts to reflect homeless data for each county in SA 4A. See the table below.

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**Homeless PIT Counts and Total Population by County  
SA 4A and Florida  
2020**

<b>County/Area</b>	<b>2020 PIT Count</b>	<b>County Distribution</b>	<b>Total Population</b>	<b>Homeless per 100,000</b>
Baker	N/C	N/C	28,588	N/C
Clay*	74	3.7%	219,925	33.65
Duval*	1,494	73.9%	988,783	151.09
Nassau*	86	4.3%	87,389	98.41
St. Johns	368	18.2%	266,128	138.28
<b>SA 4A</b>	<b>2,022</b>	<b>100.0</b>	<b>1,590,813</b>	<b>127.10</b>
Florida	27,679		21,640,766	127.90

Source: CON application #10646, page 2-12, Table 2-6

Note: \* 2019 counts substituted when 2020 counts were unavailable.

Seasons comments that while SA 4A has an overall average rate of homelessness similar to the statewide average, the largest two counties, Duval and St. Johns, have higher rates of homelessness. Seasons further comments that this total SA 4A homeless population (2,022) represents a vulnerable population that lacks adequate access to health care services. Research articles on homelessness including a portion of The Florida Council on Homelessness 2020 Annual Report and others are listed in CON application #10646, Tab 10, Exhibit 11.

- (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 #10642)** states plans to provide the inpatient care component through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs in each of the five SA 4A counties. The applicant states and the reviewer confirms through letters of support (Appendix 2 of CON application #10642) that the following SNFs agree to enter into contractual arrangements with Alleo for inpatient and respite services, should the application be approved:

- Woodland Grove Health and Rehab Center (Duval County)
- Fouraker Hills Rehab & Nursing Center (Duval County)
- Signature Healthcare of Orange Park (Clay County)
- St. Augustine Health and Rehab Center (St. Johns County)

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Alleo states that negotiations for additional contracts with other hospitals and SNFs to support the proposed program's inpatient needs would be ongoing, with an expectation of more such contracts.

**Compassus of Florida, LLC (CON application #10643)**, Exhibit E-Inpatient Contract, includes a 14-page General Inpatient and Respite Care Services Agreement (Hospice-Hospital), referenced as "Agreement" and Exhibit A. The Agreement is made and entered into (signed on page 13) by representatives of Compassus of Florida, LLC and St. Vincent's Health System, Inc.

The reviewer notes that both signatures are dated April 20, 2021. The Agreement indicates that the affiliate hospitals to which it applies are:

- Ascension St. Vincent's Southside
- Ascension St. Vincent's Riverside
- Ascension St. Vincent's Clay County

The Agreement also includes a one-page addendum signed by the same representatives on behalf of the same entities (see page 14 Exhibit A-List of Facilities).

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** points out currently having general inpatient contractual agreements with more than 20 acute care hospitals and more than 30 SNFs (with agreements with approximately 50 additional SNFs for respite care) in Cornerstone's existing seven-county service area. Cornerstone lists these facilities (Tab 17 of the application), along with sample inpatient agreements. The applicant has secured a letter of support that indicates plans to engage in discussions for a contractual agreement with Cornerstone from a senior executive with Citadel Care Centers which operates Fouraker Hill Rehab and Nursing Center in Duval County.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** states that Grace Hospice will provide inpatient hospice care through contractual arrangements with existing health care facilities and will ensure ready and convenient inpatient access to hospice care when necessary.



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The reviewer notes that the applicant makes no reference to any agreements with any existing area hospitals and/or SNFs for the provision on inpatient contractual agreements. The reviewer found no such commitments in the applicant's letters of support (CON application #10645, Appendix I).

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** states plans to contract with hospitals and SNFs to provide inpatient care, focusing efforts in rural areas where few facilities have contracts with existing hospice providers.

Seasons states a total number of SNF and hospital general inpatient hospice contracts for each SA in which Seasons currently operates in Florida (pages 2-14 and 2-15 of the application).

The reviewer notes that the applicant makes no reference to any agreements with any existing area hospitals and/or SNFs for the provision on inpatient contractual agreements. The reviewer found no such commitments in the applicant's letters of support (CON application #10646, Tab 10).

- (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.**

**Alleo Health of Florida, LLC (CON application #10642)** states that it currently serves and commits to continue to serve patients who do not have primary caregivers at home, are homeless, and/or have AIDS. Further, patients without adequate caregiver support receive increased support from Alleo staff and volunteers and those patients without adequate support will have a plan of care established that may include a mix of support from Alleo staff and volunteers as well as the patient's network of friends, family, neighbors and other members of the community to help assist them and allow them to remain in their homes.

Alleo maintains that should the need present itself, qualified sitter services may be recommended to the patient/family in order to keep the patient in the home, where he/she can be most comfortable among familiar surroundings. However, placement in an assisted living environment or a SNF may be appropriate in some cases and would be arranged through Alleo's established relationships with ALFs and SNFs in the local area.

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In regard to homeless persons who qualify for and desire hospice care, Alleo could seek a temporary residential placement at one of the area shelters, hotel/motel, ALF or SNF. The applicant indicates that even in the most difficult situations – a workable “housing” solution is provided for every patient.

Alleo states that it currently treats and commits to continue to treat patients with HIV/AIDS, just as it treats every other population cohort in need of hospice services.

**Compassus of Florida, LLC (CON application #10643)** stresses admitting patients regardless of their living situation or diagnosis, provided only that they are eligible for hospice by virtue of their diagnosis. Further, Compassus policy is to provide hospice care and services with the goal of supporting patients and their caregivers, through training and guidance, to sustain self-sufficiency and to maintain the patient comfortably at home for as long as possible. Compassus references its two-page Policy C9-Written Interdisciplinary Plan of Care (CON application #10643, Exhibit I: Selected Hospice Policies and Procedures) and includes the Florida addendum as page 3 of this policy.

Compassus cites of the number of homeless in Jacksonville (508 counted as unsheltered and homeless) and among these, 75 percent were male, 56 percent were African American and six percent were Veterans. To address the needs of this population, the applicant references its 501(c)(3) organization (CON application #10643, Exhibit Q: Compassus Dream Team Foundation) and states that this organization distributes funds into local communities through affiliated foundations:

- CHA Foundation
- Hospice Angels Foundation
- Hospice Help Foundation

The applicant indicates that its hospice clinical professionals identify the personal elements of comfort, safety and quality of life which support the person’s sense of well-being and belonging and references its Exhibit M: Patient and Family Rights & Education.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** maintains that it currently serves patients without primary caregivers at home, the homeless, and patients with AIDS and will continue to do this in its proposed program. Regarding the homeless, Cornerstone states it provides services to patients wherever they may reside – including meeting prospective patients

at shelters, hotels, neighbor's/friends/family's home. Steps and protocols executed in those instances where patients have no caregivers is provided. CHPC indicates nearly always finding a successful solution in even the most challenging patient care situations.

Cornerstone stresses being thoroughly skilled and fully prepared to care for patients with HIV, AIDS, and other potentially infectious conditions. CHPC bullets six infection prevention and control policies and procedures (see Tab 18 of the application).

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** states a commitment to serving the homeless, patients without primary caregivers and patients with HIV/AIDS. Per OMNI, LHCG provides training and education materials to staff regarding HIV/AIDS and care of patients with HIV/AIDS.

OMNI points out that community outreach by Grace Hospice will include educational material, online tutorials to hospice care for patients/family members and clear admission guidelines online to community eligibility and provide education on when hospice is appropriate for patients and family members.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** states that in addition to the homeless, it makes provisions to serve persons without a primary caregiver in recognition of its mandate No One Dies Alone (briefly described in item E.2.a. (5) of this report). Seasons notes that some persons will not have a designated person who can function as the primary caregiver. The hospice team leader identifies and directs safe and effective provision of hospice care in situations where the terminally ill patient requires assistance with self-care and skilled services. This care is provided in a location in accordance with the patient's wishes and the procedure for meeting the need for a designated caregiver follows the four-step process below:

1. A Comprehensive Patient and Family Assessment will be completed by the team social worker
2. If it is determined that the patient does not have an able and willing caregiver to assist with care in the patient's home, the patient may initially be able to care for himself. The Comprehensive Assessment will identify the level of independence and the patient's need for support will be regularly reassessed

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3. If the patient is initially unable to meet their own needs for self-care and symptom management, the Interdisciplinary Team will identify “lack of a primary caregiver” as a problem and interventions will include:
  - a. The plan and frequency for reassessment of the patient's need for care assistance
  - b. A social worker assessment of the patient's ability and desire to pay independently for hired care givers
  - c. A discussion of anticipated care needs with the patient and collaboration on a plan to meet those future needs
4. As decline in functional ability develops with progressive disease, the type of assistance needed will be determined by the Interdisciplinary Team in collaboration with the patient and family (if involved) and the following potential solutions will be explored and implemented:
  - a. Friends, neighbors, and community members as a potential future support network. The hospice team will provide support, management, teaching, oversight and emergency intervention to this network if one is identified
  - b. Placement in a group home, public housing or shelter
  - c. Placement in a skilled facility
  - d. Continuous care if pain and symptoms are unmanageable by arranged caregiver and the patient desires to remain at home
  - e. Placement in a general inpatient bed when pain and symptoms are unmanageable at home

The reviewer notes that one population in SA 4A identified by Seasons as having unmet need is those persons with HIV/AIDS. There is a population for which Seasons did not provide statistical data in response to item E.1.a. or E.2.a.(1) of this report but does provide statistical data here utilizing [www.FLhealthCHARTS.com](http://www.FLhealthCHARTS.com), data to document HIV/AIDS prevalence data in SA 4A in 2019. See the table below.

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**HIV Prevalence in SA 4A  
2019**

Area/County	Population	HIV Diagnosis		Persons with HIV		Age-Adjusted Deaths	
		Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000
Florida	21,268,553	4,584	21.6	116,689	548.6	692	2.8
Baker	28,089	2	7.1	128	455.7	0	0.0
Clay	217,109	19	8.8	426	196.2	5	2.1
Duval	971,842	284	29.2	6,489	667.7	39	3.8
Nassau	85,135	5	5.9	147	172.7	2	1.9
St. Johns	249,734	21	8.4	375	150.2	3	1.1
<b>SA 4A Total</b>	<b>1,551,909</b>	<b>331</b>	<b>21.3</b>	<b>7,565</b>	<b>487.5</b>	<b>49</b>	

Source: CON application #10646, page 2-16, Table 2-7

According to Seasons, Duval County ranks 6<sup>th</sup> behind Miami-Dade, Broward, Orange, Palm Beach and Hillsborough Counties for having the largest number of persons living with and the largest number of HIV deaths for 2019. Further, Seasons has a variety of programs and services and training necessary to deliver care to a wide range of patients with competence and sensitivity and is committed to serving those with HIV/AIDS.

Seasons states that no SA 4A hospice provider or competing applicant is SAGE certified, which it will obtain. The Agency would not impose a SAGE certification condition, pursuant to Section 408.043(3) Florida Statutes.

- (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.**

**Alleo Health of Florida, LLC (CON application #10642)**

reiterates (from item E.1.a. of this report) that Duval County has the following characteristics:

- Highest percentage of non-white population
- Weakest economic profile
- Lowest median household incomes
- Highest percentage of population in poverty and uninsured

Alleo reiterates that the Hispanic population is highest in Clay and Duval Counties and its assessment indicates that Duval County is the most underserved county within the service area. Alleo plans to establish a physical presence in Duval County and then a satellite office in Yulee or Green Cove Springs within 12 months following service initiation. The area targeted for the initial office location is Jacksonville (downtown to Arlington area).

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**Compassus of Florida, LLC (CON application #10643)** reiterates that Baker County has unmet hospice need and states that in year one, it will open offices in both Baker and Duval Counties to serve the full five-county area and additional offices will be added as hospice patients grow annually. The reviewer notes that the applicant only proposed to condition CON approval to the Baker County office and did not condition to a period of time to do so.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** states that existing hospices in SA 4A maintain office locations in each of the SA 4A counties. Cornerstone contends that while no county was identified as being generally underserved, it identified populations who were underserved and addressed these populations in its application.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** states a commitment to establish a presence for hospice services in Duval County within two years of service initiation, with a principal care delivery site being at 3890 Dunn Ave. Suite 103, Jacksonville, Florida 32218-6428 (or like site within same region pending finalization of lease terms), later in the response OMNI states it will be upon program inception. OMNI comments that LHCG operates four home health agencies within SA 4A and has established a nationwide strategy to collocate its hospice programs with its home health providers (thus the proposed address above), which it states will allow for improved patient care.

The applicant maintains that Duval County is SA 4A's primary population, centrally located to adjacent areas and is an underserved county – with the county ranking 46<sup>th</sup> out of 67 counties in Florida for Health Outcomes based on County Health Rankings, according to the applicant's review of the website <https://www.countyhealthrankings.org/>.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** cites the existing SA 4A hospice office/satellite office locations and states that it will establish its primary office in Duval County—SA 4A's the most populous county. Further, satellite offices will be established within the first year in Macclenny (Baker County) and Green Cove Springs (Clay County). See Condition #1 in CON application #10646.

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Seasons continues that to determine the best locations for improving access in SA 4A, Seasons reviewed penetration rates for Medicare beneficiaries (2019) to gauge service levels by county, with counties falling below the average indicating underservice. Seasons cites using CMS Standards Analysis File, Hospice, 2019; *Vital Statistics Annual Report 2019* in providing the following table:

**CY 2019  
Medicare Hospice Patients, Deaths and Hospice Penetration Rates  
SA 4A Counties and Florida**

<b>County/Area</b>	<b>Medicare Hospice Patients</b>	<b>2019 Deaths</b>	<b>Medicare Hospice Use Rate</b>	<b>Apply FL Use Rate to Underserved Counties</b>	<b>Expected Patients</b>	<b>Difference</b>
Baker	129	262	49.2%	66.5%	174	45
Clay	1,185	1,938	61.1%	66.5%	1,289	104
Duval	5,137	8,787	58.5%	66.5%	5,839	702
Nassau	572	935	61.2%	66.5%	622	50
St. Johns	1,741	2,120	82.1%	82.1%	1,741	0
<b>SA 4A Total</b>	<b>8,764</b>	<b>14,036</b>	<b>62.4%</b>		<b>9,665</b>	<b>901</b>
Florida	137,535	206,975	66.5%			

CON application #10646, page 2-19, Table 2-8

Seasons points out that all counties, except St. Johns, have Medicare hospice use rates below the statewide average (for 2019) and that SA 4A’s overall rate is below the statewide average, indicating widespread need. The applicant contends that having physical locations in Duval and Baker Counties provides the best opportunities for improving hospice penetration and having a third office in Clay County further improves visibility and service, being accessible to both Clay and St. Johns Counties.

- (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 #10642)** states the specific non-covered services and programs it currently provides and proposes to provide include (this is a brief summation):

- Charity Care – to patients with no insurance coverage or financial resources to pay for care
- Supportive Palliative Care and Comfort Measures – the improve quality of life and comfort but are not reimbursed by traditional hospice reimbursement. These may include chemotherapy, radiation therapy, intravenous medications, blood transfusions, ventilator support or other disease altering but non-curative interventions

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- Bereavement and Grief Support Programs – free of charge and available to all service area residents and communities regardless of any relationship with Alleo’s hospice program. Programs it currently provides that will be provided in the SA 4 program include:
  - Individual and family grief support
  - Grief support for children and teens
  - Children’s camps
  - Teen bereavement program
  - Telephone grief support
  - Grief support groups
  - Suicide support groups
  - Overdose support groups
  - Caregiver support groups
  - School based group counseling and support groups
  - Grief support for community groups or workplace that have experienced traumatic or multiple losses

Alleo references and the reviewer confirms (Appendix 4, CON application #10642) the following:

- Bereavement Services (Policy No. 2-10)
  - Bereavement Risks (Addendum 2-010.A)
  - Documentation of Bereavement Group Counseling (Addendum 2.010-B)
  - Bereavement Assessment (Policy No. 2-037.1)
  - Virtual Grief Support (New in 2021)
- Rhythm and Harmony (music), Artistic Expressions (art), Massage Care Paws (pet) and Petals of Hope (flowers delivered to patients) supportive programs

The applicant references and the review confirms materials (Appendix 6, CON application #10642) on the following:

- *Share the Gift of Music*
  - *Share the Healing Power of Art*
  - *Make a paw-sitive impact!*
  - *Petals of Hope-Bring Joy*
- Supportive counseling or consultation with patients or families – addressing issues of serious illness, even if they do not qualify for hospice benefit
  - Support and payment for non-health care related services – to foster quality of life and maintenance of the patient at their home, such as: in-home custodial care, rental or utility assistance, transportation or provision of a wheelchair ramp



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- Medical, nursing and clinical support education programs – including a variety of disciplines including: nursing, medicine, advanced practiced nursing, social work, spiritual care coordination
- Services to persons who have exhausted their insurance benefit
- Services to veterans – including Veteran Recognition Events, such as: Vet To Vet Program and the We Honor Veterans Program/Level 4 (within 24 months of initial licensure)

**Compassus of Florida, LLC (CON application #10643)** states that it will offer special therapies not covered by insurance as well as special services for Veterans. Further, the following, as well as possibly other modalities may be utilized as determined by the members of the Interdisciplinary Team (IDT) to be beneficial for supporting the patient's comfort. Compassus explains that any offerings of complimentary therapies will be aligned with patient or caregiver agreement for such interventions and will be overseen by the hospice IDT as part of the patient's plan of care. Services may include:

- Aromatherapy
- Health Touch (or energy therapies such as massage or Reiki)
- Music therapy (the clinical use of music interventions with professional music therapists)
- Pet therapy
- Virtual reality
- We Honor Veterans Level IV
- Community-based palliative care (non-hospice care to patients with life-limiting illness with Campassus' affiliate Beyond Home Health as the licensed provider)

Compassus restates its plans for a Fellowship in Hospice and Palliative Medicine (to be coordinated with the medical residency program at Ascension St. Vincent's) and in most cases offers additional narrative to describe the above offerings.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** states it currently provides services that are not covered by private insurance, Medicaid, or Medicare, and will continue to do so in the SA 4A program. Specific non-covered services provided by Cornerstone are stated to include:

- Bereavement and Grief Support Programs - available to all service area residents, regardless of any relationship to Cornerstone patients

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- Camp Bridges Children’s Camp
- Volunteers to provide respite for caregivers at home, assistance with errands and light homemaking tasks
- Charity care patients for whom Cornerstone is committing to provide at a level of at least 5.0 percent of its total patient days to Medicaid and charity care patients
- Services to persons who have exhausted their insurance benefit
- Cornerstone Salutes! and Veteran Recognition Events
- Pet Peace of Mind

CHPC indicates it was the first hospice in Florida to participate in Pet Peace of Mind—a groundbreaking national program to allow hospice patients to stay with their pets. Narrative descriptions of the above services/programs are included in the application’s pages 96 – 102.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** states that Grace Hospice will provide services that are not specifically covered by private insurance, Medicaid or Medicare. OMNI bullets 11 items or services that are covered by the Medicare Hospice Benefit and then discusses some costs not covered. OMNI reiterates its commitment to provide services to those without primary caregivers and the homeless and that Grace Hospice will continue to provide required services to patients without means for payment.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** explains that a range of services allows for a variety of patients’ needs to be met responsively, in keeping with its reputation as the “can do” hospice. Seasons lists core services (with narratives on pages 2-20 to 2-22) and additional services (with narratives on pages 2-23 to 2-31) available to all patients. Briefly summarized these include:

- **Call Center** - Seasons has the advantage of full integration with the Seasons Hospice & Palliative Care Call Center. The call center, staffed 24 hours a day, seven days a week with nurses and other professionals, integrates care team members and patients by accessing the patient's medical record. The success of the call center relies upon a fully integrated call record and the ability of employees to link up with their communication devices. Specifically, the tie in with *Homecare Homebase* allows care teams in the field to get access to the medical record and get in touch with all resources in real time

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- **Services Mandated by Federal Regulations** - including the following care:
  - Routine
  - Respite
  - General Inpatient
  - Continuous
- **Music Therapy** - provides an option for pain management, stress relief, and generates positive reactions in patients and their families. Therapists are Board Certified Music Therapists (MT-BC). *Music Companion* is provided for patients who simply need entertaining beyond the MT-BC staff. Seasons lists 12 techniques and 20 goals of its Music Therapy program.
- **Leaving a Legacy** - assists patients in creating memories and tangible recordings, art works, journals, scrapbooks, memory bears, fingerprint necklaces, and other mementoes to assist the family with coping during bereavement
- **No One Dies Alone** - Seasons recognizes that the dying moment is truly profound for the patient and their family. The goal is to ensure every patient and their family have the support of Seasons throughout life's final transition, prevent unwanted hospitalizations, and ensure patients' wishes of dying at home (or within their established long-term care setting) are honored. Many patients will qualify for Continuous Care and are with Seasons nurses and aides until their last breath. However, if the patient does not meet the Medicare criteria for Continuous Care, Seasons Volunteer Vigils provide support with nurses and other members of the interdisciplinary group until the death occurs—the choice of privacy is always respected.
- **Namaste Care** - a dementia care program, designed by internationally recognized dementia expert, Joyce Simard (Namaste Care's author), uses multi-modal interventions to find human connectedness, decrease dementia-related symptoms, and enhance quality of life. Seasons is the only national hospice approved to implement Namaste Care and all staff are oriented by Joyce Simard through virtual and e-learning modules
- **Cardiac Care Program** - uses hospice physicians and cardiac trained hospice nurses to focus on providing the latest Heart Failure guideline-based therapies, along with education to provide support for patients and families in their home environment. The care team helps prevent unnecessary

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emergency department visits and hospital admissions by focusing on symptom control, functional status and quality of life.

- **Open Access** – a program that covers services such as ventilators at home so patients may die on the ventilator, radiation therapy and chemotherapy. Twelve specific medical interventions are listed. Open access also addresses patients with complex psychosocial needs. Seasons also cites seven benefits of the program.
- **Kangaroo Kids Pediatric Hospice and Palliative Care** - when a pediatric patient requires palliative as well as end-of-life care, Seasons reviews the care team staff and assembles a designated pediatric care team. The pediatric care team provides direct care to the pediatric patient, teaches the parents how to provide care at home, the regimen of care, and schedule for medicines and other services. Seasons states that it will not duplicate any active pediatric hospice programs offered by existing SA 4A hospice providers.
- **Pharmacy Consultation** – regarding prescriptions is an important service that is available 24 hours a day, seven days a week for all nurses and physicians to assist in pharmacologic consultation
- **We Honor Veterans** - Seasons commits to serving veterans of the armed forces, as all Seasons hospice programs participate in the We Honor Veterans Program.
- **Palliative Care Program** – provides clinical symptom management for people living with an advanced illness and emotional support for their families and caregivers. This program treats all age groups, with a focus on the alleviation of symptoms to provide comfort care as well as meeting the emotional and spiritual needs of patients and families. Seasons bullets five characteristics that make this program different from hospice.
- **Designated Caregiver Program** – for all options, the patient makes the final decision (a description of the caregiving process in response to item E.2.a.(3) is in this report)
- **Cultural Inclusion Council (CIC)** - Seasons commits to serving patients and families from diverse backgrounds. The CIC was founded out of a desire to honor and respect the diverse communities that Seasons serves, and to address the disparities in access to hospice and palliative care.
- **Patient and Families Resource Hub** - an online resource that includes a 24-hour number where the community can speak directly to a Seasons team member for additional support

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Seasons states that it relies upon a well-trained and dedicated workforce for the provision of its services.

**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 #10642)** indicates in Schedule 6A of the application a total of 14.80 FTEs for year one (year ending date not specified) and a total of 37.05 FTEs for year two (ending date not specified). The applicant’s staffing pattern is shown below.

**Alleo Health of Florida, LLC  
(CON application #10642)  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending Date Not Specified</b>	<b>Year Two Ending Date Not Specified</b>
<b>Administration</b>		
Administrator	1.00	1.00
Clinical Manager	1.00	1.00
Care Team Asst.	0.50	1.50
Business Development Liaison	1.00	2.00
Relationship Manager	0.00	1.00
<b>Physicians</b>		
Program Director	0.50	1.00
Physicians	Contract	Contract
<b>Nursing</b>		
RN	5.0	13.50
Nurse Practitioner	0.50	1.00
CNA, Hospice Aides	3.00	10.00
<b>Therapists</b>		
Physical	Contract	Contract
Occupational	Contract	Contract
Speech	Contract	Contract
<b>Technical and Support</b>		
Bereavement Counselors	0.50	1.50
Dietician	0.05	0.05
<b>Social Services</b>		
Social Workers	0.50	1.50
Chaplain	0.50	1.00
<b>Volunteers</b>		
Volunteer Coordinator	0.75	1.00
<b>Grand Total</b>	<b>14.80</b>	<b>37.05</b>

Source: CON application #10642, Schedule 6A

**CON Action Numbers: 10642 through 10646**

Schedule 6 notes indicate that the parent company (Chattanooga Hospice, Inc.) currently employs clinical and support FTEs and that certain administrative and overhead functions can be accommodated by the existing employee base and lists nine shared administrative functions.

Further, volunteers will offer assistance with:

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

**Compassus of Florida, LLC (CON application #10643):**

Schedule 6A shows 18.13 FTEs for year one and 38.57 FTEs for year two (ending dates were not specified). The applicant’s staffing pattern is shown below.

**Compassus of Florida, LLC  
(CON application #10643)  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending Date Not Specified</b>	<b>Year Two Ending Date Not Specified</b>
<b>Administration</b>		
Administrator	1.00	1.00
Director of Nursing	1.00	1.93
Admissions Director	1.00	1.56
Team Coordinator	1.00	1.93
Business Office Coordinator	1.00	1.00
Hospice Care Consultants	1.68	2.73
<b>Physicians</b>		
Contract Medical Director	0.2	0.24
<b>Nursing</b>		
RNs	3.86	11.14
Nurses’ Aides	3.19	8.89
<b>Ancillary</b>		
Contract PT/OT/ST	0.2	0.24
Contract Music Therapy	0.2	0.24
<b>Social Services</b>		
Social Service Director	1.26	2.48
Bereavement Coordinator	0.83	1.72
Volunteer Coordinator	0.60	1.26
Chaplain	1.11	2.21
<b>Grand Total</b>	<b>18.13</b>	<b>38.57</b>

Source: CON application #10643, Schedule 6A

**CON Action Numbers: 10642 through 10646**

Schedule 6’s notes indicate that projected staffing levels meet and exceed all licensure and CHAP requirements. Further, the parent (FC Compassus) currently employs approximately 6,000 people. Compassus also emphasizes that certain administrative and overhead functions can be accommodated by the existing employee base and 10 shared administrative functions are listed. Further, volunteers will assist with the following:

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

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

**Cornerstone Hospice & Palliative Care, Inc.**

**(CON application #10644):** Schedule 6A shows 31.9 FTEs for year one (ending September 30, 2022) and 54.1 FTEs for year two (ending September 30, 2023). The referenced total FTEs are in addition to Cornerstone’s existing FTEs as shown below.

**Cornerstone Hospice & Palliative Care, Inc.  
CON application #10644  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending 9/30/2022</b>	<b>Year Two Ending 9/30/2023</b>
Administration		
Administrator	1.0	1.0
Other: Admin/management	14.3	24.0
Physicians		
Medical Director	1.0	1.0
Other: APRN & Physicians	0.4	0.9
Nursing		
RNs	7.0	12.0
LPNs	0.1	0.4
Nurses’ Aides	4.0	9.0
RN Team Manager	1.0	1.0
Social Services		
Social Service Director	0.5	0.5
Chaplain	1.1	1.4
Social Worker/Bereavement	1.6	2.9
<b>Grand Total</b>	<b>31.9</b>	<b>54.1</b>

Source: CON application #10644, Schedule 6A

**CON Action Numbers: 10642 through 10646**

Cornerstone’s volunteer programs are discussed in narrative (pages 97, 98, and 102-105). CON application #10644, Tab 20, has Volunteer Program Materials.

**OMNI Home Health-Jacksonville, LLC (CON application #10645):** Schedule 6A shows 41.2 FTEs for year one (ending 2022) and 59.64 FTEs for year two (ending 2023). The applicant’s staffing pattern is shown below.

**OMNI Home Health-Jacksonville, LLC  
(CON application #10645)  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending Date 2022</b>	<b>Year Two Ending Date 2023</b>
<b>Administration</b>		
Administrator	1.0	1.00
Director of Nursing	0.0	0.5
Scheduling	2.43	3.70
Marketing Specialist	1.0	1.0
Secretary	2.00	2.00
Business Manager/ Account Exec	3.37	4.08
<b>Physicians</b>		
Unit/Program Director	Contract	Contract
<b>Nursing</b>		
RNs	9.1	13.88
RN Manager	3.64	5.55
Nurses’ Aides	9.93	15.14
<b>Social Services</b>		
Social Worker	2.43	3.7
Volunteer Coordin.	2.18	3.33
Chaplain	3.12	4.76
Other: Education Mgr	1.00	1.00
<b>Grand Total</b>	<b>41.2</b>	<b>59.64</b>

Source: CON application #10645, Schedule 6A

Schedule 6A notes indicate the applicant will contract with medical directors, speech, occupational, respiratory and physical therapists and inpatient general and inpatient respite care. Further services may be contracted from the parent, including DME, pharmacy, finance/accounting, training, staffing, recruitment, IT, legal services, etc.

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

- Patient Care
- Bereavement Support
- Administrative



**CON Action Numbers: 10642 through 10646**

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

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646):** The applicant-generated Schedule 6A indicates 18.45 FTEs for year one (ending June 30, 2023) and 31.50 FTEs for year two (ending June 30, 2024). The applicant’s staffing pattern is shown below.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC  
(CON application #10646)  
Staffing Pattern**

<b>Position</b>	<b>Year One Ending 6/30/2023</b>	<b>Year Two Ending 6/30/2024</b>
<b>Administration</b>		
Administrator/Executive Director	1.00	1.00
Admissions Director	1.00	1.00
Team Director/Coordinator	1.00	1.00
Team Assistant	0.83	1.00
Hospice Care Consultant/Marketing	2.08	3.58
Clinical Care Coordinator	--	0.42
Director of Clinical Care Operations	--	0.42
<b>Nursing</b>		
RNs	3.92	9.17
Hospice Aides	2.83	6.42
<b>Social Services</b>		
Social Worker	1.08	2.00
Chaplain	2.00	2.00
Music Therapist	1.00	1.00
Massage/Art Therapy	0.20	0.50
Volunteer Coordinator	1.00	1.00
<b>Physicians</b>		
Medical Director(1)	0.50	1.00
<b>Grand Total</b>	<b>18.45</b>	<b>31.50</b>

Source: CON application #10646, Schedule 6A  
Note: The Medical Director is a contracted position.

Schedule 6A notes indicate that an allocation for management shared services is included in Schedule 8A’s Administration category. Seasons direct patient volunteer program is addressed on pages 2-34 and 2-35 and its Volunteer Vigil Program on page 2-35. Other volunteers include the applicant’s Circle of Care, Loyal Friends Pet Team and Indirect Patient Care programs.

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

**Alleo Health of Florida, LLC (CON application #10642)** cites a wide array of individuals/programs/organizations as referral sources and provides the following as examples:

## **CON Action Numbers: 10642 through 10646**

- Physicians
- Hospitals and hospital discharge planners
- Social workers
- Nursing facilities
- ALFs
- Home health agencies
- Managed care organizations
- Community health care programs
- Community social service agencies
- Churches/Faith communities

Alleo explains that these referral sources are expected to generate the projected patient volume and it will conduct a variety of community/physician/referral source outreach programs to make the area aware of Alleo's presence. Outreach and education programs will be provided in English and Spanish.

### **Compassus of Florida, LLC (CON application #10643)**

indicates patient referrals will come from SA 4A clinical providers, patient self-referrals and family members.

Potential sources are:

- Hospitals
- Nursing homes
- ALFs
- Home health agencies
- Community physicians
- Families
- Individuals
- Commercial insurance plans and HMOs
- Charitable service organizations
- Faith communities
- Dialysis centers

### **Cornerstone Hospice & Palliative Care, Inc.**

**(CON application #10644)** states receiving patient referrals from a wide range of individuals and organizations associated with the healthcare continuum of care or end-of-life services in its existing service and expects similar referrals in its proposed SA 4A program, including:

- Physicians
- Hospital discharge planners
- Social workers
- Nursing facilities

**CON Action Numbers: 10642 through 10646**

- ALFs
- Home health agencies
- Group homes
- Community social service agencies
- Churches
- Veterans groups
- Patient, families, other individuals

CHPC explains that based on its current service area and experience of management, it expects its principal sources and proportions of patient referrals as shown in the table below:

<b>Referral Source</b>	<b>Percent of Admissions</b>
Physicians & APRNs	16
Patient, Family, Friend or other	11
Long Term Care Facilities	17
Hospitals	56

Source: CON application #10644, page 106

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** states patient referrals will come from a variety of sources, including:

- Area physicians
- Hospitals
- Nursing homes
- ALFs
- Home health agencies (including the applicant)
- Family members and friends of patients
- Patients themselves
- Faith communities
- Insurers
- Community health centers and organizations
- Detention centers
- Area Agencies on Aging

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** expects referrals from:

- Nursing homes
- Hospitals
- ALFs
- Home Health Agencies
- Health Maintenance Organizations
- Physicians
- Dialysis Centers
- Social Workers

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- Home Health Organizations
- Churches
- Funeral Directors
- Social Services Organizations
- Families
- Individuals

**(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 #10642)** states the following table is an indication of patient days by payer source and provided the admissions below.

**Alleo Health of Florida LLC  
Projected Number of SA 4 Admissions  
Years One and Two**

	<b>Medicare</b>	<b>Medicaid</b>	<b>Commercial Ins.</b>	<b>Self-Pay/Charity</b>	<b>Total</b>
CY 2022	184	7	8	3	202
CY 2023	425	16	19	7	467
% of Total	91.0%	3.5%	4.0%	1.5%	100%

Source: CON application #10642, page 55

**Compassus of Florida, LLC (CON application #10643)** provides the following table for the first two years of the proposed program.

**Admission and Patient Days by Payer Mix  
Year One and Year Two**

<b>Payer</b>	<b>Admissions</b>		<b>Patient Days</b>		<b>Percent Days</b>
	<b>Year One</b>	<b>Year Two</b>	<b>Year One</b>	<b>Year Two</b>	
Medicare	413	755	12,566	39,151	92.2%
Medicaid	15	27	450	1,401	3.3%
Medicaid HMO	1	1	14	42	0.1%
Commercial Insurance	14	25	422	1,316	3.1%
Self-Pay	1	1	4	13	0.03%
Other Payers	6	11	177	552	1.3%
<b>Total</b>	<b>450</b>	<b>820</b>	<b>13,633</b>	<b>42,476</b>	<b>100.0%</b>

Source: CON application #10643, page 39, Table 8

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The reviewer notes that Compassus' year one and year two totals in the above table (450 and 820, respectively) agree arithmetically with the year one and year two totals in its response to item E.2.b.(1)(e) of this report, but not the year one and year two totals in its response to item E.2.b.(1)(d) of this report, which indicate year one and year two totals of 446 and 819, respectively.

The reviewer notes that the applicant year one and year patient day totals shown above are also inconsistent with the applicant's Schedule 7A (see item E.3.g. of this report).

**Cornerstone Hospice & Palliative Care, Inc.**

**(CON application #10644)** provides the following projected number of admissions by payer source for the first two years of operations. The reviewer added the total columns below.

**Cornerstone Hospice & Palliative Care, Inc.  
CON application #10664  
Year One and Year Two – Admissions by Payer**

<b>Payer Source</b>	<b>Year One Admits</b>	<b>Year Two Admits</b>
Medicare	287	533
Medicaid	26	49
Private Ins.	2	40
Indigent/Self-Pay	10	18
<b>Total Admissions</b>	<b>345</b>	<b>640</b>

Source: CON application #10644, page 106

Note: Differences mentioned below are probably due to rounding.

The reviewer notes that CHPC's year one estimate in the above table (345) agrees arithmetically with the year one estimate in its response to item E.2.b.(1)(d) and (e) of this report, but not the year one indicated in CON application #10644, page 78, Table 32, which indicates year one total admissions of 346. CHPC's year two estimate in the above table (640) does not agree arithmetically with the year two estimate in CHPC's response to item E.2.b.(1)(d) or (e) of this report, and does not agree with the year two estimate in CON application #10644, page 78, Table 32, which indicates 641 year two admissions.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** provides the following table:

**CON Action Numbers: 10642 through 10646**

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

	<b>Year One</b>	<b>Year Two</b>
Medicare	457	697
Medicaid	26	39
Commercial	22	34
Self-Pay/Indigent	8	12
<b>Total Admissions</b>	<b>513</b>	<b>782</b>

Source: CON application #10645

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** provides the following projected number of admissions and patient days by payer source for the first two years of operations.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC  
CON application #10646**

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

<b>Payer</b>	<b>Year One Admits</b>	<b>Year One Days</b>	<b>Year Two Admits</b>	<b>Year Two Days</b>	<b>Percent Days</b>
Medicare	190	11,075	393	26,244	93.2%
Medicaid	8	493	11	724	2.6%
Insurance	5	280	12	798	2.8%
<b>Self-Pay</b>	<b>4</b>	<b>211</b>	<b>6</b>	<b>399</b>	<b>1.4%</b>
<b>Total</b>	<b>207</b>	<b>12,059</b>	<b>422</b>	<b>28,165</b>	<b>100.0%</b>

Source: CON application #10656, page 2-38, Table 2-90

Seasons indicates that medically indigent days are included as part of the self-pay days and account for 1.0 percent of the amount in the table above. The applicant’s year one and year two patient day totals (above) are consistent with its Schedule 7A and response to item E.3.g. of this report.

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

**Alleo Health of Florida, LLC (CON application #10642)** provides this in the table below.

	<b>Year One Alleo Health Hospice Admissions</b>			<b>Year Two Alleo Health Hospice Admissions</b>		
	<b>Under 65</b>	<b>65+</b>	<b>Total</b>	<b>Under 65</b>	<b>65+</b>	<b>Total</b>
Cancer	16	41	57	37	95	132
Other	18	127	145	42	293	335
<b>Total</b>	<b>34</b>	<b>168</b>	<b>202</b>	<b>79</b>	<b>388</b>	<b>467</b>

Source: CON application #10642, page 55

**CON Action Numbers: 10642 through 10646**

**Compassus of Florida, LLC (CON application #10643):**

The table below includes the diagnosis mix during the first two years of the proposed project. The reviewer added the table's totals.

**Compassus Admissions by Diagnosis  
Years One and Two**

<b>Admissions</b>	<b>Year One</b>	<b>Year Two</b>	<b>Percent</b>
Center	112	204	24.9%
Dementia	78	141	17.1%
Hear Disease	67	123	15.0%
Kidney, excluding cancer	11	21	2.6%
Liver, excluding cancer	11	19	2.3%
Lung, excluding cancer	56	102	12.4%
Nephrological	40	72	9.0%
Other	38	69	8.5%
Stroke/Coma	12	29	3.3%
Unspecified	21	39	4.8%
<b>Total</b>	<b>446</b>	<b>819</b>	<b>99.9%</b>

Source: CON application #10643, page 39, Table 9

The reviewer notes that the year one and year two totals in the above table (446 and 819, respectively) do not agree arithmetically with the applicant's year one and year two totals response to items E.2.b.(1)(c) or E.2.b.(1)(e) of this report, with both of those year one and year two estimates indicating 450 and 820, respectively.

**Cornerstone Hospice & Palliative Care, Inc.**

**(CON application #10644)** provides a projected number of admissions by terminal illness for the first two years of operations. The reviewer reproduced only the cancer and non-cancer estimates.

**Cornerstone Hospice & Palliative Care, Inc.  
CON application #10644**

**Year One and Year Two – Admissions by Terminal Illness**

<b>Admission Type</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Cancer	130	242
Non-cancer	215	399
<b>Total</b>	<b>346*</b>	<b>641</b>

Source: CON application #10644, page 107 (partially reproduced)  
Note: The narrative below is probably due to rounding.

The reviewer notes the year one estimate in the above table (arithmetically 345) agrees arithmetically with the year one estimate in CHPC's response to item E.2.b.(1)(c) and (e) of this report, but not the year one indicated in CON application #10644, page 78, Table 32, which indicates a year one total admission of 346. The reviewer also notes

**CON Action Numbers: 10642 through 10646**

that CHPC’s year two estimate in the above table (641) agrees arithmetically with the year two estimate in CHPC’s response to item E.2.b.(1)(e) of this report, and further agrees with the year two estimate in CON application #10644, page 78, Table 32, which indicates a year two total admission of 641, but does not agree with CHPC’s year two response in item E.2.b.1(c) of this report, which indicates a year two total of 640.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** provides the following table:

**Projected Number of Admissions by Type of Terminal Illness  
First Two Years**

	<b>Year One</b>	<b>Year Two</b>
Cancer Under 65	33	50
Cancer 65+	76	116
Non-Cancer Under 65	128	195
Non-Cancer 65+	276	421
<b>Total Admissions</b>	<b>513</b>	<b>782</b>

Source: CON application #10645

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** provides the following table.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC  
Year One and Year Two – Admissions by Disease Category**

<b>Diagnosis</b>	<b>Year One Admits</b>	<b>Year Two Admits</b>	<b>Percent</b>
Cardiovascular System	57	116	27.5%
Neoplasms (Cancer)	57	116	27.5%
Nervous System (incl. Alzheimer’s)	47	95	22.5%
Respiratory System	28	57	13.5%
Digestive System	6	11	2.6%
Endo, Nutrition/Metabolism	3	7	1.7%
Infectious and Parasitic	3	7	1.7%
Acute Respiratory Infections	2	4	0.9%
Injury & Poisoning, External Causes	2	3	0.7%
Genitourinary System	1	3	0.7%
Systems & Findings, Not Classified	0	1	0.2%
<b>Total</b>	<b>207</b>	<b>422</b>	<b>100.0%</b>

Source: CON application #10646, page 2-39, Table 2-10

Seasons states its disease admission estimates are based on the website [www.FLHealthCharts.com](http://www.FLHealthCharts.com), which was previously discussed in response to item E.1.a. of this report.



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- (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 #10642)** provided the table below.

	Year One Alleo Health Hospice Admissions			Year Two Alleo Health Hospice Admissions		
	Under 65	65+	Total	Under 65	65+	Total
Cancer	16	41	57	37	95	132
Other	18	127	145	42	293	335
<b>Total</b>	<b>34</b>	<b>168</b>	<b>202</b>	<b>79</b>	<b>388</b>	<b>467</b>

Source: CON application #10642, page 55

**Compassus of Florida, LLC (CON application #10643)** provides the following estimated admissions in the table below.

**Admissions by Age Cohort  
Years One and Two**

	Year One	Year Two
Under 65	61	108
65+	389	712
<b>Total</b>	<b>450</b>	<b>820</b>

Source: CON application #10643, page 40, Table 10

The reviewer notes that the applicant’s year one and year two totals in the above table (450 and 820, respectively) agree arithmetically with the year one and year two totals in its response to item E.2.b.(1)(c) of this report, but not the year one and year two totals in response to item E.2.b.(1)(d) of this report, which indicate year one and year two totals of 446 and 819, respectively.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** provided the table below:

**Cornerstone Hospice & Palliative Care, Inc.  
CON application #10644  
Year One and Year Two – Admissions by Age Cohort**

Age Cohort	Year One Admissions	Year Two Admissions
Under 65	56	104
65 and Older	289	537
<b>Total</b>	<b>345</b>	<b>641</b>

Source: CON application #10644, page 107

Note: The reviewer added the totals. The differences cited below are probably due to rounding.

**CON Action Numbers: 10642 through 10646**

The reviewer notes that CHPC’s year one estimate in the above table (345) agrees arithmetically with the year one estimate in CHPC’s response to item E.2.b.(1)(c) and (d) of this report, but not the year one indicated in CON application #10644, page 78, Table 32, which indicates 346 year one admissions. The reviewer also notes that CHPC’s year two estimate in the above table (641) agrees arithmetically with the year two estimate in CHPC’s response to item E.2.b.(1)(d) of this report, and further agrees with the year two estimate in CON application #10644, page 78, Table 32, which indicates a year two total admission of 641, but does not agree with CHPC’s year two response in item E.2.b.1(c) of this report, which indicates a year two total of 640.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** provides the following table:

**Projected Admissions by Two Age Groups  
Under 65 and 65 or Older  
First Two Years of Operation**

	<b>Year One</b>	<b>Year Two</b>
Under 65	161	245
65+	352	537
<b>Total Hospice Admissions</b>	<b>513</b>	<b>782</b>

Source: CON application #10645

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** provides the following table.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC  
Year One and Year Two – Admissions by Age Cohort**

<b>Year</b>	<b>0-64</b>	<b>65+</b>	<b>Total</b>
Year One : 7/22-6/23	35	172	207
Year Two : 7/23-6/24	71	351	422

Source: CON application #10646, page 2-39, Table 2-11

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

**Alleo Health of Florida, LLC (CON application #10642)** states the following core services will be provided by hospice staff and volunteers:

- Routine home care
- Continuous care
- Respite care

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- Hospice inpatient care
- Nursing services
- Hospice aide services
- Volunteer services
- Pediatric services
- Veterans' services
- Case management
- Social work services
- Pastoral & counseling services
- Bereavement counseling services
- Homemaker & chore services
- Physician services
- Quality management and reporting
- Infection control
- Staff education and training
- Community outreach and education

Alleo further states that the following services will be provided through contractual arrangements:

- Pharmacy services
- Infusion services
- Supplies and durable medical equipment
- Physical, occupational and speech therapists
- Patient transportation services

**Compassus of Florida, LLC (CON application #10643)**

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

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

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

- Aromatherapy
- Healing Touch (energy therapies such as massage or Reiki)
- Music therapy

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- Other modalities (determined by the members of the IDT to be beneficial for supporting the patient's comfort)

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

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

Compassus states it does not provide financial assistance with day care or funeral services but will support identification of planning and resource needs and connect patients/caregivers with those resources.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** maintains that all of the following core services will be provided by its staff and volunteers:

- Nursing services
- Social work services
- Spiritual, including chaplain services
- Dietary counseling
- Bereavement counseling services
- Home health aides
- Continuous care
- Volunteer services
- Homemaker and chore services
- Physician services
- Support groups
- Patient transportation services
- Infusion therapy

Further, the following may be provided by contractual agreement:

- Physical, Occupational, and Speech and Language therapy
- Respiratory therapy
- Radiation therapy/Chemotherapy
- Laboratory services and Diagnostic tests
- Mobile Radiology Services
- Interpretation Services for the Deaf and Hearing Impaired
- Foreign Language Interpreters

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** maintains that Grace Hospice will provide required core services of routine, respite, inpatient and continuous care directly through its staff and that these services include:

- Physician Services
- Nursing Services
- Home Care Aides
- Medical Social Services
- Bereavement Counseling Services
- Dietary Counseling Services
- Spiritual Counseling Services
- Pharmacy Services
- Durable Medical Equipment
- Volunteer Services
- Infection Control
- Quality Measurement and Reporting
- Community Outreach and Education

OMNI further maintains that it will contract for the Medical Director and speech, occupational and physical therapy. OMNI reiterates that it will contract for inpatient general and inpatient respite care. Further, OMNI will always maintain administrative, clinical and legal responsibility and oversight for the care provided by contracted individuals. A list of ten administrative services/functions that it may procure in whole or in part is included in this response.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** states that Seasons employees deliver the bulk of all hospice services with assistance of volunteers who augment and enhance the hospice's service lines. Seasons points out that contracted services must be specified in the plan of care and the majority of contracts are for physical, respiratory, speech and occupational therapists. Seasons states that other allied personnel include art therapists, massage therapists, and acupuncturists and other palliative care options.

Seasons states the medical director will be under contract. Further, the hospice retains professional, financial and administrative responsibility for contracted services.

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

**Alleo Health of Florida, LLC (CON application #10642)** reiterates item E.2.a.(2) of this report. Alleo indicates that if at some point in the future there is a defined need for additional hospice inpatient capacity, it has the experience and expertise in developing and operating hospice inpatient capabilities.

**Compassus of Florida, LLC (CON application #10643)** states it is still in the process of identifying high-quality facilities to provide inpatient care and has no plans to construct a freestanding inpatient facility. Compassus Policy C27-Inpatient Care Provided Under Arrangement and includes a state-specific addendum for Florida is concluded in CON application #10643, Exhibit I. The relationship with Ascension in the provision of a contractual agreement regarding inpatient services, previously discussed in item E.2.a.(2) of this report was referenced in this response.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** expects to provide approximately 3.5 percent of its total patient days to inpatients by its second year of operation of the proposed program consistent with its experience in its existing service areas. Cornerstone states being experienced in providing inpatient care directly, through its own inpatient units, in a leased SNF unit, and through contractual arrangements with existing nursing homes and hospitals throughout its existing service areas. The reviewer notes that this topic was previously discussed in responses to items B and E.2.a.(2), which referenced Citadel's Duval County SNF Fouraker Hills Rehab and Nursing Center willingness to contract for inpatient hospice and respite care.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** explains that Grace Hospice will contract with existing inpatient hospice care resources within the communities of SA 4A. Per OMNI, this will provide the most cost-efficient use of community resources, for the provision of inpatient care.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** states it will seek contracts with one or more hospitals or SNFs for the provision of general inpatient care and further states that this will occur

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prior to receiving its license. The applicant references a sample SNF contract (CON application #10646, Tab 10-Exhibit 15). This exhibit also includes the four-page Seasons Hospice Care to Residents in a Facility (233), dated March 20, 2020.

**(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 #10642)** states that this is not applicable, as the applicant proposes to contract for inpatient beds with existing hospital and nursing home providers in SA 4A.

**Compassus of Florida, LLC (CON application #10643)** explains that Compassus will contract with existing health care facilities for inpatient beds when needed.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** states no plans to build a freestanding inpatient facility in SA 4A, now or in the foreseeable future, so it has no expectation of locating any beds in such a facility to provide inpatient care. CHPC states that Cornerstone will utilize inpatient beds on an as-needed contractual basis.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** states that the applicant is not requesting any new inpatient beds at this time.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** indicates it has no plans to construct or to operate a freestanding inpatient hospice facility during the first two years of operation.

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

**Alleo Health of Florida, LLC (CON application #10642)** points out that based on patients' needs or family circumstances, there are times where there is a need to access hospice inpatient services. Further, hospice inpatient admission is typically based on one or more of the following criteria:

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- Symptoms and/or pain control
- Imminent death with symptoms necessitating frequent physician and nursing intervention
- Medical-surgical procedures or therapies aimed at the mitigation/control of symptoms
- Provision of a safe and supportive environment during periods of acute psychosocial and/or spiritual breakdown of the primary caregiver(s)
- Primary caregiver inability to continue daily care in the home setting

Alleo concludes it will follow this approach in the SA 4A program.

### **Compassus of Florida, LLC (CON application #10643)**

contends that its Interdisciplinary Group (IDG) is responsible for identifying the appropriate level of care required for each patient. Examples of why inpatient care would be necessary include:

- Pain and other physical or emotional/psychological symptoms that cannot be controlled at the home setting and where there is not an adequate caregiver to carry out the plan of care
- A change in medication warranting frequent titration and dose adjustments provided by a nurse in order to sustain the patient's comfort
- Multiple complex wounds requiring frequent dressing changes and symptom management
- Intractable symptoms requiring complex interdisciplinary teach management and support
- Other patient-specific issues which warrant the direct management of a nurse in close collaboration with the physician as determined by the IDG

Compassus references its Exhibit I which includes Procedure C\_09C – General Inpatient Care (GIP) and Procedure C\_09D – Respite Level of Care.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** states that patients are admitted to an inpatient bed according to the guidelines set forth in the Federal Medicare Guidelines for hospice inpatient care and that further inpatient care is dictated by a patient's medical need. CHPC points out that inpatient bed admission is



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based on one or more of seven circumstances listed on pages 109 and 110 of the application.

Cornerstone contends that when an inpatient placement is made, its team of clinicians remain actively involved and care will be delivered and supervised in accordance with the IT's Plan of Care.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** explains that it is the interdisciplinary group's clinical skills and judgement that determine when and if general inpatient is appropriate. OMNI further explains that documentation of the need for general inpatient is key to provide medical reviewers with a clear understanding of the general inpatient admission. OMNI emphasizes that when an individual's pain and symptoms can no longer be managed by the hospice interdisciplinary group at home, then short term general inpatient level of care may be appropriate.

OMNI provides the examples below for when inpatient respite care is appropriate for short-term caregiver relief.

- Is physically and emotionally exhausted from caring 24/7 for the patient and requires a break
- Would like to attend a family event, such as a wedding, graduation, or other event
- Is ill and needs a break from patient care to recover

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** states assurance that this provision will be in a contracted hospital or nursing home that is a participant in Medicare or Medicaid and the inpatient bed will be used for pain control, symptom management, and respite purposes for the hospice patient. Seasons provides an eight-step process in determining, executing and monitoring/oversight of inpatient services (pages 2-43 and 2-44 of the application).

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

**Alleo Health of Florida, LLC (CON application #10642)** reiterates a portion of item E.2.a.(3) of this report. Alleo comments that the same approach to serving patients

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without primary caregivers at home will be used in the treatment of this patient base in the proposed project.

**Compassus of Florida, LLC (CON application #10643)**

points out that the Compassus IDG will identify the methods available to the team to support the patient without a caregiver or the patient who has a caregiver who becomes unable or unwilling to support the patient, including but not limited to:

- Assessment of level of care need (continuous, respite, or general inpatient for symptom management needs)
- Increase in visit frequency for hospice disciplines including hospice aides, nurses, social worker, and spiritual support
- Implementation/increase in hospice volunteer services
- Facility placement eligibility for nursing facility residency
- Continued eligibility for sustained residency at an assisted living/adult-care home
- Shift in placement to an extended congregate care facility where nursing support may be available if required
- Community services, state-funded support services and Compassus Foundation funding support for in-home support if available

Compassus references its CON application #10643, Exhibit I, Procedure C\_09A.3 – Patient without a primary caregiver (FL).

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)**

notes having responded to this agency rule criteria/preference earlier in item E.2.a.(3) of this report. However, for those patients without a suitable primary caregiver at home, Cornerstone has a caregiver program designed specifically to address circumstances in which a patient has no or inadequate caregiver services available. Further, in an effort to ensure hospice patients and families have adequate support, it will utilize its proven caregiver program that facilitates referring patients and families to community resources to provide caregiving services. Cornerstone states it works with patients to develop a plan to ensure they get the care they need when they can no longer care for themselves.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** reiterates that patients remain in the most supportive environment possible and that as an existing hospice provider, operating nearly 120 hospice locations, it understands very well the challenges faced by patients without a primary caregiver at home. Further, every patient admitted to hospice care has a detailed plan of care that accounts for the status of their primary caregiver. According to OMNI, as needed and subject to patient choice, it may assist the patient in being placed within an assisted living, nursing home, or hospice house, as their plan of care dictates, when no patient caregiver is available. Such placements would occur when the patient is no longer independent in their activities of daily living (ADL) and an effective caregiver at home is unavailable.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** replicates in substantial part the step process in serving patients without primary caregiver from its item E.2.a. (3) response in this report.

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

**Alleo Health of Florida, LLC (CON application #10642)** indicates that bereavement services will be provided for a year or longer following the death of the patient, provide by persons who have received training and have experience dealing with grief. Alleo also indicates that bereavement services are provided to family/caregivers of patients, before and after the patient's death, in accordance with the applicable plan of care.

Alleo provides 13 bulleted steps regarding bereavement (pages 59 and 60 of the application) and references its Appendix 4 of CON application #10642, (see item E.2.a.(5) of this report).

**Compassus of Florida, LLC (CON application #10643)** states that bereavement services are individualized and are made available before and at least up to a year after the death of a patient. Bereavement counseling is extended to residents of a SNF/NF or ICF/IID when appropriate and identified in the bereavement plan of care and that additional, bereavement services are available to colleagues and volunteers. Such services may include in-person visits,

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telephone calls, mailings, educational materials, grief workshops, memorial services and other events or processes which include ongoing and multifaceted support for the diverse range of grief and loss encountered.

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

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

Compassus references CON application #10643 exhibits I: Policy C19: Bereavement Services and K: Bereavement Resources

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** maintains offering extensive bereavement services and programs, not only to its patients and family/caregivers in its existing seven-county service area, but also to the community, regardless of whether Cornerstone provides end-of-life hospice care. Cornerstone follows the bereaved for a longer timeframe than those of the other hospices serving the area, typically for at least 13 months and longer when warranted or requested. Bereavement counselors see clients who are the loved ones of Cornerstone patients as well as those in the community who have suffered a difficult loss. Referrals are received from DCF, law enforcement, church pastors, school counselors, physicians, and friends and family members of the bereaved. Cornerstone emphasizes that there is no charge for Cornerstone's bereavement services and this program will be offered in the future, including the proposed SA 4A program/expansion.

Cornerstone states that bereavement and grief support services are provided by qualified grief counselors and it presently employs 11 grief counselors that have a Masters degrees or PhD and all hold trauma certifications. Bereavement services are stated to begin with a grief assessment and Plan of Care for the bereaved family member(s)—the bereaved have the option to decline these support services.

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Cornerstone provides a description of the steps, protocol and timeframes of its current bereavement guidelines (page 111 of the application) but points out that counseling is not limited to a particular timeframe. The applicant discusses:

- Individual counseling sessions (adult)
  - Child clients can be seen at their schools during the normal school day (or at other locations where adults are seen)
- Group counseling sessions (adult)
- Child bereavement and camps

CHPC indicates that literature and tools for Cornerstone's bereavement programs are provided in the application (Tab 23-Bereavement Materials). Tab 23 also includes Cornerstone's Grief *and the* Holidays publication, Bereavement Services and Bereavement Assessment policies.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** comments that it will provide a full complement of bereavement services to hospice patients, their families and caregivers, both before and after the patient's death, in accordance with the interdisciplinary group's plan of care. OMNI further comments that a purpose of this service is to prepare the individual to function independently of hospice and to identify a support system. Bereavement counseling will be extended to residents and staff of assisted living, skilled nursing and inpatient nursing facilities, when appropriate.

Bereavement is also to be provided in coordination with a spiritual advisor, if any, as well as any other community resources judged to be useful and beneficial to the family/caregiver. OMNI indicates that due to the pandemic, LHCG has implemented state-of-the-art virtual bereavement services.

Further, bereavement services include at least 13 months of follow-up by specifically trained staff and volunteers by:

- Mailings/phone calls
- Educational offerings
- Individual and group counseling
- Referral to community resources
- Crisis intervention counseling

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- Grief support groups
- Memorial service(s)

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** states that bereavement services cover a variety of spiritual, emotional, religious and interpersonal interactions for the purpose of easing grief, sharing with empathy and assisting the bereaved with coping skills. Services may up to one year and that clergy may be involved as well as volunteers and staff with training and experience to provide counseling and comfort. Seasons states having options that include hosting scheduled group meetings for those in grief to talk about their loss, the emotions they experience and the feelings that they have. One-one interactions with trained volunteers or a professional, depending upon the issues that may arise, is another option.

Seasons offers brief discussion of its Camp Kangaroo and Friendly Visitors Bereavement Programs.

**(I) Proposed community education activities concerning hospice programs.**

**Alleo Health of Florida, LLC (CON application #10642)** explains that it has a wide array of active and effective community outreach and education programs and particularly addresses the needs of underserved populations, including African American and Hispanic communities and populations (with materials provided in English and Spanish). Alleo indicate this same focus on enhancing community outreach will be extended to the SA 4A population. Community outreach and education programs are to be made available to:

- Senior Centers
- Health Fairs
- Churches/Synagogues
- Schools/Universities
- Chambers of Commerce
- Libraries
- Hospitals
- Physician Groups
- Town Halls
- Neighborhood Groups
- SNFs

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- Civic Groups
- Non-Profit Organizations
- Businesses

### **Compassus of Florida, LLC (CON application #10643)**

states that it will provide community, consumer and professional education services to provide ready access hospice care and clear understanding of when hospice care can help through staff, volunteers or contracted experts to speak at community workplaces, schools, faith congregations, clubs, or other community organizations. Compassus notes having contacted the Ascension St. Vincent's Mobile Health Outreach Ministry<sup>16</sup> and proposes to offer education to the public regarding advance directives and care planning in SA 4A.

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

- Choices in end-of-life care
- Communicating bad news
- Cultural diversity in healthcare
- Strategies to combat elder abuse
- The last hours of living
- Loss, grief and bereavement
- Managing of pain and dyspnea in hospice
- Prognostication: indicators and tools
- Timely and effective hospice discussions
- Hospice discharge planning for hospice general inpatient or respite care
- Cardiac & pulmonary disease – reducing hospice readmissions
- Combating compassion fatigue
- Nursing care for the tracheostomy patient

CON application #10643, Exhibit U: Community Education Materials/Professional Education Activities is referenced.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** contends that its dedication to and level of community outreach is another factor that separates it from other hospice providers. CHPC cites its active

<sup>16</sup> This entity provides acute and preventive medical care to the medically under-served and fully staffed doctors-offices-on-wheels travel to neighborhoods where services are needed most. Free primary health care is provided to low income, uninsured adults and children in Northeast Florida.

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involvement in the communities it serves through community education, counseling, bereavement programs, Veteran services and first responder tributes. Further, CHPC's operational plans for SA 4A is dedicated to the specific needs of the underserved populations and in an effort to meet the needs of this growing population, it plans to have a bilingual presence skilled at the delivery of education and messaging, resulting in the increased trust and access to those who have historically been unaware of the resources available to them and their loved ones.

Cornerstone indicates its Cornerstone Foundation will further support the needs of families in the service area that otherwise have no insurance or health care coverage available to them and that it will never deny care to an appropriate patient in need, regardless of the ability to pay.

Narrative descriptions of targeted educational activities in its hospice programs in the application's pages 113 – 117 include:

- Outreach to Hispanic communities
- The Tertulia Con Café
- ENLACES (Encouraging Latino American Communities to Enhance their Salud)
- Outreach to African Americans
- Being Mortal

The application's Tab 24 includes Cornerstone's Community Involvement and Education, Community Outreach and Education Materials and Cultural Considerations & the Aging LGBTQ Community (CEU #210-6157617), which is Tab 24's largest single publication.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** states that community outreach will include educational materials, online tutorials to hospice care for patients/family members and physicians and provide clear admission guidelines online to communicate eligibility and provide education on when hospice is appropriate for patients and family members. Among other materials and documents, OMNI specifically refers to its:

- Hospice Guide to Effective Communication
- Hospice Diagnosis Booklet



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OMNI refers to CON application #10645's Appendix II (Information Brochures and Documents) for review of these and other outreach and related documents. The reviewer notes upon a perusal of the applicant's Appendix II, among other documents, the closest to the two documents referenced above is 'Hospice diagnosis: A quick reference guide'.

OMNI states constantly looking at how patients and providers can be educated about hospice and putting significant investment behind this effort to provide real-time analysis on when hospice benefits would be appropriate. OMNI contends that reaching patients earlier in the process and providing education allows patients to take full advantage of hospice benefits, including:

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

OMNI provides an excerpted portion entitled the Average Length of Stay and # of Visits, from LHGC's "End-Of-Life Impact" publication (CON application #10645, Appendix II). The excerpted portion shows increasing numbers of total visits at 10 days, three months and six months, for its 20187-2020 patient discharges.

OMNI concludes that LCHG has a strong record of community education and activities which it will quickly implement a similar education and community engagement strategy in SA 4A.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** states being committed to working with the local community-based organizations to reach seniors and the disadvantaged throughout the service area. Seasons Hospice Circle of Care program will ensure widespread community outreach to every municipality. Further, printed material, commercial spots on television

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and radio, newspaper and magazine articles, testimonials in person at service clubs, women's clubs, churches, synagogues, schools, community colleges, and university-all produce education; increase opportunities for volunteers, and function as outreach for those in need of hospice care.

Seasons discusses its website as a community education resource a toll-free phone number available 24 hours a day, seven days a week showing that hospice is there for each person who seeks it. Seasons also points out that management publishes education guides and brochures that are available free of charge and some can be downloaded or reviewed on computers or other devices.

Seasons states that it will adapt this type of outreach in SA 4A.

**(m) Fundraising activities.**

**Alleo Health of Florida, LLC (CON application #10642)**

comments that it is supported by the Hospice of Chattanooga Foundation, Inc. d/b/a Alleo Health Foundation (or The Foundation), which provides professional fund raising, fund management and fund distribution support. Further, The Foundation resource/infrastructure will be expanded into SA 4A, to support not unfunded programs such as Alleo Access, under and unfunded hospice activities, and patient and family support.

The Foundation's fundraising activities and programs include contributions, bequests, endowments, memorials and restricted donations from families, friends and others. Further, The Foundation sponsors and supports community benefit events such as sports tournaments, galas and similar fundraising activities.

**Compassus of Florida, LLC (CON application #10643)**

maintains that it will limit its fundraising efforts within SA 4A to memorial gifts on behalf of Compassus patients who have died and it will not conduct other fundraising in Baker, Clay, Duval, Nassau or St. Johns Counties.

**Cornerstone Hospice & Palliative Care, Inc. (CON**

**application #10644)** indicates that it partners with its non-profit affiliated foundation, the Cornerstone Hospice

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Foundation, a 501(c)(3) organization, to lead its fundraising and charitable activities and this relationship will continue in its SA 4A program. Cornerstone Hospice Foundation's mission is to provide the philanthropic link in providing and assuring responsible stewardship of adequate resources to support hospice care for all seriously ill persons facing the end of their lives, as well as supporting their families and close relations. CHPC maintains that the foundation Board of Directors, staff, and volunteers share a common interest in:

- Improving quality of life
- Encouraging participation of the community through partnerships for special events
- Planned giving
- Community support
- Corporate and annual giving
- Enriching the lives of individuals and the community, now and for future generations

The Cornerstone Hospice Foundation is further stated to provide funding for specific programs, including:

- Children's Bereavement Programs
- Hospice Houses
- Pet Peace of Mind
- Cornerstone Salutes!
- Gold Standard Awards
- Nurse Preceptor, and more

CHPC states that employees will be reimbursed up to \$150 for helping a patient or a patient's family in any way he or she feels would be beneficial and advanced approval is not required.

Materials regarding the Cornerstone Hospice Foundation and samples of fundraising materials and activities are provided in Tab 25 - Cornerstone Foundation and Fundraising Materials.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** states that it will build upon the existing fundraising activities of LHCG, mostly notably the Hospice Promise Foundation. OMNI contends that as part of the same operating entity, it will benefit from the LHCG's donations and while it will be open to donations from area

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residents and corporations, it is committed to supporting the needs of the hospice through corporate funds.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** states that Seasons provides a number of specialized programs and services that are not part of the benefits of Medicare, Medicaid or insurance. The applicant further states that these programs are those that patients and their families need to have for palliative care during the end-of-life and that oftentimes, the cost of these services is covered by the efficiency generated by operations and also offset by many hours of gratefully donated volunteer time.

Further, donations given without being sought go to The Seasons Hospice Foundation, but donations are not a steady revenue stream. Seasons works diligently to negotiate rates with insurers, HMOs, PPOs, and other local and state programs to cover the cost of care and states that by working efficiently, it becomes a better steward of sources of funds, using those funds to provide care.

Seasons states The Seasons Hospice Foundation, is a non-profit foundation within the for-profit organization dedicated to providing a long-term benefit for all persons. Seasons concludes that hospice is one program that many give to in heartfelt appreciation for the services provided.

- 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 #10642)** states that it will file all required data and reports, as it currently does for each of Alleo's existing operations.

**Compassus of Florida, LLC (CON application #10643)** states that it will file all required utilization reports as required.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** states routinely meeting the referenced reporting requirements in an accurate and timely fashion and will continue to do so with the expanded service area if the CON is approved.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** states that Grace Hospice will file its semi-annual utilization reports with all required data elements in conformity with this criterion.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** states that Seasons’ record in Florida as well as in other states shows conformity with the requirements for reporting services to the Agency pursuant to requirements in statute and rule.

**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 24, of the Florida Administrative Register, dated February 5, 2021, need for one hospice program was published for SA 4A for the July 2022 hospice planning horizon. Therefore, the co-batched applicants are applying in response to published need.

The following chart illustrates hospice admissions for CY 2016—CY 2020. As shown below, SA 4A’s total admissions increased every year from CY 2016’s 8,150 to 9,573 admissions during CY 2020.

**Service Area 4A  
Hospice Admissions  
CY 2016 - CY 2020**

Calendar Year	Admissions
2020	9,573
2019	9,328
2018	9,112
2017	8,687
2016	8,150

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued March 2017 – March 2019 and February 2021

Note: CY 2019 admissions from unpublished Agency data resulting from Emergency Order 20-004.

SA 4A is currently served by the following providers:

- Community Hospice of Northeast Florida Inc.
- Haven Hospice
- Heartland Home Health Care and Hospice
- VITAS Healthcare Corporation of Florida

**Alleo Health of Florida, LLC (CON application #10642):** Regarding availability, Alleo Health contends that the overall hospice need is not being met in SA 4A, pursuant to the Agency’s most recent need pool

publication and that there is hospice under-service for the African American communities in the area. Alleo Health states that it “will target the resolution of this shortfall”.

Regarding quality, the applicant states it provides quality care in every aspect of its hospice operation. See item E.3.b. of this report.

Regarding accessibility, Alleo Health contends that with an organization focus on providing care to all patients, regardless of ability to pay, it will enhance SA 4A hospice patients’ ability to access hospice care without the traditional barrier of inadequate financial resources. Alleo reiterates the need to promote enhanced access for SA 4A’s African American population.

Regarding extent of utilization, Alleo states the overall unmet SA 4A hospice need and lower than appropriate rates of African American patients accessing hospice care indicates that existing hospice providers are not meeting hospice needs. Further, Alleo’s broad and comprehensive hospice infrastructure will ensure that all segments of the SA 4A community will receive the hospice services that they need.

Alleo also responds to the Health Care Access Criteria (pages 65 – 67 of the application).

**Compassus of Florida, LLC (CON application #10643)** responded to this statutory criteria. For convenience, the reviewer relocated Compassus’ need argument from this section to item E.1.a. of this report.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** reiterates that, consistent with the Agency’s published need for an additional hospice program, its assessment confirms the need for a new hospice in SA 4A. Cornerstone states its assessment includes the SA’s population size and composition, socioeconomic factors, hospice utilization by patient race/ethnicity, age and diagnosis, and area-wide and age-specific mortality rates and trends. The applicant asserts that a new competitor with a commitment to serving the entire area - including but not limited to low-income populations and SA 4A’s large African American community is needed to enhance access to hospice care among area residents.

Cornerstone contends that the following factors support the above conclusions:

- Cornerstone, a Florida non-profit corporation currently operates as a licensed hospice provider in SAs 3E, 6B and 7B and has done so

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successfully for 37 years. Cornerstone's governing body is composed of leaders of the communities that Cornerstone serves and its board would be expanded to include new board members from SA 4A. This fosters local accountability

- Cornerstone is the only non-profit hospice provider, with a long and successful history of serving Floridians, applying to meet the current published need in SA 4A
- Between 2021 and 2026, the population in SA 4A is projected to increase by 98,827 persons
- Both minority populations groups (African American and Hispanic) within the service area are expected to grow at rates exceeding the corresponding SA 4A averages regardless of age
- Specific to the African American population:
  - Overall growth is forecast to be 1.4 percent per year vs. 1.2 percent for all residents of SA 4A in both the 0-64 and 65+ age groups
  - In Clay County, this population is projected to increase by 3.0 percent per year overall, 2.7 percent within the 0-64 age group and 6.9 percent growth in the 65+ age group
- Specific to the Hispanic Population
  - Overall growth is projected to increase by 4.1 percent per year, a rate more than three times that for the total population of the service area
  - The higher rate of growth will be among Hispanic persons 65 and older, at 8.1 percent per year
  - Among the under 65 Hispanic population, the growth rate is expected to be 3.7 percent per year compared to the SA 4A total under 65 population average of 0.6 percent
  - At the county level growth rates for the 65+ Hispanic population in both Clay and Duval Counties exceed the service area average
  - The population possesses distinct cultural, language and religious preferences and traditionally encounters language and cultural barriers which inhibit access to hospice care
    - Special outreach will be provided to address the hospice needs of this population
- The hospice penetration rates in SA 4A is below average compared to Florida and this has persisted over the last several years
- Ratios of Medicare patients (deaths) served for Duval and Baker Counties, SA 4As most and least populated counties, lag behind the service area and state averages
- Medicare hospice admission rates for African American and Hispanic residents of SA 4A lag behind the overall service area average. The admission rate for Hispanic persons is less than one-third of that of SA 4A overall

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- 14 of 15 CHNAs published for SA 4A identify poverty/lower income status as contributing to health status problems and unmet health care needs in SA 4A
- Duval and Clay Counties have median household incomes below the average for SA 4A, with Duval County being the lowest, and these two counties account for 75.23 percent of the total service area population (Duval County alone representing 61.3 percent of the SA 4A total). This justifies a physical office in these two counties
- Cornerstone will set up a designated charitable account to be used to help meet the needs outside of hospice services of patients without resources
- Immediately upon licensure, Cornerstone will expand into SA 4A its existing We Honor Veterans Level IV program and will provide the same broad range of programs and services to Veterans in SA 4A as Cornerstone currently provides to its existing service areas

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

### **OMNI Home Health-Jacksonville, LLC (CON application #10645)**

reiterates the applicant's first two tables described in item E.1.a. of this report. OMNI reproduces its last table in E.1.a. (projected admissions) in this report showing 513 patient admissions/39,875 patient days (in year one) and a total of 782 admissions/60,784 patient days (in year two).

### **Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)**

reiterates that regarding access, the proposal improves availability of hospice care through outreach and education of gatekeepers and through building a strong workforce. Further, establishing an African American Advisory Board and establishing a main office in Duval County with satellite offices in Baker and Clay Counties will promote staffing and service geared toward the target population of greatest need.

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

Concerning access, Seasons restates that establishing partnerships throughout the service area, contacts made through an initial needs assessment and through home health care affiliates within the service area, provided a framework for developing target programs and services. Seasons contends that this is evidenced in, "...the numerous letters of support from the area". Seasons letters from within SA 4A are



addressed in item B of this report. Other matters of access discussed are financial, geographic and service (pages 3-4 and 3-5 of the application).

Regarding the extend of utilization, the applicant offers graphs reflecting annual hospice admission and penetration rates and trends, in SA 4A and for Seasons statewide, over the past few years:

- Historical Hospice Penetration Rates/SA 4A and Florida (page 3-6, Figure 3-1)
- SA 4A Hospice Admission Growth, 5 Year (page 3-7, Figure 3-2)
- Seasons Admissions 5-Year Trend (page 3-8, Figure 3-3)

Seasons notes these graphs reflect existing SA 4A hospice providers' admission trends and Seasons' progress in growing admissions. Seasons contends that its proven programs and services increase enrollment, identify terminally ill patients sooner in the course of care, thereby increasing the penetration rate and access to quality of care. The applicant also responds to the Health Care Access Criteria (pages 3-9 to 3-13 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 hospice operations in Florida and two from Cornerstone's CON application #10644, one (Alleo) of which can be verified (see below).

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

Measure	Alleo	Cornerstone	Compassus	Seasons	Wuesthoff
Communication with family	79	77	79	72	81
Getting timely help	79	76	76	70	79
Treating patient with respect	89	89	89	83	90
Emotional & spiritual support	90	90	88	84	92
Help for pain & symptoms	75	71	73	72	72
Training family to care for patient	76	68	77	65	72
Caregivers rated the hospice a 9 or 10	81	81	78	69	86
Willing to recommend this hospice	84	86	80	74	90
Average Score	82	80	80	74	83

Source: <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>, as of June 2, 2021 & CON application #10644 specific to Compassus & Alleo scores.

Notes: Alleo’s (Hospice of Chattanooga) scores confirmed @ <https://www.medicare.gov/care-compare> website. Compassus scores are based on its Alabama and Georgia programs minus Montgomery, Calhoun and Norcross that didn’t have data available per Cornerstone’s CON application #10644, page 69.

Compassus has 104 hospice programs per its CON application #10643, page 7. Its parent, LHC Group’s one Florida hospice is Wuesthoff Health System Brevard Hospice and Palliative Care.

Compassus does not list hospice programs in Montgomery and Norcross at its website @ <https://www.compassus.com/locations/find>.

Exhibit L in Compassus CON application #10643 includes an update of the CAHPS survey covering the period of December 1, 2019 through November 30, 2020, which indicates a slight increase in its scores, showing an “overall quality measures” rating of 81 percent.

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/HSA Facility/City	Patients Who Got an Assessment of All 7 HIS Quality Measures
Cornerstone	
SAs 3E, 6B & 7B	91.4%
LHC Group - Wuesthoff	
SA 7B	98.2%
Seasons	
SAs 5B, 6A, 10 & 11	92.7%

Source: <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>, as of 04/12/2021.

As of June 2, 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 #10642)**, as previously stated in this report, has no licensed and no CON-approved hospice programs in Florida. Alleo's mission, vision and values are as follows:

**Vision**

To be the destination of choice to help families meet serious health care needs at home.

**Mission**

We will take the time to listen, honor your choices, and walk with you through life's journey

**Values**

Compassion  
Accountability  
Communication  
Enthusiasm  
Excellence

According to the applicant, its provision of extraordinary care is through a corporate culture of:

**Service**

"A shared purpose where everyone is focused on creating value for others inside and outside the organization."

**Giving**

"Voluntary action for the common good."

**Appreciation**

"Every single person you meet has a sign around his or her neck that says, 'Make me feel important.'"

Alleo states that in CY 2020, it served 3,857 hospice patients, provided 292,457 total days of hospice care and provided care to people of all ages, medical conditions, traditions and economic levels, including those without insurance or the ability to pay for their care.

Alleo points out that Hospice of Chattanooga is accredited by The Joint Commission (effective September 14, 2019) and provides a photocopy of the accreditation (page 68 of the application). Further, all Alleo Health operational entities are licensed by their applicable state agencies – with no adverse licensure history, issues or restrictions and all of its affiliated programs are Medicare and Medicaid providers.

**Compassus of Florida, LLC (CON application #10643)**, has no hospice programs in Florida and is ultimately parented by FC Compassus, LLC. FC Compassus has 104 hospices in 29 states. The applicant states that in 2020, Compassus' unique care methodology, called Care Delivery, The Compassus Way™, received honors from the National Quality Forum (NQF) for its success in creating a standardized, reproducible model of care with measurable impacts on serious illness at the end of

## **CON Action Numbers: 10642 through 10646**

life. Care Delivery, The Compassus Way™ is a person-centered, outcomes-focused program that draws upon best practices to elevate care in seven key areas including pain and symptom management, safety and autonomy, and quality of life. Implemented across Compassus' 159-location hospice community in 29 states, the model closely aligns with the objectives outlined by the NQF.

Compassus is stated to work with the Community Health Accreditation Partner organization and is further stated to hold CHAP accreditation for 95 of its hospice locations. The applicant references CON application #10643, Exhibit R: Licensure and Certification for Existing Compassus Hospices. Compassus participates in the Hospice Quality Reporting Program of CMS and reports within the Hospice Item Set and in the hospice CAHPS survey. Compassus provides additional discussion regarding its CHAP and CAHPS survey participation (CON application #10643, pages 18 and 19).

Compassus states and the reviewer confirms CON application #10643, Exhibit L: Quality and Safety. The reviewer notes that within this exhibit, among other documents, its honors for The Compassus Way™, as well as Compassus' own publication of its 2020 honors from the NQF. As previously mentioned, this exhibit includes a Satisfaction Survey Summary: CAHPS Hospice December 1, 2019 – November 30, 2020, showing a “Willingness to Recommend this Hospice” rating of 83 percent. It also includes an 18-page quality assurance and performance improvement (QAPI).

Compassus lists 11 programs/locations where it has received community awards outside Florida, with the award and awarding organization named (see table on CON application #10643, page 59).

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** emphasizes that Cornerstone currently meets and will continue to comply with all standards for program licensure described in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-38, Florida Administrative Code. Further, Cornerstone is a provider of Medicare and Medicaid benefits and meets all applicable Medicare conditions of participation. CHPC states its proposed SA 4A hospice program will be

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a service area expansion of its existing license and all resources necessary to ensure compliance in the new program are available or in place. Cornerstone's Joint Commission accreditation is also cited.

CHPC states participation in the following two data sets (pages 123 and 124 of the application):

- Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
- Hospice Item Set (HIS)

Cornerstones' most recently available summary results concerning the applicant's CAHPS and HIS participation was described earlier in this section. As previously stated, CHPC compares its CAHPS survey results to three of the other co-batched applicants, Florida programs and nationally (CON application #10644, Table 22 on pages 69 and 124).

CHPC stresses offering programs that promote cultural understanding, meet distinct patient needs and unique clinical strategies for palliation and comfort. These include:

- Dyspnea Self-Management Program (DSMP)
- Heart & Respiratory Disease Care
- Stroke Care
- Diabetic Care
- End Stage Renal Disease Care
- Alzheimer's & Dementia Disease Care
- Enhanced Communication for the Non-Verbal Patient
- Cornerstone Salutes!/We Honor Veterans
- Jewish accreditation
- Pet Peace of Mind
- Concurrent Care (under 21)
- Care Considerations for the LGBTQ Community

CHPC states that the Cornerstone Hospice mission is "Delivering extraordinary care to every person we touch, in every community we serve". CHPC bullets 18 stated standards of service that are provided through the organization and for each patient on page 132 of the application. The applicant describes its Interdisciplinary Team and states that the IDT can vary depending on the patient and the family needs. The applicant bullets a total of 12 IDT staff positions, employees and volunteers on pages 133 and 134 of the application.

Cornerstone's MDs, DOs and APRNs are listed on page 135 of the application. The reviewer notes that the applicant's Tab 27 also includes brief narrative bios of the licensed practitioners. CHPC provides narrative descriptions of its:

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- Nursing Services
- Social Work Services
- Medical Supplies
- Continuous Care/Supportive Care
- Hospice Inpatient Care (by contract)
- Pharmaceutical Services
- Durable Medical Equipment (DME) – by contract
- Other Contractual Services
- Hospice Aide/Certified Nursing Assistant and Homemaker Services

Regarding access to care, Cornerstone again offers narrative discussion of the following:

- Intake
- Cornerstone App
- 7-Day Case Management

CHPC states that most hospice providers utilize a five-day case management model but contends that Cornerstone’s “Enhanced 7-Day Case Management Model” which it operates seven days a week, 365 days a year is a revolutionary concept that transforms the traditional 8am-4:30pm, Monday through Friday hospice staffing model (with evenings and weekends covered by a triage program) into regularly scheduled nursing visits as follows, from:

- 8am-6pm (Monday through Thursday)
- 8am-8pm (Friday, Saturday and Sunday and holidays)

CHPC maintains that its ‘7-day’ model provides an array of significant benefits:

- True full-time case management
- Teams of two registered nurses 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

Regarding Cornerstone’s quality and compliance, CHPC contends that in addition to its accreditation by The Joint Commission, it participates in the National Partnership for Hospice Innovation (NPHI), a collaborative effort among 50 not-for-profit hospice organizations across the United States. Further, NPHI provides leadership for policy analysis and advocacy efforts, along with quality tracking and reporting for its

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members. Cornerstone states having helped NPHI to foster collaborative work through a group purchasing arrangement (via its Care Partners subsidiary) with several national vendors that serve the hospice industry. Further, Cornerstone's CEO currently serves on NPHI's Board of Directors, its Chief Operating Officer serves as chair for the COO forum, and its Chief Medical Officer serves as chair for the physicians' forum.

The reviewer confirms that regarding licensure/recognition/awards, CON application #10644, Tab 29: Joint Commission and Awards Documentation, the applicant provides:

- Agency Hospice Licensure (effective September 30, 2020—August 29, 2021)
- Joint Commission Accreditation (effective February 1, 2020)
- National Institute of Jewish Hospice for CY 2020

CHPC states having received the following awards:

- National Business Research Institute's (NBRI's) Circle of Excellence Award
- Florida Hospice and Palliative Care Association (FHPCA) Innovation Excellence Award

Regarding quality assurance and performance improvement procedures and protocols, CHPC points out the following CON application #10644 Policies and Procedures (P&Ps):

- Infections Prevention (Tab 18)
- Cornerstone P&Ps Table of Contents (Tab 19)
- QAPI Info & Related Select P&Ps (Tab 28)
- Charity Care Policy 4-027 (Tab 31)
- Select Cornerstone Personnel P&Ps (Tab 33)

The reviewer notes that, among other features of quality and staff development, CHPC discusses:

- Nurse Onboarding Program
- Annual CNA Conference
- CM Program for Physicians and APRNs
- Leadership Development Institute
- Skills Lab/clinical skills competency
- Monthly education calendars

As previously stated, Cornerstone serves SAs 3E, 6B and 7B. Agency records indicate that Cornerstone affiliates had one substantiated complaint in the quality of care/treatment category, during the three-year period ending April 28, 2021.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** is affiliated with the LHC Group. Per OMNI, LHCG is a member of the National Association for Home Care and Hospice (NAHC). NAHC's mission statement and vision, per the website <https://www.nahc.org/about/mission-statement/> are:

- NAHC Mission Statement:  
To promote, protect and advance the highest quality health care at home
- NAHC Vision:  
Be the leading and unifying voice for Home Care and Hospice

Further, NAHC is the largest and most respected professional association representing the interests of chronically ill, disabled, and dying Americans of all ages and the caregivers who provide them with in-home health and hospice services. Its website indicates NAHC is a trade association representing the nation's 33,000 home care and hospice organizations.

OMNI contends that LHC Group's purpose, mission and vision are united around a culture of collaboration between employees, patients and families and a commitment to make a difference in communities. OMNI states that:

Our **Purpose** is:

- It's all about helping people

Our **Mission** is:

- We provide exceptional care and unparalleled service to patients and families who have their trust in us

Our **Vision** is:

- We will improve the quality of life in the United States by transforming the delivery of healthcare services

The applicant also provides a brief description of six **Pillars of Excellence** – People, Service, Quality, Growth, Efficiency and Ethics.

OMNI maintains that LHC Group d/b/a Grace Hospice is the best candidate because it knows the community and can leverage national experience to deliver superior quality, technology and patient/family experiences to more individuals in need of hospice care than any other applicant. OMNI's Project Summary offers a brief three-page narrative description of the seven reasons listed below to warrant project approval. OMNI additionally offers a more in-depth 27-page narrative to further detail these same seven reasons. The reviewer provides below some highlights from OMNI's three-page summary.



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1. National Leader in Hospice & Post Acute Care w/ Local Focus
  - a. National Presence/Experience

LHC Group operates approximately 800 locations in 35 states and the District of Columbia, encompassing 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 LHCG's ACO management company-Imperium Health
  - b. Highly Capable Executive Leadership

LHC Group has an experienced and capable executive team and the team that currently manages Omni Home Health has the experience and skills to make the proposed project seamless and successful
  - c. Local Focus

LHC Group was born from a single home health agency and adapts to the communities that it serves, empowering local leaders because LHCG recognizes that health care is local at its core
2. Best-in-Class Services
  - a. Diverse Services

LHC Group provides hospice services with a full range designed to meet the individual, physical, spiritual and psychosocial needs of terminally ill patients and their families. LHCG is a national leader in this area
  - b. Quality

LHC Group maintains a Quality Assurance and Performance Improvement Department which formulates quality of care indicators, identifying performance improvement priorities and facilities best practices for quality care. Company-wide LCHG has adopted a "Plan, Do, Check, Act" methodology and has or is seeking accreditation through The Joint Commission for each of its affiliate hospices and home health providers.
  - c. Population Health Initiatives & Innovations

LHC Group has consistent strength in population health management and 'Triple Aim of Care' in all communities served. This includes unique innovations, enabled by and support hospice care delivery
  - d. Unique Partnership Experiences

LHC Group, together with its partners, brings a patient-centered continuum of care to the community:

    - Reducing avoidable readmissions
    - Improving clinical outcomes
    - Enhancing operational performance
    - Already partnering with Orlando Health

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- Continuing to explore “JV” opportunities in SA 4A
  - Having established working relationships through LHCG’s home health operations in the area
- 3. Human Capital Resources  
LCH Group considers its culture, values and employees to be its most valuable assets and states LCHG’s Board of Directors and executive team have committed substantial efforts to focus on human capital resources, i.e.:
  - a. Employee Recruitment and Retention
  - b. Diversity, Equity and Inclusion
  - c. Compensation Programs and Employee Benefits
  - d. Training and Education
  - e. Corporate Social Responsibility
  - f. Compliance and Business Ethics
  - g. Safety, Health & Wellness
- 4. Robust Financial Resources (see item E.3.c., d., and e. of this report for the Agency’s review of LHC Group’s financial status and condition)
- 5. Leading Technology Platforms and Resources  
Some of LHC Group’s stated competitive advantage and cost-effective technology solutions are:
  - a. Homecare HomeBase
    - An electronic patient records system used at all of LHCG’s home nursing and hospice locations, with all its home and community-based locations using Continulink and advanced practice services utilizing eMD’s Aprima solution
  - b. Medscope
    - A comprehensive Personal Emergency Response System (PERS) available to patients free of charge, complete with fall detection and hierarchy notification based on patient choosing
  - c. Medalogix
    - Helps to identify patients who may benefit from end-of-life planning and timely conversation regarding hospice benefits. Specifically, Medalogix identifies patients on the home health census who are likely to pass away in the next 90 days (transitioning patients to the most appropriate level of care, decreasing deaths on the home health census – by 52 percent - and decreasing early deaths – by 26 percent)

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- d. Strategic HealthCare Programs (SHP)
  - For hospice is a web-based, automated, real-time solution that helps the hospice manage quality performance and meet CMS Conditions of Participation (CoPs)
6. Hospice Promise Foundation Support-  
This is a program that assists patients and families with essential, non-hospice related expenses they are unable to afford themselves, such as:
  - Rent
  - Utility bills
  - Emergency repairs
  - Personal care items
  - Food assistance
  - Patients' last wishes
  - Burial assistance
  - Bereavement camps for children
  - Educational outreach for end-of-life careFunding from the local community stays with the local community
7. Prepared for the Future of Hospice/Post-Acute Care-  
LHC Group is a sophisticated, integrated provider of post-acute services intimately engaged and aligned with the leading trends in health care.

Agency records indicate that LHCG's sole Florida affiliate hospice program—Wuesthoff Health System Brevard Hospice & Palliative Care had no substantiated complains for the three-year period ending April 28, 2021.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** as stated previously is a newly formed entity with no operational history. Seasons explains that its recent merger with AccentCare expands its experience to include a variety of home-based health care options. Further, all of Seasons' hospice programs have a history of seeking Joint Commission (JC) accreditation, and AccentCare home health and hospice programs have a history of seeking CHAP accreditation. Seasons states its SA 4A program will seek JC accreditation.

Seasons Hospice mission and vision, as stated, are (page ii of the application):

- Mission
  - Honoring Life ~ Offering Hope
- Vision

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- Recognize that individuals and families are the true experts in their own care
- Support our staff so they can put our patients and families first
- Find creative solutions which add quality to life
- Strive for excellence beyond accepted standards
- Increase the community's awareness of hospice as part of the continuum of care

Per Seasons, its proud to be the “say yes” hospice, to bring innovative and creative solutions to find ways to improve end-of-life care. Seasons’ stated achievements over the years include:

- Founded in 1997
- Operates 31 Medicare-certified sites across 19 states
  - 27 of these 31 sites are Joint Commission accredited
- Ranked the 4<sup>th</sup> largest hospice company in the US<sup>17</sup>
- Operated 18 inpatient centers
- Admitted over 25,900 and cared for over 30,900 patients and families in 2019
- \$9 million charity care in 2019
- Not-for-profit Seasons Hospice Foundation founded in 2011
- Senior leadership team has over 250 years of combined hospice experience
- Utilizes the highest levels of technology available to the hospice industry with many custom proprietary solutions including
  - Electronic Medical Records in use for over 15 years
  - In-house 24/7 call center
  - Industry leading clinical programs
- Largest hospice employer of board-certified music therapists in the country

Seasons contends it brings the following advantages of quality and experience to the proposed project in SA 4A (page v of the application):

- National and Florida experience with the ability to quickly grow new programs
- Central management with proven policies, procedures and training
- Accreditation through The Joint Commission or CHAP
- Proven ability to improve
  - Hospice service by increasing admission for underserved populations

<sup>17</sup> LexisNexis® Risk Solutions website @ <https://risk.lexisnexis.com/insights-resources/research/top-100-hospice-and-home-health> confirms this.

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- Quality of hospice care available to the area with exceptional programs and services

Seasons restates that all of its hospice programs seek accreditation and maintain certifications to improve quality through additional education and implementation of best practices. Seasons provides the following notations:

- Seasons accreditation by The Joint Commission
- Seasons belongs to the NHPCO and the FHPCA
- Seasons is platinum certified by the Services and Advocacy for Gay Elders (SAGE)
- Seasons adheres to the National Ethics Committee following guidelines for promotions and publications in the exercise of the widest influence for good in daily service provision
- Seasons adheres to the Centers for Medicare and Medicaid Services' reporting requirements, including the:
  - Hospice Item Set
  - Consumer Assessment of Healthcare Providers and Systems

Seasons maintains that the management company oversees compliance with federal and state reporting standards, accreditation of the hospices, billing to include Medicare and Medicaid recipients in addition to all other payers, data reporting and compliance monitoring, staff education and training, and employment. Seasons further maintains that Seasons invests in a compliance committee.

According to Seasons, its approach encompasses the ten components of quality in hospice care identified by the NHPCO's Quality and Standards Committee. The applicant lists and briefly describes these components on pages 4-2 and 4-3 of the application.

The Seasons Code of Conduct:

- Affirms and celebrates life and accepts death as a normal process
- Focuses care on pain and symptom management provided by an interdisciplinary team in collaboration with all other caregivers
- Manages the care plan
- Provides a range of materials to professionals, patients, families, and interested persons about end-of-life care and the processes of death

Seasons states it has a core philosophy made manifest in the delivery of service and a code of conduct that emphasizes dignity in the treatment of employees and patients. Further that when put together, the result is better choices in all practices and enhanced patient care.

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Seasons contends that the top two ranked factors that patients reported that lead to a loss of dignity - medical mismanagement and dying in pain – contrast with what the clinicians ranked as most likely to lead to loss of dignity: disrespectful treatment, not having wishes carried out, and losing ability to choose<sup>18</sup>. Seasons contends that its focus on the patient and its program strategy *Circle of Care* assure that every patient will have dignity throughout the end-of-life process, pain will be controlled and wishes will be met. Seasons Hospice *Circle of Care* diagram is on page 4-5, Figure 4-1 of the application. Seasons indicates proactive steps taken to ensure quality include phone calls to patients such as: team director welcome calls, *Circle of Care* calls by volunteers, quality leadership calls, and *Back to the Bedside* supervisory visits.

Seasons states plans to use the Checkster Pulse survey for employee satisfaction and includes it as Exhibit 17, Tab 10 of the application. Policies that Seasons proposes to implement to assure quality assessment and program improvement are in Tab 10-Exhibit 18:

- QAPI 501
- Sentinel Events 502
- Program Evaluation 612
- Equal Employment Opportunity 802

Seasons contends that attention to quality led by quality experts has reduced survey deficiencies, improved quality outcomes and resulted in greater patient and staff satisfaction. Seasons reiterates the following four major categories identified as programs that positively impact quality of life, with these being:

- EMR
- Call center integration with EMR
- Telemedicine access
- Specialized programs

The above programs were previously discussed in item E.2.a.(5) of this report.

As previously stated, Seasons provides hospice services in SAs 5A, 5B, 6A, 10 and 11. Agency records indicate that as of the three-year period ending April 28, 2021, Seasons hospice affiliates had one substantiated complaint with two categories cited – Quality of Care/Treatment and Resident/Patient/Client Rights.

<sup>18</sup> Stated source is S P Vyjeyanthi, H C Kaermer, and A Noda, Stanford University. 2009. *Creation and the empirical validation of the dignity card-sort tool to assess factors influencing erosion of dignity at life's end*, **Journal of Palliative Medicine**, Dec 12(12): 1125-30.

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

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

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 #10642)** provides Hospice of Chattanooga Inc. & affiliated entities audits.

<b>10642 - Hospice of Chattanooga, Inc. &amp; Affiliated Entities</b>		
	<b>Dec-19</b>	<b>Dec-18</b>
Current Assets	\$9,943,021	\$7,186,802
Total Assets	\$27,574,005	\$22,614,550
Current Liabilities	\$5,166,469	\$4,318,317
Total Liabilities	\$6,289,948	\$5,198,547
Net Assets	<b>\$21,284,057</b>	<b>\$17,416,003</b>
Total Revenues	\$49,762,133	\$39,559,198
Excess of Revenues Over Expenses	\$1,623,592	\$1,792,698
Cash Flow from Operations	\$526,894	\$481,446
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	<b>1.9</b>	<b>1.7</b>
Cash Flow to Current Liabilities (CFO/CL)	<b>10.20%</b>	<b>11.15%</b>
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	<b>5.3%</b>	<b>5.1%</b>
Total Margin (ER/TR)	<b>3.26%</b>	<b>4.53%</b>
<b>Measure of Available Funding</b>		
Working Capital	<b>\$4,776,552</b>	<b>\$2,868,485</b>

**CON Action Numbers: 10642 through 10646**

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$645,216, which includes the CON currently under review, and other capitalization. The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. With \$2.98 million in cash and cash equivalents as of December 31, 2019, the applicant has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

**Compassus of Florida, LLC (CON application #10643)** provides its parent's audits.

<b>10643 - FC Compassus, LLC</b>		
	<b>Dec-20</b>	<b>Dec-19</b>
Current Assets	\$322,477,908	\$99,178,523
Total Assets	\$1,568,882,174	\$1,136,678,690
Current Liabilities	\$153,227,181	\$72,199,666
Total Liabilities	\$709,832,255	\$457,670,235
Net Assets	<b>\$859,049,919</b>	<b>\$679,008,455</b>
Total Revenues	\$617,670,421	\$482,773,647
Excess of Revenues Over Expenses	\$50,407,043	\$19,993,119
Cash Flow from Operations	\$181,495,142	<b>(\$21,510,544)</b>
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	2.1	1.4
Cash Flow to Current Liabilities (CFO/CL)	118.45%	-29.79%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	64.8%	56.8%
Total Margin (ER/TR)	8.16%	4.14%
<b>Measure of Available Funding</b>		
Working Capital	<b>\$169,250,727</b>	<b>\$26,978,857</b>



**CON Action Numbers: 10642 through 10646**

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$360,175, which includes the CON currently under review. The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. With \$194.8 million in cash and cash equivalents as of December 31, 2020, the applicant has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** provides its audits as shown below.

<b>10644 - Cornerstone Hospice &amp; Palliative Care, Inc.</b>		
	<b>Sep-20</b>	<b>Sep-19</b>
Current Assets	\$43,295,809	\$39,947,505
Total Assets	\$81,907,139	\$78,556,378
Current Liabilities	\$14,147,774	\$13,069,564
Total Liabilities	\$14,147,774	\$13,069,564
Net Assets	\$67,759,365	\$65,486,814
Total Revenues	\$87,600,354	\$86,257,333
Excess of Revenues Over Expenses	\$2,808,634	\$3,550,297
Cash Flow from Operations	(\$1,025,575)	\$6,415,089
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	3.1	3.1
Cash Flow to Current Liabilities (CFO/CL)	-7.25%	49.08%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	0.0%	0.0%
Total Margin (ER/TR)	3.21%	4.12%
<b>Measure of Available Funding</b>		
Working Capital	\$29,148,035	\$26,877,941

**CON Action Numbers: 10642 through 10646**

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$9,903,170, which includes the CON currently under review, CON 10648, and other exempt non-revenue. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$20.2 million in cash and cash equivalents as of September 30, 2020, the applicant has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** provides its parent, LHC Group, Inc. & Subsidiaries audits.

<b>10645 - LHC Group, Inc. &amp; Subsidiaries</b>		
	<b>Dec-20</b>	<b>Dec-19</b>
Current Assets	\$647,022,000	\$380,274,000
Total Assets	\$2,483,354,000	\$2,140,295,000
Current Liabilities	\$681,436,000	\$230,972,000
Total Liabilities	\$851,079,000	\$617,893,000
Net Assets	<b>\$1,632,275,000</b>	<b>\$1,522,402,000</b>
Total Revenues	\$2,063,204,000	\$2,080,241,000
Excess of Revenues Over Expenses	\$178,105,000	\$151,614,000
Cash Flow from Operations	\$529,247,000	\$130,462,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	0.9	1.6
Cash Flow to Current Liabilities (CFO/CL)	77.67%	56.48%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	10.4%	25.4%
Total Margin (ER/TR)	8.63%	7.29%
<b>Measure of Available Funding</b>		
Working Capital	(\$34,414,000)	\$149,302,000

**CON Action Numbers: 10642 through 10646**

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$11,699,034.59, which includes the CON currently under review, a CON in Hospice District 5B, and other capital expenditures. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$286.57 million in cash on hand as of December 31, 2020, the applicant has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** provides its parent, Horizon Acquisition Co., Inc. & Subsidiaries audits.

<b>10646 - Horizon Acquisition Co., Inc. &amp; Subsidiaries</b>		
	<b>Dec-20</b>	<b>Dec-19</b>
Current Assets	\$315,401,000	\$131,526,000
Total Assets	\$2,304,843,000	\$1,132,090,000
Current Liabilities	\$206,044,000	\$101,194,000
Total Liabilities	\$1,436,979,000	\$647,102,000
Net Assets	<b>\$867,864,000</b>	<b>\$484,988,000</b>
Total Revenues	\$949,710,000	\$885,524,000
Excess of Revenues Over Expenses	\$46,692,000	<b>(\$22,221,000)</b>
Cash Flow from Operations	\$15,554,000	<b>(\$17,116,000)</b>
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.5	1.3
Cash Flow to Current Liabilities (CFO/CL)	7.55%	-16.91%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	141.8%	112.6%
Total Margin (ER/TR)	4.92%	-2.51%
<b>Measure of Available Funding</b>		
Working Capital	<b>\$109,357,000</b>	<b>\$30,332,000</b>

**CON Action Numbers: 10642 through 10646**

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

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$773,338, which includes the CON currently under review, and other capitalization. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$56.3 million in cash and cash equivalents as of December 31, 2020, the applicant has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

**d. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035 (6), Florida Statutes**

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

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.

**CON Action Numbers: 10642 through 10646**

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.

<b>CON 10642</b>	<b>Alleo Health of Florida, LLC</b>				
<b>Duval</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$133.81	0.8703	\$116.45	\$60.94	\$177.39
Routine Home Care 61+ days	\$105.76	0.8703	\$92.04	\$48.16	\$140.20
Continuous Home Care	\$959.31	0.8703	\$834.89	\$436.86	\$1,271.75
Inpatient Respite	\$256.46	0.8703	\$223.20	\$217.33	\$440.53
General Inpatient	\$653.70	0.8703	\$568.92	\$367.55	\$936.47
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.086	\$192.60	\$2,110,168		10,956
Routine Home Care 61+ days	1.086	\$152.22	\$3,578,072		23,506
Continuous Home Care	1.086	\$1,380.75	\$244,700	24	177
Inpatient Respite	1.086	\$478.29	\$80,462		168
General Inpatient	1.086	\$1,016.73	\$539,582		531
		<b>Total</b>	<b>\$6,552,984</b>		<b>35,338</b>
			Days from Schedule 7		32,690
			<b>Difference</b>		<b>-2,648</b>
			<b>Percentage Difference</b>		<b>-8.10%</b>

As such, the applicant’s projected patient days are 8.10 percent or 2,648 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 \$561,776 in year one to a net gain of \$346,911 in year two.

**Conclusion:**

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

**CON Action Numbers: 10642 through 10646**

<b>CON 10643</b>	<b>Compassus of Florida, LLC</b>				
<b>Duval</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$133.81	0.8703	\$116.45	\$60.94	\$177.39
Routine Home Care 61+ days	\$105.76	0.8703	\$92.04	\$48.16	\$140.20
Continuous Home Care	\$959.31	0.8703	\$834.89	\$436.86	\$1,271.75
Inpatient Respite	\$256.46	0.8703	\$223.20	\$217.33	\$440.53
General Inpatient	\$653.70	0.8703	\$568.92	\$367.55	\$936.47
<b>Year Two Comparison</b>					
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.083	\$192.18	\$1,960,401		10,201
Routine Home Care 61+ days	1.083	\$151.89	\$4,773,784		31,430
Continuous Home Care	1.083	\$1,377.73	\$0	24	0
Inpatient Respite	1.083	\$477.24	\$3,297		7
General Inpatient	1.083	\$1,014.50	\$612,037		603
<b>Total</b>			<b>\$7,349,519</b>		<b>42,241</b>
			Days from Schedule 7		42,463
			<b>Difference</b>		<b>222</b>
			<b>Percentage Difference</b>		<b>0.52%</b>

As such, the applicant’s projected patient days are 0.52 percent or 222 days more than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$174,228 in year one to a net gain of \$1,013,333 in year two.

**Conclusion:**

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

<b>CON 10644</b>	<b>Cornerstone Hospice &amp; Palliative Care, Inc.</b>				
<b>Duval</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$133.81	0.8703	\$116.45	\$60.94	\$177.39
Routine Home Care 61+ days	\$105.76	0.8703	\$92.04	\$48.16	\$140.20
Continuous Home Care	\$959.31	0.8703	\$834.89	\$436.86	\$1,271.75
Inpatient Respite	\$256.46	0.8703	\$223.20	\$217.33	\$440.53
General Inpatient	\$653.70	0.8703	\$568.92	\$367.55	\$936.47
<b>Year Two Comparison</b>					
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.079	\$191.33	\$3,103,970		16,223
Routine Home Care 61+ days	1.079	\$151.22	\$3,103,970		20,526
Continuous Home Care	1.079	\$1,371.68	\$429,313	24	313
Inpatient Respite	1.079	\$475.14	\$69,712		147
General Inpatient	1.079	\$1,010.05	\$1,366,791		1,353
<b>Total</b>			<b>\$8,073,755</b>		<b>38,562</b>
			Days from Schedule 7		39,270
			<b>Difference</b>		<b>708</b>
			<b>Percentage Difference</b>		<b>1.80%</b>

**CON Action Numbers: 10642 through 10646**

As such, the applicant’s projected patient days are 1.80 percent or 708 days more than the number of patient days calculated by staff. The applicant did not separate Routine Home Care Days (1-60) and Routine Home Care Days (61+). These revenues are split equally between Routine Home Care Days (1-60) and Routine Home Care Days (61+). Operating profits from this project are expected to increase from a net gain of \$80,307 in year one to a net gain of \$1,474,113 in year two.

**Conclusion:**

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

<b>CON 10645</b>	<b>OMNI Home Health-Jacksonville, LLC</b>				
<b>Duval</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$133.81	0.8703	\$116.45	\$60.94	\$177.39
Routine Home Care 61+ days	\$105.76	0.8703	\$92.04	\$48.16	\$140.20
Continuous Home Care	\$959.31	0.8703	\$834.89	\$436.86	\$1,271.75
Inpatient Respite	\$256.46	0.8703	\$223.20	\$217.33	\$440.53
General Inpatient	\$653.70	0.8703	\$568.92	\$367.55	\$936.47
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.086	\$192.60	\$7,375,155		38,293
Routine Home Care 61+ days	1.086	\$152.22	\$2,743,250		18,022
Continuous Home Care	1.086	\$1,380.75	\$656,502	24	475
Inpatient Respite	1.086	\$478.29	\$269,412		563
General Inpatient	1.086	\$1,016.73	\$1,928,096		1,896
		<b>Total</b>	<b>\$12,972,415</b>		<b>59,249</b>
			Days from Schedule 7		60,784
			<b>Difference</b>		<b>1,535</b>
			<b>Percentage Difference</b>		<b>2.52%</b>

As such, the applicant’s projected patient days are 2.52 percent or 1,535 days more than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$769,286.44 in year one to a net gain of \$1,488,847.21 in year two.

**Conclusion:**

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

**CON Action Numbers: 10642 through 10646**

<b>CON 10646</b>		<b>Seasons Hospice &amp; Palliative Care of Northeast Florida, LLC</b>				
<b>Duval</b>		<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>						
Routine Home Care 1-60 days		\$133.81	0.8703	\$116.45	\$60.94	\$177.39
Routine Home Care 61+ days		\$105.76	0.8703	\$92.04	\$48.16	\$140.20
Continuous Home Care		\$959.31	0.8703	\$834.89	\$436.86	\$1,271.75
Inpatient Respite		\$256.46	0.8703	\$223.20	\$217.33	\$440.53
General Inpatient		\$653.70	0.8703	\$568.92	\$367.55	\$936.47
<b>Year Two Comparison</b>		<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days		1.101	\$195.39	\$1,648,006		8,434
Routine Home Care 61+ days		1.101	\$154.43	\$2,770,035		17,937
Continuous Home Care		1.101	\$1,400.77	\$201,306	24	144
Inpatient Respite		1.101	\$485.22	\$30,281		62
General Inpatient		1.101	\$1,031.47	\$537,893		521
			<b>Total</b>	<b>\$5,187,521</b>		<b>27,099</b>
				Days from Schedule 7		28,165
				<b>Difference</b>		<b>1,066</b>
				<b>Percentage Difference</b>		<b>3.78%</b>

As such, the applicant’s projected patient days are 3.78 percent or 1,066 days more than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$585,722 in year one to a net gain of \$208,225 in year two.

**Conclusion:**

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

- e. Will the proposed project foster competition to promote quality and cost-effectiveness? 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.

**Alleo Health of Florida, LLC (CON application #10642)** states it has a strong and proven history of providing services to all patients that require hospice care, regardless of age, sexual preference, race, ethnicity, medical condition, financial resources, or the ability to pay. Further, this same approach will be applied to the SA 4A project.

Alleo discusses some of its financial cost totals in CY 2020 regarding unfunded community services at its existing programs and a high 5.1 percent of total new patient revenue being generated by the various Medicaid programs applicable to its multi-state operations. A similar focus will be part of the proposed project.

Schedule 7A shows Alleo projects years one and two will have 1.5 percent self-pay/charity/uncompensated - (136 year one and 490 year two patient days) and 3.5 percent Medicaid - (318 year one and 11,444 year two patient days). Schedule 7A notes indicate that self-pay consists primarily of charity care and uncompensated care.

Alleo's Schedule C has five financial conditions (#4 and #s 6-9).

**CON Action Numbers: 10642 through 10646**

**Compassus of Florida, LLC (CON application #10643)** states that the parent has a history of providing health services to Medicaid patients and the medically indigent. Compassus' hospice operations payer mix for the month of February 2021 consisted of 5.1 percent Medicaid and 1.1 percent indigent/charity care.

Schedule 7A notes indicate that Medicaid is projected at 5.1 percent and indigent care at 1.1 percent of total annual patient days. However, the table provided here indicates Medicaid/Medicaid HMO is projected to be 3.4 percent or 484 year one patient days and 1,445 year two patient days and self-pay has four patient days in year one and 12 days in year two.

Compassus offers financial conditions to project approval, see Schedule C condition numbers 4, 9, 11 and 12.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** explains that its policy is to offer all patients access to hospice services if appropriately indicated, consistent with its mission of service to indigent and low-income populations, as it has historically done so in its existing service areas. CHPC asserts that no person is, or will be, refused service because of age, race, color, creed, religion, disability, sexual orientation, national origin, or ability to pay. CHPC asserts that some hospice providers may cap the number of such patients they serve at a particular time, but will not limit the number of indigent patients it will serve. Cornerstone reiterates (from the applicant's response in item E.3.b. of this report) CON application #10644, Tab 31: Charity Care Policy 4-027.

The applicant's Schedule 7A specific to the SA 4A proposal shows it projects 1.6 year one (292 self-pay days) and four percent Medicaid (745 days) and year two with 1.3 percent self-pay (524 days) and three percent Medicaid (1,338 patient days) for these years ending September 30, 2022 and September 30, 2023.

Notes to the applicant's Schedule 7A indicate that charity care is reflected in the self-pay, insurance, managed care and other revenue (physician and room and board) columns.

In addition to CON application #10644's Schedule C's Condition #1, other financial conditions include numbers 29, 30, 32, 33 and 39.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** maintains that LHCG is a key community provider of health care to Medicaid patients and the medically indigent. OMNI also maintains that in CY 2020, LHCG provided \$795,280 of indigent care to its Florida

## **CON Action Numbers: 10642 through 10646**

patient population (all service lines) and provides a table showing all service lines (combining home health, hospice and home and community-based services), total patient days and percent of patient days, including Medicaid, Medicaid HMO, self-pay and indigent.

OMNI further maintains that in CY 2020, LHCG provided for its Florida hospice operations, \$22,710 in charity cost per patient. The table shows 75 Medicaid and 527 'indigent' days or 0.2 percent and 1.2 percent of its Florida hospice patient days during CY 2020. The applicant states it provided notes that the applicant does not state the source for this stated charity cost per patient.

OMNI again discusses the Hospice Promise Foundation, contends that in 2020, not one request for grant assistance was denied in its Florida hospice and that in 2019, LHCG provided funding for 365 grants, accounting for \$209,861. Per OMNI, LHCG's existing hospice program in Florida will be expanded into SA 4A and will become a part of LHCG's overall commitment to support those without means.

OMNI projects years one and year two will have:

- 1.5 percent self-pay/indigent (598 year one and 912 year two patient days)
- 5.0 percent Medicaid (1,994 year one and 3,039 year two patient days)

Notes to the applicant's Schedule 7A indicate that self-pay is considered to represent the indigent population resulting in the total estimated bad debt for the organization and Grace Hospice assumed charity care at 1.0 percent of gross revenue and bad debt at 1.5 percent of total patients, specifically the self-pay/indigent population.

OMNI's Schedule C financial conditions include:

- Commitment to Serve Patients without Primary Caregivers
- Commitment to Serve the Homeless
- Honor Flight Network Support for Veterans
- Hospice Promise Foundation

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** states that it has no operations and is a developmental stage enterprise that was established to respond to the published need for a hospice program in SA 4A. Seasons provides Table 9-1 on page 9-1 of the application, which shows CY 2016-CY 2018 payer information for four Seasons Florida hospice affiliates, in aggregate—Seasons Hospice & Palliative Care of Broward, Pinellas Southern Florida (Miami) and Tampa.

Season's historical contribution to Medicaid and uncompensated care in Florida highest-to-lowest Medicaid percentages and highest-to-lowest uncompensated care percentages during 2016 – 2018 were:

- Medicaid
  - 2.02 percent (in 2018)
  - 1.00 percent (in 2016)
- Uncompensated
  - 2.00 percent (in 2016)
  - 1.07 percent (in 2018)

Seasons previously stated that in 2019 it provided \$9 million in charity care. The project's year one and year two medically indigent days are included as part of the self-pay days and are to account for one percent of the total payer mix (211 self-pay year one and 399 year two or 1.4 percent of the total) and Medicaid is shown as 2.8 percent or 493 year one and 724 year two days represent deduction from revenue.

Schedule 7A of the application indicates that Seasons projects, total annual patient days, by percentage, as follows:

- Self-pay (year one) – 1.7 percent (broken down as follows)
  - 0.7 percent self-pay
  - 1.0 percent (charity/unfunded)
- Self-pay (year two) – 1.4 percent (broken down as follows)
  - 0.4 percent self-pay
  - 1.0 percent (charity/unfunded)
- Medicaid
  - 4.1 percent (year one)
  - 2.6 percent (year two)

Seasons offers Schedule C financial conditions as #s 4, 5 and 9.

**E. SUMMARY**

**Each** co-batched applicant is seeking to establish a new CON in SA 4A.

**Alleo Health of Florida, LLC (CON application #10642)** is a not-for-profit, development stage Florida entity. The parent, Hospice of Chattanooga, Inc. d/b/a Alleo Health System has operated since 1979 and has hospice operations in Tennessee, Alabama, North Carolina and Georgia.

The applicant proposes \$515,216 in total project costs.

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Pursuant to project approval, Alleo offers 27 Schedule C conditions.

**Compassus of Florida, LLC (CON application #10643)** is a for-profit, development stage Florida entity and is a wholly owned subsidiary of FC Compassus, LLC. FC Compassus, LLC has operated since 1996 and has 104 hospices in 29 states.

The applicant proposes \$360,175 in total project costs.

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

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** is an existing not-for-profit Florida hospice serving SAs 3E, 6B and 7B. In this batching cycle, Cornerstone also proposes to establish new hospice program in SA 5B.

The applicant proposes \$306,380 in total project costs.

Pursuant to project approval, Cornerstone offers 42 Schedule C conditions.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** is a for-profit, development stage Florida entity. OMNI is an affiliate of LHC Group. LHC Group has one hospice in Florida in SA 7A, and hospices in 19 other states. In this batching cycle, LHCG also proposes to establish a new hospice program in SA 5B.

The applicant proposes \$363,647.41 in total project costs.

Pursuant to project approval, OMNI offers 10 Schedule C conditions.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** is a development stage for-profit Florida entity, and a Seasons Hospice & Palliative Care, Inc. affiliate. Seasons affiliates provide hospice services in 19 states and in Florida SAs 5A, 5B, 6A, 10 and 11.

Seasons, as of December 22, 2020, is wholly owned by AccentCare, Inc. Combined, Seasons and AccentCare have hospice operations, in a total of 21 states, with nearly 75 years of experience at 225 sites around the country. In this batching cycle, Seasons also proposes to establish new hospice program in SA 7A.

The applicant proposes \$743,338 in total project costs.

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Pursuant to project approval, Seasons offers 12 Schedule C conditions.

### **Need/Access:**

The co-batched applicants' proposed projects are in response to the fixed need pool for a new hospice in SA 4A.

**Alleo Health of Florida, LLC (CON application #10642)** indicates that assessment/analysis/evaluation supports that:

- The Agency's fixed need pool forecasts strong elderly population growth and identifiable underserved population segments
- Specifically within Duval County, there is a large and underserved:
  - African American population
  - Financially impaired population
- There is a large Veterans population that will be honored and serviced
- Letters of support strongly document the community-based and qualitative need for the proposed project
- Alleo has a clear focus on providing compassionate and effective support to end-of-life patients/families regardless of race, ethnicity, insurance coverage, financial resources or ability to pay
- Alleo has the managerial, financial and clinical resources necessary to successfully develop the proposed project
- Alleo has the geographic expansion experience and expertise required to expand into the marketplace
- Alleo will establish a value-based and cost-effective hospice program within the area, with low re-admissions
- Alleo will bring strong and comprehensive bereavement and grief support into the area, similar to programs already offered by its affiliates
- Alleo's linkages with local community groups and support systems in the area will enhance hospice services

The applicant forecasts 202 admissions in year one and 467 admissions in year two of operation. Alleo has the most conservative projected year one admissions of the co-batched applicants.

**Compassus of Florida, LLC (CON application #10643)** indicates need in the area that warrants the proposed project includes the following justification:

- Plans to establish a physical office location in Baker County due to Baker County being the smallest, most rural, poorest and most poorly served county in the five-county area, according to multiple sources, one of which being the Jacksonville Nonprofit Hospital

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Partnership's recent 141-page Community Health Needs Assessment

- Expected increased population growth in the area, particularly age 65+ population growth
- Particular population growth among historically underserved minority/ethnic groups with the Bureau of Economic and Business Research indicating expected population growth percentages from 2020 to 2025 among the following groups:
  - Blacks (22.8 percent to 23.2 percent)
    - The JNHP-CHNA indicating that the non-Hispanic Black population in each county in the service area (except for Baker) expected to increase in population by at least 32.9 percent by 2045
  - Hispanics (10.1 to 11.5 percent)
    - The JNHP-CHNA indicating the Hispanic population in each county in the service area (except for Baker) to more than double in population by 2045
- Increases in death rates among historically underserved minority/ethnic groups with FloridaCHARTS indicating the following increases in death percentages in the service area from 2011 to 2019:
  - Black/Non-Hispanic (30.5 percent increase in deaths)
  - Hispanic (107.6 percent increase in deaths)
- Jacksonville is one of the top three communities in Florida for refugee and asylee resettlement, according to a September 2016 publication by The Brookings Institution
- Language challenges in the area can impede the effective delivery of hospice care in the area and delivering linguistically and culturally competent health care through culturally sensitive programming is essential to the participation of minority residents in hospice care
- Cancer was the leading cause of death in each county in the service area in 2019, according to Florida HealthCHARTS and according to the JNHP-CHNA the following are Cancer Key Issues:
  - Cancer screenings are not prioritized and are lower as a percentage of residents in the area when compared to the overall state average
  - Most counties in the region fail to meet the HealthyPeople 2020 targets
  - Behaviors such as smoking and vaping are contributing to the onset of cancer later in life
- The JNHP-CHNA found that:
  - Respiratory disease emerged as a significant health issue especially for Baker County

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- Chronic respiratory disease is one of the five leading causes of death in every county in the area, except Duval
- HRSA designates portions of SA 4A (either whole county(ies) or certain census tracts within counties) to be an MUA and/or an MUP
- Dedication to serve the hospice needs of veterans as a Level IV We Honor Veterans Program participant

The applicant forecasts differing admission totals in year one and year two. The applicant forecasts either 450 or 446 admissions in year one and either 820 or 819 admissions in year two of operation. Compassus year one admissions are inconsistent but it does have the highest projected year two admissions of the co-batched applicants.

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** offers the following justification for project approval:

- Cornerstone, a Florida non-profit corporation currently operates in SAs 3E, 6B and 7B and has done so successfully for 37 years. Cornerstone's governing body is composed of leaders of the communities that it serves and its board would be expanded to include new SA 4A members which fosters local accountability
- Cornerstone is the only non-profit hospice provider, with a long and successful history of serving Floridians, applying to meet the current published need in SA 4A
- Between 2021 and 2026, the SA 4A population is projected to increase by 98,827 persons
- Both minority populations groups (African American and Hispanic) within the service area are expected to grow at rates exceeding the corresponding 4A averages regardless of age
- Specific to the African American population:
  - Overall growth is forecast to be 1.4 percent per year vs. 1.2 percent for all residents of 4A in both the 0-64 and 65+ age groups
  - In Clay County, this population is projected to increase by 3.0 percent per year overall, 2.7 percent within the 0-64 age group and 6.9 percent growth in the 65+ age group
- Specific to the Hispanic Population:
  - Overall growth is projected to increase by 4.1 percent per year, a rate more than three times that for the total population of the service area
  - The higher rate of growth will be among Hispanic persons 65 and older, at 8.1 percent per year
  - Among the under 65 Hispanic population, the growth rate is expected to be 3.7 percent per year compared to the SA 4A total under 65 population average of 0.6 percent



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- At the county level growth rates for the 65+ Hispanic population in both Clay and Duval Counties exceed the service area average
- The population possesses distinct cultural, language and religious preferences and traditionally encounters language and cultural barriers which inhibit access to hospice care
  - Special outreach will be provided to address the hospice needs of this population
- SA 4A hospice penetration rate is below average compared to Florida and this has persisted over the last several years
- Ratios of Medicare patients (deaths) served for Duval and Baker Counties, SA 4A's most and least populated counties, lag behind the service area and state averages
- Medicare hospice admission rates for SA 4A African American and Hispanic residents lag behind the overall service area average. The admission rate for Hispanic persons is less than one-third of that of SA 4A overall
- 14 of 15 CHNAs published for SA 4A identify poverty/lower income status as contributing to health status problems and unmet health care needs in SA 4A
- Duval and Clay Counties have median household incomes below the average for SA 4A, with Duval County being the lowest, and these two counties account for 75.23 percent of the total service area population (Duval County alone representing 61.3 percent of the 4A total). This justifies a physical office in these two counties
- Cornerstone will set up a designated charitable account to be used to help meet the needs outside of hospice services of patients without resources
- Immediately upon licensure, Cornerstone will expand into SA 4A its existing We Honor Veterans Level IV program and will provide the same broad range of programs and services to Veterans in SA 4A as Cornerstone currently provides to its existing service areas

The applicant forecasts 345 or 346 admissions in year one and 640 or 641 admissions in year two of operation.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)**

indicates that need for the proposed project is warranted due to the following:

- Various numerical calculations and projections previously determined and already identified in the Agency's Florida Need Projections for Hospice Programs publication, issued February 5, 2021, for the July 2022 hospice planning horizon, that indicate a need for an additional hospice program in SA 4A

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- The identification of the eight leading causes of death in 2019 in each SA 4A county and in Florida overall, per 100,000 deaths
- Unmet need for:
  - Palliative care
  - Patients without primary caregivers
- Community outreach and education need for the following two historically underserved populations:
  - African American
  - Hispanic/Latino
- Projections from 2022 to 2025 for the SA 4A veteran population and the need for outreach and specialized programs for this population (including the provision of We Honor Veterans)
- Estimated SA 4A total admission volumes for the following years:
  - 2022: 10,258
  - 2023: 10,432
  - 2024: 10,607
- An expected capture of five percent of the total hospice market share in the area for year one and 7.5 percent for year two

The applicant forecasts 513 admissions in year one and 782 admissions in year two of operation. OMNI has the highest projected year one admissions of the co-batched applicants.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646)** offers the following justification to warrant project approval:

- In addition to the Agency's announcement of a need for an additional hospice program in SA 4A, Seasons conducted a community-based needs assessment, resulting in the following six major findings:
  - All minority groups within the SA 4A have lower hospice use rates among Medicare beneficiaries than White beneficiaries
  - Although 30 percent of the Duval County population and 22 percent of the SA 4A population is African American, the hospice use rate among Black Medicare beneficiaries is only 44 percent compared to 66 percent for White beneficiaries
  - The Jacksonville MSA is estimated to have the highest percentage of adults who identify as LGBT in the state
  - The hospice use rate among Medicare beneficiaries residing in Baker County is only 49 percent and Duval County is only 58.5 percent, compared to a 62 percent average for the service area and 66.5 percent for the state

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- Residents of Baker, Clay and Duval Counties have higher poverty rates and lower per capita income levels than residents in coastal communities in Nassau and St. Johns Counties
- There is a delay in hospice response time to rural long-term care facilities and several have no contracts with hospice providers because hospices move imminently dying patients to their hospice houses. This results in patients returning to the hospital for end-of-life symptom management and are transported at end of life, putting the patient in jeopardy of passing away in the ambulance

The applicant forecasts 207 admissions in year one and 442 admissions in year two of operation. Seasons projects the least amount of projected year two admissions and combined year one and year two admissions of the co-batched applicants.

*CON application # 10642, Alleo Health of Florida, LLC on balance, best satisfied the statutory and rule criteria for a new hospice provider in HSA 4A pursuant to published need—this included identifying:*

- *The proposed populations that are being underserved for hospice*
- *Services proposed to make hospice accessible and available to underserved populations*
- *Strong community support from SA 4A health organizations, social services organizations and other entities*

### **Quality of Care:**

**All** applicants demonstrate the ability to provide quality care.

**Alleo Health of Florida, LLC (CON application #10642)** indicates Alleo Health:

- Served 3,857 hospice patients and provided 292,457 hospice patient days in CY 2020
- Provides care to people of all ages, medical conditions, traditions and economic levels, including those without insurance or the ability to pay for their care
- Has Joint Commission accreditation for Hospice of Chattanooga (effective September 14, 2019)
- Maintains operational entities that are licensed by their respective states – with no adverse licensure history, issues or restrictions
- Provides a broad range of services not covered by Medicare and Medicaid benefits

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**Compassus of Florida, LLC (CON application #10643)** ultimate parent, FC Compassus, LLC:

- Is a nationwide post-acute care provider, offering a continuum of home-based services
- Has approximately 6,000 colleagues, in 200 locations, in 29 states where Compassus has hospice operations
- In 2020, received honors from the NQF for Compassus' Care Delivery, The Compassus Way™
  - This recognition was for creating a standardized, reproducible model of care with measurable impacts on serious illness at the end of life
  - Care Delivery, The Compassus Way™ closes aligns with the objectives outlined by NQF and has been implemented across Compassus' hospices in 29 states
- Holds CHAP accreditation for 95 of its 104 hospice locations
- Participates in the HQRP of CMS and reports within the HIS, as well as the hospice CAHPS survey
- Received a "Willingness to Recommend this Hospice" rating of 83 percent, according to the Satisfaction Survey Summary: CAHPS Hospice for December 12, 2019—November 30, 2020
- Maintains an 18-page QAPI, to provide mechanisms to address enhanced quality
- Lists 11 programs/locations outside of Florida where Compassus has received community awards

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644):** Cornerstone had one substantiated complaint for the three-year period ending April 28, 2021.

**OMNI Home Health-Jacksonville, LLC (CON application #10645):** LHCG's sole affiliate hospice program in Florida had no substantiated complaints, for the three-year period ending April 28, 2021.

**Seasons Hospice & Palliative Care of Northeast Florida, LLC (CON application #10646):** Seasons' five affiliated hospice programs had one substantiated complaint for the three-year period ending April 28, 2021.

**Financial Feasibility/Availability of Funds: - Applies to all applicants**

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

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The project appears to be financially feasible, although patient days and thus revenue may be overstated with the exception of CON application #10642 Alleo which is understated.

The project will not have a material impact on price-based competition to promote quality and cost-effectiveness.

**Medicaid/Indigent/Charity Care:**

**Alleo Health of Florida, LLC (CON application #10642)** indicates it will provide 1.5 percent of its total annual patient days in years one and two to self-pay/charity/uncompensated and 3.5 percent to Medicaid patients.

Alleo offers the following Schedule C financial conditions: Educational grants to University of North Florida nursing school students pursuing focused studies on end of life (\$50,000 per year for four years), \$10,000 over three years to Lutheran Social Services for their meals on wheels program, \$10,000 over three years to Lutheran Social Services for acquiring a van to provide meals to school age children in Duval and Clay counties and \$5,000 over three years to the Watchlist Program, which was created to reduce veteran suicide in NE Florida.

The applicant also has two conditions allocating funds - \$2,000 per year for five years for its Inspiring Moments program and \$5,000 over three years for public transportation vouchers to the Jacksonville Transportation Authority to immediate family members of Alleo hospice patients.

**Compassus of Florida, LLC (CON application #10643)** proposed total annual patient days, by percentage, in year one and in year two as follows:

- 3.4 percent (Schedule 7A) or 5.1 percent Medicaid/Medicaid HMO (Schedule 7A notes)
- 1.1 percent indigent in Schedule 7A notes - not shown in Schedule 7A

Compassus offers four Schedule C financial conditions under the following conditions. Compassus offers Schedule C budgetary conditions under the following condition headings:

- Care navigation and hospice care for the homeless and indigent
- Community Grief Conference
- Palliative medical training opportunities
- Dream Team Foundation for final wishes

**Cornerstone Hospice & Palliative Care, Inc. (CON application #10644)** proposes, total annual patient days, by percentage, for year one and for year two, as follows:

- Year One
  - 1.6 percent self-pay
  - 4.0 percent Medicaid
- Year Two
  - 1.3 percent self-pay
  - 3.0 percent Medicaid

Cornerstone proposes to annually provide five percent of its total SA 4A patient days to medically indigent patients (charity and Medicaid), which is unenforceable as hospice must take all eligible patients.

Cornerstone offers other Schedule C budgetary conditions under the following condition headings:

- Staff Development and Education
- Transportation Services for Patients and Caregivers
- Separate Foundation Account and Restriction on 4A Donations and Gifts

Cornerstone also proposes to donate a minimum of \$250,000 within the first two years (of operation) to non-profit community organizations focused upon providing greater access and disease specific support and advocacy groups located in SA 4A.

**OMNI Home Health-Jacksonville, LLC (CON application #10645)** proposes, total annual patient days, by percentage, for year one and for year two, as follows:

- 1.5 percent self-pay/indigent
- 5.0 percent Medicaid

OMNI offers Schedule C budgeting conditions to support its patients (OMNI's conditions are not numbered):

- Commitment to Serve Patients without Primary Caregivers
- Commitment to Serve the Homeless
- Honor Flight Network Support for Veterans
- Hospice Promise Foundation

**Seasons Hospice & Palliative Care of North Central Florida, LLC (CON application #10646)** proposes, total annual patient days, by percentage, for year one and for year two, as follows:

- Self-pay (year one) – 1.7 percent (broken down as follows)
  - 0.7 percent self-pay
  - 1.0 percent (charity/unfunded)

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- Self-pay (year two) – 1.4 percent (broken down as follows)
  - 0.4 percent self-pay
  - 1.0 percent (charity/unfunded)
- Medicaid
  - 4.1 percent (year one)
  - 2.6 percent (year two)

Seasons offers Schedule C financial conditions under the following condition headings (see item C of this report for a full review of financial conditions proposed):

- Support of local community-based non-profit organizations to assist seniors and disadvantaged persons
- Homelessness program/changing homelessness
- Wish fulfillment (emergency relief and Camp Kangaroo)

**G. RECOMMENDATION**

Approve CON #10642 to establish a new hospice program in Service Area 4A. The total project cost is \$515,216.

**CONDITIONS:**

1. Alleo Health of Florida will begin operations no later than January 2022.
2. Alleo Health of Florida will open our first office on in Jacksonville (Downtown to Arlington area) after receiving the initial hospice license. Alleo Health of Florida will also open a satellite office within 12 months following service initiation in Yulee or Green Cove Springs 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 4A.
4. Alleo Health of Florida will offer educational grants (\$50,000 per year for four years) to University of North Florida nursing school students pursuing focused studies in end of life and hospice care.

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5. Alleo Health of Florida will provide clinical rotations to nursing students and health care administration students from the University of North Florida to support the student's clinical and administrative education and to enable these students to better understand end of life and hospice issues and services.
6. Alleo Health of Florida will provide a grant in the amount of \$10,000 over three years to Lutheran Social Services for their meals on wheels program to support hospice and non-hospice eligible residents of Service Area 4A. Alleo Health of Florida will also provide a grant in the amount of \$10,000 over three years to Lutheran Social Services for acquiring a van to provide meals to school age children in Duval and Clay Counties. Alleo Health of Florida will also provide Advance Care Planning seminars to Lutheran Social Services constituents at least two times during the first 12-18 months of operations. COSTS: \$7,000 in first year, \$7,000 in second year and \$6,000 in third year
7. Alleo Health of Florida will offer Inspiring Moments to Service Area 4A residents on Alleo Health hospice, a program to recognize a special event or activity that occurred in the patient's life and 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, seashells 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 five years for Inspiring Moments.
8. Alleo Health of Florida will provide public transportation vouchers through the Jacksonville Transportation Authority in areas served, to immediate family members (spouse, child, grandparent) of Alleo hospice patients whose income level falls below the federal poverty level to:
  - Visit patients of Alleo Health of Florida in a nursing home or assisted living facility or;



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- Prov Alleo Health of Florida palliative care patients ability to access the service.

Alleo Health of Florida will contribute \$5000 over three years for the voucher program. COSTS: \$1,667 in the first year, \$1,667 in the second year and \$1,666 in the third year

9. Alleo Health of Florida will participate in the WatchList Program. The Northeast Florida Fire Watch Council is a multijurisdictional government entity formed in November 2019 by Baker County, Clay County, Nassau County, St. Johns County and the City of Jacksonville to create and implement a comprehensive solution to reduce veteran suicide in Northeast Florida. Alleo Health of Florida recognizes this is a serious problem that affects our veterans and seniors and will participate in this effort by donating \$5,000 over three years to support additional educational aides and programs in support of our veterans. Alleo Health of Florida will also participate in the Watchlist training by having hospice social workers complete the Fire Watch training to be a resource not only for our veteran patients but also to our elderly patients with depression. COSTS: \$1,667 in the first year, \$1,667 in the second year and \$1,666 in the third year
10. Alleo Health of Florida will expand its existing *We Honor Veterans* program to Service Area 4A and obtain Level 4 certification within 24 months of initial licensure.
11. Alleo Health of Florida will extend our Open Access Program, *Alleo Access*, to Service Area 4A 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.
12. Alleo Health of Florida will provide advance care planning programs to churches in underserved areas of Service Area 4A to assist the members with end of life needs.
13. Alleo Health of Florida will extend our clinical preceptorship/clinical didactics/clinical workshops and Alleo University educational offerings for hospice staff in Service Area 4A as part of our initial orientation to the organization and ongoing trainings.

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14. Alleo Health of Florida will expand our pediatric hospice program to Service Area 4A.
15. A Bereavement Children's Camp will be scheduled in Service Area 4A within 12-18 months of the start of operations. The bereavement coordinator hired for the program will also oversee the camp.
16. 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. The young adults will be provided with much needed support to understand the work environment and help prepare them to enter the work force.
17. 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 4A to provide additional support to the patient and their families within the first six 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
  - Creative Journey – art and music intervention
  - Heart to Heart Touch – gentle hand message
  - Loving Pet Therapy program
18. Alleo Health of Florida will extend our comprehensive telehealth/telemedicine services and capabilities to Service Area 4A to improve access to all patients throughout the service area.
19. Alleo Health of Florida will establish a palliative care program to serve Service Area 4A residents, including the provision of advanced illness management within 12 months of initial licensure. The palliative care program will be provided in several settings, including underserved areas, to improve access to the service. Palliative Care settings will include the patient's home, skilled nursing facility, assisted living facility and in a clinic setting.
20. Alleo Health of Florida will obtain Joint Commission accreditation within 12 months of receiving licensure.

**CON Action Numbers: 10642 through 10646**

21. 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.
22. Alleo Health will expand our existing Foundation to Service Area 4A, to support not only unfunded programs such as Alleo Access but also to support expanded hospice activities in Service Area 4A.
23. The Sacred Journey program, a program already developed and being used by Alleo Health, where no patient dies alone, will be implemented in Service Area 4A within 12 months of initiating hospice operations.
24. Alleo Health of Florida will offer bereavement support for all segments of the Service Area 4A 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.
25. Alleo Health of Florida will expand our Care Navigation program, *Alleo Caring*, to the Service Area 4A population.
26. Alleo Health of Florida will provide continuing education units at no charge to health care providers within Service Area 4A on end of life and hospice topics.
27. Alleo Health of Florida will develop and implement patient specific training programs that will be on the Alleo University site for patients and caregivers. Patients and caregivers will have access to the University for education.

Deny CON #'s 10643, 10644, 10645 and 10646.

**AUTHORIZATION FOR AGENCY ACTION**

Authorized representatives of the Agency for Health Care Administration adopted the recommendation contained herein and released the State Agency Action Report.

DATE: \_\_\_\_\_

\_\_\_\_\_  
James B. McLemore  
**Operations and Management Consultant Manager**  
**Certificate of Need**