

STATE AGENCY ACTION REPORT
ON APPLICATIONS FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Caretenders Visiting Services of Pinellas County, LLC/CON #10647

7840 Graphics Drive, Suite 100
Tinley Park, Illinois 60477

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

Cornerstone Hospice & Palliative Care, Inc./CON #10648

2445 Lane Park Road
Tavares, Florida 32778

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

Hernando-Pasco Hospice, Inc./CON #10649

12470 Telecom Drive, Suite 300 West
Temple Terrace, Florida 33637

Authorized Representative: Andrew Molosky
President and CEO
(813) 871-8129

VITAS Healthcare Corporation of Florida/CON #10650

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

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

2. Service District/Subdistrict

Service Area (SA) 5B – Pinellas County

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 broadly described below.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) 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

Though some are individually composed, the vast majority of the support letters are overall 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:

- Is already a high-quality home health care provider in Pinellas County
- Has already proven itself by exceeding national hospice benchmark measures (CAHPS and Hospice Items Set or HIS) in areas where the provider already serves
- Has Care Compare results that exceed national standards
- Provides Medscope alert buttons to all their in-home patients to support quicker hospice access
- 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 health care services with 32,000 employees operating in 35 states
- Patients come first in everything that they do
- 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

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The applicant provides excerpts from its letters of support in response to items E.2.a (5) and E.2.b (1)(a) of CON application #10647.

Caretenders categorizes these excerpts in the following order:

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

The following signatories indicate origination from within SA 5B (listed below in the order presented):

- Michelle Coleman, Owner, ALF Phillippe Ridge
- Delann Beazzo, LPN, Director of Nursing, Bloom Assisted Living
- Mickie Hopkins, BSN, RN, ED, SunCrest Omni Home Health
- Steven J. Seltzer, DO (Internal Medicine-Board Certified), Bayfront Health St. Petersburg Medical Group
- Abhishek Gulati, DO, Palms Primary Care
- Brenda Kavanaugh, DO (Hospital Medicine/Hospitalist/Internal Medicine), Bayfront Health-St. Petersburg
- Chevon Van Epps, ARNP, Mahajan Medical Center
- Rene Pick, ARNP, Sunstate Physicians
- Paetra Satti, Physical Therapist Assistant, West Coast Therapy Specialists, LLC
- Donna Dooley, DO, Physician Advisor, Bayfront Health-St. Petersburg
- Christina Thomas, Community Relations Director, Bloom Assisted Living
- Brenda Ross, Social Services, Consulate Rehab
- Leslie Waters, Mayor, City of Seminole
- Emanuel Sanfeliz, Pinellas County Resident

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) provides 17 letters of support in Tab 3 of the application.

Recurring themes expressed in these letters are:

- Having worked with Cornerstone for many years, they provide outstanding inpatient care and hospital discharge planners coordinated with Cornerstone for transitions to facilities or home care for thousands of patients
- We were impressed with the variety of care programs that Cornerstone provides beyond core hospice services, including specialty support for:
 - Children
 - Veterans
 - Specific demographic groups

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- A variety of illnesses
- Cornerstone has a commitment to serve every appropriate patient, no matter the location or circumstances and regardless of a patient's ability to pay
- Cornerstone's leadership team have been in place for years and is nationally recognized
- How Cornerstone evolved from a small community-based resource to one of the largest hospice providers in the state is by never losing touch with the people who matter most – their clients, clients' families and the communities that they serve
- As a not-for-profit provider, Cornerstone will help to ensure that all families can benefit from hospice services
- The all-encompassing services that Cornerstone provides to their patients, families and communities can't get much better
- Cornerstone provides services beyond what is required by the state and Medicare, such as:
 - Pet Peace of Mind
 - Cornerstone Salutes!
 - Disease-specific programs
 - 7-day nurse care model (not offered by any hospice in the area)
 - Message and music therapy
 - Community bereavement (extended to all residents in the areas served)

Cornerstone provides excerpts of six letters intermittently on the application's pages 5 - 61, in the order presented below:

- John A. Moore, President Bayfront Healthcare St. Petersburg, Senior Vice President, Orlando Health
- Stephanie L. McNulty, Ethics & Compliance Officer, HCA – West Florida Division¹
- Mickey Bell, CIC, Senior Vice President, Wallace Welch & Willingham
- Donna J. Fudge, Fudge Broadwater, P.A.
- John R. Kaddis, Pinellas County resident
- Melvin Downing, Pinellas County resident (unsigned)
- David P. Jones, CHNA, Administrator, Clearwater Center

Cornerstone comments that some letters of support expressed dissatisfaction with current access to hospice services in SA 5B. This is confirmed by the reviewer.

¹ The reviewer notes that according to the website <https://hcawestflorida.com/locations/>, general hospitals within Pinellas County include: Largo Medical Center, Northside Hospital, Palms of Pasadena and St. Petersburg General

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Steve Ortiz, Vice President of Business Development, Citadel Care Centers, on behalf of Kensington Gardens Rehab and Nursing Center, (a Pinellas County nursing home) indicates they will engage in discussion with Cornerstone for a contractual agreement for the provision of hospice services and general inpatient care, should the applicant be approved. Further discussion of support from executives with HCA West Florida Division and from Citadel Care Centers, is provided in item E.2.a.(2) of this report).

Hernando-Pasco Hospice, Inc. (CON application #10649) provides a large number of letters of support in the application's Appendix 2. These include:

- The Florida Senate
 - Senator Janet Cruz, 18th District
 - Health Policy Committee (among other committees)
- The Florida House of Representatives
 - Representative Colleen Burton, District 40
 - Chair, Health & Human Services Committee and a member of the Appropriations Committee
 - Representative Lawrence McClure, District 58
 - Representative Andrew Learned, District 59
 - Representative Fentrice Driskell, District 63
 - Representative Nick DiCeglie, District 66

The reviewer notes that many letters are from Florida residents who express personal appreciation and favorable experiences with HPH/Chapters. Some of these are from executives who are or have been board or committee members for the parent's affiliated hospices. Recurring themes stated in these letters are:

- CHS provides over \$4M for charity care uncompensated services
- For more than 35 years, CHS and its hospice affiliates have been meeting the needs of the communities it serves by providing quality, compassionate, end-of-life care
- CHS has a reputation as one of Florida's most respected palliative care and hospice providers
- CHS plans to establish a partnership with area providers concerning the Florida Department of Elder Affairs (DOEA) "U.Connect" platform that will truly improve the life of area senior community
- CHS management has worked well with community partners over the years and has been forward thinking in its development of its post-acute health system

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- CHS identifies with issues of social isolation among seniors and supports the Chore Services Program that helps to alleviate isolation
- CHS places greater emphasis on conducting quality patient and caregiver focused outcomes research than any other hospice and has always been at the forefront of new and exciting innovations in end-of-life care
- The CHS focus on community support and addressing the total patient and their needs is evident in all the CHS does
- CHS and affiliate programs have played an important role in the development and growth of the Center for Hospice, Palliative Care & End-of-Life Studies at the University of South Florida (USF)
 - Chapters donated considerable funds to this university-hospice partnership
- The USF School of Aging Studies & Florida Policy Exchange Center on Aging, College of Behavioral and Community Sciences is currently collaborating with Chapters focused on hospice and palliative care for people with stroke and this project would not be feasible to do with a smaller organization
- It is evident that Chapters has resources that are exemplary to bring to bear to improve the lives of patients
 - Probably no other hospice in the United States has the breadth of clinical expertise that Chapters brings
- Many Pinellas County residents come to Tampa General Hospitals (TGH) for care and TGH, the region's leading safety-net hospital, and Chapters, have had a close working relationship for many years and through CHS hospice affiliates, TGH is able to provide the appropriate choices for TGH patients wherever they may call home in the Tampa Bay area
- Twenty-one West Florida Accountable Care Organization (ACO) provider practices are located in Pinellas County and it would be appreciated to have the ability to extend the West Florida ACO's relationship with HPH to the rest of the Tampa Bay area and give Pinellas patients the opportunity to choose such a highly regarded hospice
- Chapters already understands the needs of the local community
- CHS has a solid foundation of patient-centered care
- Hospice providers must take into account a patient's diagnosis, prognosis, religion, culture and family dynamics while at the same time providing comprehensive and compassionate end-of-life care and CHS walks and walk and talks the talk

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- With their integrated services including hospice, home health and palliative care, CHS is uniquely positioned to succeed in the world of population health which focuses on improving care quality while lowering costs
- Chapters' grief and bereavement programs are offered to all children who have suffered the loss of a loved one, regardless of whether the loved one died under the care of a hospice
- Chapters' affiliate LifePath Hospice has provided rotations for third year medical students from USF College of Medicine for more than 20 years
- Chapters honors veterans through the Valor Honor Program

HPH provides excerpts of 10 of its support letters on pages 20-22, 34-40 and page 88. These are identified listed below in the order first presented:

- Ann Marie Winter, Executive Director, Area Agency on Aging of Pasco-Pinellas, Inc.
- David Lamaka, Executive Director, Neighborly Care Network
- Pattye L. Sawyer, MA, Executive Director, Pinellas Opportunity Council, Inc.
- Susan C. McMillan, PhD, ARNP, FAAN, Distinguished University Health Professor, Thompson Professor of Oncology Quality of Life Nursing, USF College of Nursing
- John Couris, President & CEO, TGH
- Julia Steinbrenner, Executive Director, George4 Foundation, Community Outreach Coordinator, Yankees Tampa Foundation, Inc.
- Jayadeva Chowdappa, MD, CEO, West Florida ACO
- Phillip D. Wegman, Vice President, Furr Wegman & Banks Architects, P.A.
- Marina Kulick, MD, Tarpon Springs Medical Associates
- William E. Haley, PhD, Professor, School of Aging Studies, Courtesy Joint Professor, Department of Psychology, College of Nursing and Division of Geriatric Medicine, Department of Internal Medicine, USF

VITAS Healthcare Corporation of Florida (CON application #10650) provides letters of support in the application's:

- Tab 16 – Letters and Stories from VITAS Patients and Their Families
 - This is a combination of a total of 30 typed comments (typed on nine pages) that indicate a first name and a first letter of last name from patients/families who have received services from VITAS in Florida.
 - Of the 30 comments, 15 are highlighted

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- Other publications are from VITAS
- These 30 comments are highly complimentary and indicate appreciation of VITAS services
- Tab 48 – Letters of Support for Inpatient Care
 - This is a total of five Pinellas County SNFs/hospitals that indicate a willingness to contract with VITAS for the provision on inpatient services (see item E.2.a.(2) of this report for a more in-depth listing of these letters)
- Tab 49 – Letters of Support
 - This is a total of 39 letters of support of favor of the proposed project. VITAS provides a table of contents of these 39 support letters by signatory name and organization

The applicant's Tab 49 support letters are individually composed with some common themes, some individually complimentary expressions of appreciation and a recognition of VITAS' providing compassionate hospice care. According to these letters, VITAS:

- Is very successful in partnering with health care providers in their communities
- Has a strong national reputation and is a national leader in end-of-life care, with a commitment to provide hospice services in the setting most appropriate for the patient's clinical needs, including continuous care whenever it is needed
- Maintains a strong commitment to provide community outreach, education and bereavement support for those directly impacted by hospice, as well as the community at-large
- Provides a dedicated staff, with teams that deliver quality care
- Is dedicated to and invests in educating health care practitioners on when hospice care is appropriate, as well as educating patients and families on this same topic
- Operates a hospice care model that improves hospice access for underserve populations – particularly those with high acuity who want to be at home with complex care needs
- Utilizes a full-time respiratory therapist to address medically complex COPD and other end-of-life respiratory illnesses
- Is a Florida-based hospice provider with more than 40 years of experience in hospice care, including programs to address - cardiac/congestive heart failure, sepsis, advanced lung disease, Alzheimer's, HIV/AIDS, ALS and the special needs of terminally ill veterans and their families
- Offers palliative radiation, dialysis and chemotherapy when appropriate

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- Takes on patients earlier in the dying process (making admissions a priority) so that the patient can exercise the whole hospice benefit instead of the last few weeks of life
- Can quickly establish a new program and begin meeting the identified need

VITAS provides excerpts of six of its letters on pages 27, 28, 32 - 34 and 82. These are identified below in the order presented in the application:

- Sheila Kynion, BS, Administrator, Highland Lakes Assisted Living
- David McMillon, Executive Director, Advanced Care Center
- Dave Shymkiw, Executive Director, Coral Oaks Assisted Living and Retirement Community
- Tami Elder, Vice President of Operations FL ALF Region, Embassy Healthcare
- Dr. Bruce Walker, President/CEO, Black Nurses Rock Foundation
- Denise Kuehne, Health and Wellness Director, Inspired Living at Ivy Ridge

Letters of Opposition

Regarding **each** of the co-batched applicants (**CON application #s 10647, 10648, 10649 and 10650**), two letters opposing the entry of a new hospice provider in SA 5B were received on April 28, 2021. These were from:

- Seann M. Frazier, Partner, Parker, Hudson Rainer & Dobbs LLP, on behalf of The Hospice of the Florida Suncoast, Inc., (this opposition comprises a total of eight pages)
- Stephen C. Emmanuel, Shareholder, Ausley & McMullen, on behalf of Seasons Hospice & Palliative Care of Pinellas County, LLC (this opposition comprises a total of 14 pages, with a total of six additional attachments)

Mr. Frazier indicates there is no SA 5B need because the impact of CoVid-19 on hospice admissions created a historic spike in the number of hospice admissions during the second half of 2020. Further, there was a 10 percent increase in second half admissions over the first half of 2020 admissions which “is unlikely to be repeated”. He cites the on-going litigation and notes that should the existing 5B providers—Suncoast and Seasons Pinellas be successful, there will be no presumption of need for an additional provider.

Mr. Frazier provides four tables in support of the contention that the “anomaly” in 2020 results in an overstatement of the 5B need. He

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concludes that the projections as based on the Agency's need methodology are "an overstatement of need....that will not exist when the planning horizon arrive". Therefore, no applicant should be approved to establish a new 5B program.

Mr. Emmanuel cites the "extraordinary" impact of CoVid-19 on hospice admissions. He presents three tables dealing with Seasons' projected and actual admissions noting that Seasons' growth has not come at the expense of Suncoast as both increased their admissions during CYs 2018-2020. A description of Seasons' success in securing relationships with existing hospitals and its two nursing home inpatient units is provided. A list of nursing homes Seasons has agreements for the provision of routine, respite and general inpatient care is provided as the letter's Attachment 1. Services provided by Seasons are discussed under the topic of high-quality care.

Mr. Emmanuel contends that the need is not driven by a "shortfall in service" by the existing providers. He provides data supporting the contention that CoVid-19 "skewed and inflated hospice penetration rates used in the Rule's need methodology".

Mr. Emmanuel contends that "approving another program when deaths and hospice admissions are declining runs contrary to the basic tenet in the hospice rule". He further details the potential adverse financial impact on Seasons and includes potential negative financial projections as Attachment 6. Should another hospice enter the market Seasons would be the most affected as it is the newest hospice in 5B per Mr. Emmanuel. He concludes by stating that the "two existing providers are meeting the true need" in SA 5B and the Agency should not award a CON to any of the co-batched applicants.

C. PROJECT SUMMARY

The applicants are proposing to establish a new hospice program in SA 5B in response to published need.

Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647) also referenced as Caretenders or the applicant, is a for-profit, development stage Florida entity.

Caretenders references the proposed project as Grace Hospice. The applicant is an affiliate of/managed by LHC Group, Inc. (or LHC). LHC 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. In Florida, LHC serves SA 7A as Wuesthoff Health System Brevard Hospice and Palliative Care.

In this batching cycle, LHC also proposes to establish new hospice program in SA 4A.

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

The applicant proposes \$363,387.18 in total project costs.

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

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.

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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 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.

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 3491 Gandy Blvd., Suite 110, Pinellas Park, Florida 33781 (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.

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- c. Initiate the Pet Peace of Mind Program within the first 24 months. This is a non-profit program that helps patients with terminal illness provide adequate care for their pets as well as helping with placement of pets if needed.
- d. Initiate Grief Speak online grief support program within the first 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 CST². During Grief Speak, one of LHC Group's bereavement coordinators or chaplains makes an informative presentation on grief and how to navigate its sometimes very confusing journey.
- e. Initiate Community Grief Support Program within the first 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.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648), also referenced as Cornerstone, CHPC or the applicant, is an existing not-for-profit Florida hospice, founded in 1984 (with a 37-year history of providing licensed hospice care in Florida). Cornerstone provides hospice services in SAs 3E, 6B and 7B.

² It appears the "CST" reference should be Eastern Daylight Time (EDT).

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In this batching cycle, Cornerstone also proposes to establish new hospice program in SA 4A.

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

The applicant proposes \$306,380 in total project costs. The reviewer notes this is same project costs as in Cornerstone's proposed 4A CON application #10644.

The reviewer notes that CON application #10648, Schedule C, includes a seven-page attachment, with 40 numbered conditions. However, CON #10648, 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 5% of total patient days provided in Service Area 5B to medically indigent patients.
2. Cornerstone commits to form partnerships with Service Area 5B's 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 to assist Service Area 5B patients and families through the Medicaid application process.

Transportation Services for Patients and Caregivers

4. Cornerstone commits to allocate \$25,000 a year for transportation services for Patients and Caregivers who need transportation in Service Area 5B. 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 transport companies when necessary.

Dedicated Foundation Account For Benefit of 5B Patients Without Resources

5. Cornerstone Hospice will dedicate \$25,000 to a dedicated account for Service Area 5B 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 or programs.

Cooperation with local Community Organizations

6. 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 health care access and disease-specific support and advocacy groups located in Subdistrict 5B. 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.

Diversity Outreach

7. Cornerstone Hospice will commit to provide marketing staff to diversity education and access. 1.0 FTE resources will be allocated to diversity outreach in Service Area 5B from Day 1 of operation.

African American Outreach

8. Cornerstone will establish a “Minority Outreach Program” to serve the needs of Service Area 5B’s African American population in need of hospice services.
9. Cornerstone will provide minority outreach to serve the African American population with at least 1.0 FTE dedicated African American Outreach staff by the end of the first year of operations.

Hispanic Outreach

10. 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.
11. Cornerstone commits to form partnerships with Service Area 5B’s migrant service organizations.
12. Cornerstone commits to hiring Spanish-speaking, culturally competent interdisciplinary team members.
13. Cornerstone commits to offer all patient care materials, brochures, forms and education in Spanish.
14. Cornerstone commits to offer classes in medical Spanish for its staff and community staff who do not speak Spanish.

Bilingual Volunteers

15. 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 SA 5B

16. Cornerstone conditions its application on the establishing its physical presence in Service Area 5B in central Pinellas County during the first year in the form of a main office in Largo.

Seven Day Case Management Program

17. Cornerstone Hospice commits to implement its award winning Seven Day Case Management Program from the initiation of licensed hospice services in Service Area 5B.

SAGECare Cultural Competency Certification

18. 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.

Veterans

19. Cornerstone will immediately up licensure expand its existing We Honor Veterans Level IV (four) program to serve Service Area 5B. Cornerstone will provide the same broad range of programs and services to Veterans in Service Area 5B 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”.
20. Cornerstone will establish a Cornerstone Centers for Wellbeing (“CCWB”) counseling services in its Orange Park office in Clay County during the first year of operation³.

Life Enrichment Services

21. 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.
22. 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

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

Physician Advisory Committees

26. Cornerstone Hospice will provide a physician advisory committee, focusing on addressing community specific health

care needs. A minimum of two community advisory meetings will be held in Service Area 5B during each of the first two years of operation.

Community Education

27. Cornerstone Hospice will conduct “Being Mortal” presentations within Service Area 5B, creating attention and focused 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)

28. Cornerstone will commit to extending free CEU in-services to the health care community in Service Area 5B. 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 health care settings during each of the first five years. Additional CEU will be provided on an ongoing basis.

Staff Development and Education

29. 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%) of its RNs in Service Area 5B achieving HPCC CNPN® certification in the third year of operation.
30. Cornerstone will offer scholarship assistance for Home Health Aides who want to go back to school for nursing.
31. Cornerstone will offer a tuition reimbursement program for staff who wish to further their education in a hospice related field of study.
32. Cornerstone will provide lap top computers/PDAs and other electronic devices to field staff to provide efficient, readily accessible documentation and communication.

Pet Peace of Mind

33. Cornerstone will commit to expand the Pet Peace of Mind program into Service Area 5B 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:

34. Cornerstone’s extended hospice bereavement services to families for 18 months after the death of their loved one.

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35. Implement a Community Bereavement program to serve people in Service Area 5B 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.
36. Offer hospice chaplains to conduct memorial services for families and nursing homes.
37. Develop a Suicide Prevention educational program for the Service Area 5B community.

Restrictions on Donations and Gifts to Benefit 5B

38. All donations made to Cornerstone Hospice or the Foundation from Service Area 5B or identified as a gift in honor of a patient served in the 5B program, shall be maintained in this dedicated account and only used for the benefit of patients and services in Service Area 5B.

No Fundraising Events in Service Area 5B for Two Years

39. The applicant will not hold or host any fund-raising events (such as golf tournaments) within Service Area 5B during the first two years of operation.

Licensure of the Hospice Program

40. Cornerstone is dedicated to quickly addressing the unmet need of Service Area 5B 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 5B.

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

Hernando-Pasco Hospice, Inc. (CON application #10649), also referenced as HPH or the applicant, is an existing not-for-profit Florida hospice. HPH is an affiliate of Chapters Health® System (Chapters or CHS) which provides hospice services in SAs 3A, 3C, 3D, 5A, 6A, 6B, 9B and 11. Chapters’ affiliate Florida hospices are:

- Chapters Health Hospice f/k/a Hospice of the Florida Keys, Inc.
- Good Shepherd Hospice
- HPH Hospice
- Hospice of Okeechobee, Incorporated
- Lifepath Hospice

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

The applicant proposes \$497,223 in total project costs.

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

1. Establish an Open Access Program for adults and pediatric hospice patients in Service Area 5B.
2. Provide \$250,000 over five years, to the Area Agency on Aging Pasco-Pinellas, Inc (AAAPP) and its affiliated community providers to support community-based programs to combat social isolation and support social, mental and physical well-being among the elderly population within Pinellas County. This community investment will be allocated as follows:
 - 2A. \$80,000 over five years, for the Area Agency on Aging Pasco-Pinellas programs supporting its recently initiated U.Connected program, a Virtual Senior Center.
 - 2B. \$85,000 over five years, for the Neighborly Care Network programs (Pinellas County Meals on Wheels contractor) supporting home delivered meals for both hospice patients and non-hospice patients.
 - 2C. \$85,000 over five years, for the Pinellas Opportunity Council, a minority owned not-for-profit organization supporting its Chore Services Program, which is designed to help frail elderly persons maintain a decent, independent living environment.
3. Provide \$100,000 over five years, for the Pinellas County Free Clinics supporting those operations' provision of needed health care services to the homeless, low-income and uninsured residents of Pinellas County.
4. Provide education grants totaling \$50,000 over three years to the University of South Florida in support of Service Area 5B students (medical, nursing, nursing aide, other clinical/health care students) with study focused on hospice and end-of-life care issues and/or research on Pinellas County end-of-life and hospice care issues.
5. Expand the existing Chapters Health Foundation activities and operations specifically into Pinellas County to provide support for Pinellas County unfunded, wish fulfillment and safety in the home programs, similar to existing Foundation activity in support of other Chapters affiliates.
6. Gain Joint Commission accreditation for the proposed Service Area 5B hospice program within 18 months of initial licensure.

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7. Establish COPD and CHF program in Service Area 5B, including telemedicine/telemonitoring support, in support of end-of-life and hospice patient care.
8. Establish a community-based palliative care service (advanced illness management program) in Service Area 5B upon identification of a provider or payer partner.
9. Establish a “No One Dies Alone” program within Service Area 5B.
10. Establish a bereavement outreach program in support of Service Area 5B HPH patients and families as well as in support of Pinellas County patients not aligned/affiliated with the proposed HPH program.
11. Establish complementary care services in Service Area 5B in support of end-of-life and hospice care services and activities, for example aromatherapy, pet volunteers and visitation, music activities, comfort touch activities and a Reiki program.
12. Establish a Pediatric Hospice program and a Concurrent Care for Medically Complex Children program in Service Area 5B.
13. Provide a Children’s Camp in Service Area 5B within the first year of operation.
14. Provide inpatient hospice services in Service Area 5B through collaboration with existing inpatient providers (hospitals, SNFs, ALFs), as appropriate.
15. Establish a Chapters Valor Program supporting veterans and first responders in Service Area 5B.
16. Begin operations no later than January 2022 if there is no appeal, or no more than 120 days following final CON approval of the project, should the initial Agency decision be appealed.
17. Extend Chapters existing Care Navigation, pharmacy, durable medical equipment and HospiceHelp24® services provided to Chapters’ hospice affiliates into Service Area 5B to establish a 24/7 centralized intake function for all Chapters interactions/requests and enhance and expand the quality and scope of services provided to Service Area 5B residents.
18. Provide CEU offering at no charge in support of end-of-life care and hospice care to Service Area 5B clinicians.
19. Provide medical and clinical internship opportunities to medical, nursing, pharmacy, social work, bereavement counselor, therapy or other affiliated students within the Service Area 5B hospice operation.
20. Provide at least a .5 FTE commitment to have a Board-certified or Board-eligible Medical Director/Staff Physician within the HPH Service Area 5B operation.

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

VITAS Healthcare Corporation of Florida (CON application #10650), also referenced as VITAS or the applicant, is an existing for-profit Florida hospice provider, parented by CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11.

In this batching cycle, VITAS also proposes to establish a new hospice program in SA 8C.

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

The applicant proposes \$786,470 in total project costs.

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

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

C.3 Special Programs:

1. VITAS Pulmonary Care Program

In comparison to the state average, Subdistrict 5B residents have a higher percent of deaths attributable to chronic lower respiratory disease. The age group in part driving the need for an additional service area provider is the 65 and older population who are often Medicare patients. Among Medicare beneficiaries receiving care in Pinellas County, several of the hospitals in Pinellas County are utilizing hospice for respiratory patients at rates that are less than the state average. Further, three of the hospitals in Pinellas County experiencing readmission for respiratory patients that are higher than the state average. Lastly, the average hospice length of stay for patients admitted to hospice from seven of the hospitals in Pinellas County was less than the state average. These metrics can be indicators of late referrals and a need for patient and staff education. VITAS proposes to improve these metrics in Pinellas County by targeted, diagnosis- specific outreach to area practitioners, improved care for pulmonary patients and community education through its Pulmonary Care Program.

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

- a. **Staff Training:** All nurses, physicians, social workers, and chaplains will complete training on care for patients with pulmonary diagnoses and their families within the first three months of their start date. Training will include at least three elements: 1) Education on Chronic Obstructive Pulmonary Disease; 2) Education on End Stage Pulmonary Disease; and 3) Training on removal from mechanical ventilation. Documentation will be shown in a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON conditions compliance report.
- b. **Respiratory Therapist:** VITAS will employ a respiratory therapist in Subdistrict 5B who will be hired before the hospice begins operations. This therapist will provide

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patient care and serve as an educational resource to other hospice staff. The respiratory therapist will also educate health care providers and the community. Compliance with this condition will be documented by providing AHCA with the start data of the respiratory therapist.

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

Healthcare Provider Education: VITAS will offer COPD-related continuing education presentations to area health care providers. These presentations will focus on end-of-life and palliative care. VITAS will offer two programs to area providers each year, for at least the first three years of operations. The two programs will be Palliative Care for End-Stage COPD Patients, and COPD: The Disease. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

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

- c. **Community Support:** VITAS will provide donations to an organization that supports community education and awareness of Lung Disease including COPD for each of the first two years of operation including
 - a. \$25,000 annually to the American Lung Foundation (www.lung.org) to promote education and support services for the prevention and treatment of lung-related disease.

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

2. VITAS Cardiac Care Program

Cardiac disease is a leading cause of death among Pinellas County residents. Additionally, the age-adjusted death rate for coronary heart disease in Pinellas County is significantly higher than the age-adjusted death rate for coronary heart disease in Florida as a whole. The 65 and older population in Pinellas County is driving need for an additional hospice care provider. Accordingly, data from Medicare Cost Reports indicate that four of the top hospitals in Pinellas County are utilizing hospice for cardiac patients less than the state average. Further, the average length of stay for patients admitted to hospice from three of the top hospitals in Pinellas County was less than the state average. These statistics are indicators of late referrals and need for education. These metrics can be improved by targeted, diagnosis-specific outreach to area practitioners, improved care for cardiac patients, and community education through the VITAS Cardiac Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 5B. The program, described in Schedule B, improves end-of-life care for patients with cardiac diagnoses, by using the following elements:

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

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

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

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

3. VITAS Sepsis Program

According to a study published in The Journal of the American Medical Association, 40 percent of sepsis deaths met hospice eligibility at time on hospital admission. Yet as it relates to Medicare beneficiaries treated in Subdistrict 5B, six of the top hospitals in Pinellas County are discharging sepsis patients to hospice at rates that are less than the state average. Additionally, Sepsis, Medicare-insured patients receiving hospice services at hospitals in Pinellas County either in-hospital or post discharge have shorter length of stays and higher readmission rates than the state average. Many health care providers miss the opportunity to recognize hospice eligibility for this disease demographic, and thus, additional education is needed. VITAS has developed a library of resources for health care professionals to better understand when to refer to hospice and what specific concerns they have with the value that VITAS can bring in the care model. These metrics can be improved by targeted, diagnosis-specific outreach to area hospitals and physicians through the VITAS Sepsis Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 5B. The program, described in Schedule B, improves end-of-life care for patients with sepsis diagnoses, by using the following elements:

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

4. **Alzheimer's and Dementia Education Support for Caregivers**

There is a large and growing elderly population in Pinellas County. Patients with dementia represent the fastest growing group of hospice users. According to the Alzheimer's Association, one in nine people aged 65 and older has Alzheimer's dementia. More specifically in Florida, the number of people aged 65 and older with dementia is expected to grow by 24.1 percent from 2020 to 2025. As a chronic and incurable disease, patients with Alzheimer's dementia represent a fast-growing group of hospice users. VITAS is committed to bringing the latest innovations in end-of-life care to its patients and their caregivers. VITAS is also committed to providing patients'

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caregivers with support. VITAS conditions this application on two elements related to improving care and support for patients with Alzheimer's and their families:

- a. **Staff Training:** All nurses, social workers and chaplains will complete the training modules in the VITAS Alzheimer's and Dementia Care program within three months of their start date. VITAS Alzheimer's and Dementia Care program includes 2.5 hours of CEUs covering evidence-based protocols for behavioral symptoms. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.

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

- b. **Music Therapy:** It has been shown that Alzheimer's patients benefit from Music Therapy. VITAS conditions this application on hiring a Music Therapist. Compliance with this condition will be documented by providing AHCA with the start date of the music therapist.
- c. **Community Support:** VITAS will provide donations to an organization that support caregiver education and support for family member/caregivers to individuals with Alzheimer's Disease or dementia including for each of the first two years of operation including:
 - a. \$15,000 annually to the Alzheimer's Association, Florida Gulf Coast Chapter (www.alz.org.flgulfcoast) to promote caregiver education and support.

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

5. Veterans Program

Veterans have unique end-of-life needs and benefit from specialized programming and care. Veterans comprise 19 percent of the population 65 and older overall in Subdistrict 5B and over 27 percent of the 65 and older population in Glades County⁴. To meet the needs of this special population, VITAS will ensure programming and recognition for Veterans at end-of-life.

- a. **Honor Flight Network:** VITAS conditions this application on providing virtual reality "flightless" visits for veterans who cannot participate in the Honor Flight Network trips to Washington D.C. but are interested in the program. This program is described in detail in Schedule B. Compliance will be documented by submitting a dated list of the names of patients who participate in the annual condition compliance report.
- b. **Veterans Wall:** VITAS also conditions this application on offering to install a Veterans Wall in at least three area assisted living facilities or nursing homes within the first two years of operations. The wall showcases a VITAS-provided photo plaque for each veteran resident, engraved with name and branch of service. The wall serves as a resource for the community and a location for veteran-specific events. Compliance will be documented by submitting dated correspondence to area assisted living facilities offering to sponsor and create the wall in the annual condition compliance report.
- c. **We Honor Veterans:** VITAS conditions this application on the Subdistrict 5B program entering the We Honor Veteran program and achieving Level 4 commitment to the program within the first two years of operations. VITAS regularly participates in the We Honor Veterans Program, which is described in detail in Schedule B. Compliance will be documented by submitting the date the program becomes a recruit and the date it achieves Level 4 status in the annual condition compliance report.

⁴ This is an apparent typographical error as VITAS also has a SA 8C application in this batch.

- d. **Veterans Liaison:** Lastly, VITAS conditions this application on providing a dedicated Veterans Liaison in Subdistrict 5B, who will be included in staffing model. Compliance with this condition will be documented by providing AHCA with the start date of the Veterans Liaison.

6. Jewish Hospice Care Initiative

There is a large and growing Jewish population in Pinellas County. Over 40 percent of the Jewish population is age 65 and older, making Pinellas County one of the oldest Jewish communities in Florida. Culturally, many Orthodox Jews are wary of hospice care, questioning whether or not end-of-life care aligns with Jewish law. Thus, it takes a provider that is familiar with Jewish heritage and traditions and that incorporates these traditions into the provision of hospice care to improve access to care for Jewish populations. VITAS is an experienced provider of hospice care to Jewish populations.

- a. VITAS conditions this application on seeking certification by National Institute for Jewish Hospice for Subdistrict 5B. Compliance will be documented by providing documentation of certification by NIJH in the annual condition compliance report.
- b. VITAS also conditions this application on adding a position for a rabbi into its staffing model for Subdistrict 5B. Compliance will be documented by submitting by providing AHCA with the name and start date of the rabbi.

7. Bridging the Gap Program and Medical/Spiritual Toolkit

Among residents in Pinellas County, Black Americans are the largest marginalized population. However, as it relates to hospital discharges to hospice, Black residents are the most underserved group of all racial groups in Pinellas County. This indicates that Black patients in Subdistrict 5B are either not referred to hospice services or are refusing hospice care. Provider and community education can help increase hospice use rates in marginalized communities.

- a. **Bridging the Gap Training and Discussion:** VITAS has created a Bridging the Gap training and panel discussion for health care professionals and spiritual leaders on the needs of Blacks and Hispanic peoples at the end-of-life and how to engage families in end-of-life discussions. This program is described in detail in Schedule B. VITAS conditions this application on offering the Bridging the Gap program in Subdistrict 5B during the first year of operation. Compliance will be documented by submitting a dated list of correspondence and offers to provide the program, a description of the training, and a list of attendees.
- b. **Bridging the Gap Toolkit:** The Bridging the Gap Toolkit will also be offered to spiritual leaders to review evidence about preferences on end-of-life care and provide resources for end-of-life conversations including how to address a patient's faith and how to engage a terminally ill patient's family to provide support. VITAS conditions this application on providing the toolkit to health care providers and spiritual leaders in Subdistrict 5B the first year it is available. Compliance will be documented by providing a copy of the materials and a list of people who received the toolkit in the annual condition compliance report.

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

VITAS analysis has determined that there are 172 ALF in Subdistrict 5B, of which 77 ALFs in have less than 20 beds. These facilities typically focus on the needs of lower income individuals and those with mental and behavioral health issues. Though communication with existing ALFs in Subdistrict 5B, VITAS has learned that the need among ALF patients includes Continuous Home Care, night and weekend admissions, and support therapies such as massage, music, and pet therapy. Hospice staff who receive ALF CORE Training will be better equipped to meet ALF residents' needs and partner with ALF staff. This training is described in detail in Schedule B.

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- a. **ALF CORE Staff Training:** VITAS conditions this application on having its Team Manager, social worker, and hospice representative complete ALF CORE Training within the first year of operation. Compliance with this condition will be documented by providing AHCA with the date the VITAS staff members received training as part of its CON condition compliance report.
- b. **CORE Training for ALFs:** VITAS also conditions this application on sponsoring a CORE training program for area ALF staff during the first two years of operations. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- c. **CORE Training Financial Support:** VITAS will provide support for the CORE Training Program amounting to \$10,000 annually for the first two years of operation to the Florida Assisted Living Association (www.fala.org) to sponsor and support CORE training programs in Subdistrict 5B. Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the first two annual CON condition compliance reports.

9. **Palliative Care Program and Resources**

VITAS offers to all of its patients' options for palliative care, as this care is a vital component of high-quality, comprehensive hospice care. Health care providers, administrators, and physicians in Subdistrict 5B have indicated there is a need for improved access to these services. The palliative care services offered by VITAS are described in detail in Schedule B. It is important to note that not all patients who could benefit from palliative care are eligible for hospice care. In order to determine what services are appropriate for patients seeking hospice care, it is important to have detailed, open discussion with the patient and his or her family concerning end-of-life goals and advance care planning. To ensure Subdistrict 5B patients who would benefit from palliative care receive the services they need, VITAS conditions this application on:

- a. **Engaging area residents with serious illness in advance care planning and goals of care conversations:** VITAS conditions this application on providing easy-to-understand documents and aides to facilitate decisions on care for serious illness. Additionally, VITAS will use the

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Five Wishes document and a wishes and values guide during advance care planning and goals of care conversations. Compliance with this condition will be documented by providing copies of these documents in the annual CON condition compliance report.

- b. **Bringing VITAS Palliative Care into 5B:** Because VITAS is committed to providing comprehensive care, for patients who are not ready or eligible for hospice care, VITAS Palliative Care, a VITAS-affiliated physician led consultative practice, will provide services to palliative care patients in Subdistrict 5B within the first two years of operation. Compliance with this condition will be documented by a letter from Palliative Medical Associates stating the physicians initially providing services, the office location and the opening date. This will be submitted in the annual CON condition compliance report.
- c. **Providing Services to Subdistrict 5B:** VITAS will bring palliative chemotherapy, inotrope drips, and radiation to manage patients' pain and symptoms, as appropriate. Compliance with this condition will be documented by a count of Subdistrict 5B patients that have received palliative chemotherapy, inotrope drips, and radiation. This will be submitted in the annual CON condition compliance report.

10. Provider Education and Training Programs

VITAS has spoken with numerous health care providers in Subdistrict 5B who indicate that there is a need for additional end-of-life care training of physicians, nurses, and social workers in the service area. Hospice education programs provide health care providers with vital information and tools to help appropriately identify patients that would qualify for and benefit from hospice care, thereby improving access to hospice care.

VITAS will offer an End-of-Life Nursing Education Consortium (ELNEC) training program within the first year of operation. VITAS will also offer an Education in Palliative and End of Life Care (EPEC) training program for physicians within the first year of operation. Lastly, VITAS commits to employing 11 Reps to educate Subdistrict 5B Health Professionals and Health Care Communities. Documentation of these meeting will be provided to AHCA as part of the annual CON condition compliance report.

11. Quality and Patient Satisfaction Program

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

- a. **Performance Improvement Specialist:** VITAS conditions this application on hiring a full-time Performance Improvement Specialist in Subdistrict 5B within the first six months of operation. This position is dedicated to supporting quality and performance improvement programs for the hospice program in 5B. The Performance Improvement Specialist will perform ongoing quality assessment and monitoring and will collaborate with senior management to identify priorities for improvement. Additionally, the Performance Improvement Specialist will ensure hospice staff receive and remain current with the required training and in-service education. Compliance with this condition will be demonstrated by submitting the name and hire date of the Performance Improvement Specialist in the condition compliance report.

- b. **Accreditation:** VITAS conditions this application on applying for either Community Health Accreditation Partner (CHAP) or Accreditation or The Joint Commission (TJC) Accreditation. This conditioned will be measured by providing AHCA with a copy of the accreditation certificate or like document from the accrediting body.

12. VITAS Staff Training and Qualification

Dedicated, experienced, and empathetic hospice staff are an important component to providing high-quality hospice care to patients and their families. VITAS is committed to ensuring all of its staff, including staff in Subdistrict 5B are well-trained to provide the best possible care. Accordingly, VITAS conditions this application on:

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- a. The Medical Director covering Subdistrict 5B will be Board-Certified in Hospice and Palliative Care medicine or obtain certification through the Hospice Medical Director Certification Board.
- b. VITAS will provide a salary increase and will reimburse any testing fees for RNs, LPNs, home health aides, and social workers who are certified in Hospice and Palliative Care.
- c. All employed Chaplains covering Subdistrict 5B will have a Master of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.
- d. All social workers will have a master's level of education or Licensed Clinical Social Workers.

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

C.4 Other Conditions:

13. Hospice Office Locations

The hospice office location is important because the location has the potential to facilitate hospice visibility, community awareness, and focused interaction with the community. VITAS is committed to increasing hospice awareness and utilization in Subdistrict 5B. Pinellas County is an urban area with a large population in the St. Petersburg and Clearwater communities. A physical presence in these communities is critical to ensuring outreach, education, and awareness.

VITAS conditions this application on having **two hospice offices**. The initial office will be in the St. Petersburg area, and a second office will be located in the Clearwater/Dunedin/Palm Harbor area within the first year. Compliance will be demonstrated by submission of the VITAS license with the office locations.

14. VITAS Will Not Solicit Donations

The primary purpose of this project is to improve access to hospice care, not financial benefit. VITAS will not solicit

charitable contributions from patients, family or friends relating to its services in Subdistrict 5B, nor will VITAS engage in fundraising events for its program. Any unsolicited donations received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community. Compliance will be provided in the annual CON conditions via an attestation and submission of a compliance report with a ledger showing any non-solicited amounts received and corresponding amounts provided to VITAS Community Connections.

15. Outreach and End-of-Life Education for Subdistrict 5B Residents Experiencing Homelessness, Food Insecurity and Limited Access to Healthcare

As discussed in Schedule B, Subdistrict 5B has a large homeless population; the homeless population rate is significantly higher than the state average. Area residents also have seen a significant increase in the percent of individuals who are food insecure 2019 to 2020, likely attributable to COVID-19. Further, Subdistrict 5B has a relatively large population with a household income of under \$35,000. VITAS is committed to caring for all patients, regardless of their socioeconomic status or where they call home. VITAS is also committed to providing resources that will improve quality of life and tools that will prove useful at the end-of-life whether or not an individual becomes a VITAS patient.

Community Support: VITAS conditions this application on providing assistance to the homeless and impoverished communities in 5B. Specifically, VITAS conditions this application on providing for the first two years of operation including:

- **Support for the Homeless:** A grant of \$25,000 per year to homeless assistance organizations such as the Homeless Leadership Alliance of Pinellas (www.pinellashomeless.org), or similar organization that provide support to homeless populations specifically in Subdistrict 5B;

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- **Support for the Food Insecure:** A grant of \$25,000 per year to food assistance organizations such as Feeding Pinellas, Feeding Florida's Food Bank Network or other similar food distribution organization and food pantries that provide support to food insecure populations specifically in Pinellas County;
- **Support to Address Health Disparities:** A grant of \$25,000 per year to organizations that address health disparities and improve awareness of health options for those facing chronic or terminal illness such as the Foundation for Healthy St. Petersburg or similar organization;
- **Support for Child Welfare:** A grant of \$25,000 per year to Lutheran Service of Florida (www.lsfnet.org) to support the Pinellas Child Welfare Care Management program and the Connecting Family Paths program; and
- **Support for Mental Health:** Recognizing the mental and behavioral health issues are often concerns for smaller ALFs, VITAS will provide support through a grant of \$25,000 annually for mental health services for the first two years of operation to Personal Enrichment through Mental Health Services, Inc., a non-profit organization in Pinellas County.

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

16. Assistance to LGBTQ Communities

VITAS is committed to providing care for all patients regardless of race, gender, creed, or sexual orientation. Ensuring access to care for all includes giving back to community organizations who connect populations to necessary resources such as hospice care. VITAS will partner with community organizations such as Metro Health and SAGE who specialize in assisting LGBTQ communities in Subdistrict 5B. Compliance with this condition will be documented by providing AHCA with documentation of annual meetings with local LGBTQ organization and/or participation in affiliated events.

17. Grief Support for Children

While the unmet need is clearly driven by the elderly population in Pinellas County, high-quality hospice care requires comprehensive services beyond hospice care including support services for children who may have a family member receiving hospice care. VITAS is committed to working with local community organizations to increase access to support services for children.

- a. **Grief Support for Children:** VITAS conditions this application on providing a grant of up to \$25,000 per year in each of the first two years of operation to Valerie's House (<https://valerishouse.org>), a nonprofit organization or similar local organizations providing ongoing grief support programs for children and families grieving the death of a loved one or other similar program. The grant will support the expansion of Children's Grief and Support program into Pinellas County.

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

18. Educational Grant

VITAS believes in supporting local educational organizations that focus on training the health care workforce to support both hospice care and other health care providers. VITAS conditions this application on providing educational grants in each of the first two years of operation, including:

- \$25,000 to St. Petersburg College (www.spcollege.edu) to nursing scholarships for students of the LPN to AS and BSN programs; and
- \$25,000 to St. Petersburg College to support the Stimulation Center for Excellence in Nursing Education ("SCENE").

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

19. Medicaid Manage Care Education

VITAS recognizes the complexity of ensuring Medicaid patients have access to hospice care and benefits including those who are dually eligible for Medicare and Medicaid. VITAS conditions this application on providing monthly webinars related hospice eligibility and access that will be made available to representatives and Managed Medicaid Care Plans and AHCA administrators of the Medicaid program.

20. Services Beyond the Hospice Benefit

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

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

- Providing admissions in the evening and on weekends to address the need identified by hospitals and physicians in Subdistrict 5B, a service other service area providers do not offer sufficiently. Compliance will be measure by providing the number of admissions occurring after normal business hours and weekends.
- Offering a 24-hour call system called Telecare to provide caregivers with assurance and guidance, and dispatch hospice staff when necessary. Compliance will be provided in the annual CON conditions via an attestation of the service's availability and the service's contact information.
- Providing services to address medically complex, high acuity services such as hi-flow oxygen, IV therapy, open Rx formulary, paracentesis, thoracentesis, palliative blood transfusions, and palliative TPN inotropes. Compliance will be provided in the annual CON conditions via an attestation of the service's availability.
- Providing internships to area social workers, chaplains and MBA and MHA (Master of Healthcare Administration) students. Compliance with this condition will be provided as a list of the number and type of interns in 5B, their associated school and the length of their internship.

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- Education for area health care providers, including long-term care facility staff. VITAS conditions this application on offering monthly webinars that provide continuing education units to area health care providers. Documentation of these meetings will be provided to AHCA as part of annual CON condition compliance report.
- Providing a free prognostication tool through the VITAS app for all area physicians. Compliance with this condition will be evidenced by providing information on the application and copies of educational and marketing materials about the application distributed in Subdistrict 5B as part of the annual condition compliance report.
- Providing hospice staff with dashboard reports that summarize quality indicators from the Hospice Item Set (HIS) and CAHPS data to provide insight into performance at the hospice. Providing hospice staff with Discharge Scorecards that allow for benchmarking against the HIS measures. Compliance will be demonstrated by providing AHCA with an example of the dashboard and scorecard in the annual condition compliance report.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, upon Identified need or request. Compliance with this condition will be evidenced by documenting the number of individuals receiving bereavement services more than a year after the death of a family member in each annual CON condition compliance report.
- Patients benefit from programs and activities that are not part of the traditional set of hospice services. VITAS conditions this application on providing the following non-core services:
 - a. Life Bio
 - b. We Honor Veterans Program
 - c. Lavender Touch Experience
 - d. Musical Memories
 - e. Paw Pals
 - f. Music therapy
 - g. Massage therapy
 - h. Specialty children's bereavement services

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

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

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

Should a project be approved, the applicant's proposed conditions would be reported in the annual condition compliance report as required by Rule 59C-1.013(3), Florida Administrative Code. The proposed conditions are as the applicant stated. However, Section 408.043(3) Florida Statutes states that "Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under ss. 408.031-408.045, Florida Statutes." Section 400.606(5), Florida Statutes states that "The agency may deny a license to an applicant that fails to meet any condition for the provision of hospice care or services imposed by the agency on a certificate of need by final agency action, unless the applicant can demonstrate that good cause exists for the applicant's failure to meet such condition."

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

D. REVIEW PROCEDURE

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

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

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

As part of the fact-finding, consultant Steve Love analyzed the application in its entirety with consultation from financial analyst Eric West of the Bureau of Central Services who evaluated the financial data.

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

The following indicate the level of conformity of the proposed project with the review criteria and application content requirements found in Sections 408.035 and 408.037, 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 5B for the July 2022 hospice planning horizon. Therefore, the co-batched applicants are applying in response to published need.

Service Area 5B is currently served by:

- Suncoast Hospice
- Seasons Hospice & Palliative Care of Pinellas County LLC

SA 5B CY 2020 hospice admissions are shown in the table below:

**Service Area 5B
Hospice Admissions
CY 2020**

Provider	Admissions
Suncoast Hospice	7,946
Seasons Hospice and Palliative Care of Pinellas County LLC	791
Total	8,737

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

Each co-batched applicant offered additional arguments in support of need for their respective projects which are broadly described/summarized below:

Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647) generates a table that the reviewer notes reproduces the SA 5B data and fixed need pool (FNP) determination for a new hospice program in SA 5B, as shown in the Agency’s Florida Need Projections for Hospice Programs publication dated February 5, 2021.

Caretenders provides three tables with population estimates by age cohorts (0-14, 15-64 and 65+) along with corresponding percentages from 2020 to 2025, as follows (CON application #10647):

- Total Population Growth-2020
- Total Population Growth-2025
- Total Population Growth- (2020-2025)

Caretenders generates a table that reproduces the total death projections (7/22—6/23) in SA 5B for cancer under age 65 (663), cancer age 65 and over (1,972), other causes under age 65 (2,208) and other causes age 65 and over (7,671). This reproduction is consistent with the SA 5B portion of the FNP published February 5, 2021, for the July 2022 hospice planning horizon.

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The applicant utilizes Florida Health Charts (per 100,000 deaths) to reflect the eight leading causes of death in 2019 in Florida and in Pinellas County (SA 5B). See the table below.

**2019 Leading Causes of Death in SA 5B – Florida Health Charts
(per 100,000 death)**

Area/ County	Cardio-vascular	Cancer	CLRD	Stroke	Diabetes	Renal/ Nephritis	Injuries	Liver Disease
Florida	221.2	214.2	56.4	65.2	29	15	62	15
Pinellas	267.1	261.8	74.5	62.1	33.6	17.8	86.9	18.9

Source: CON application #10647, E.1.

The reviewer notes that in 2019, seven of the eight leading causes of death (per 100,000 deaths) were greater in Pinellas County than in Florida overall, with the exception being stroke (62.1) compared to Florida overall (65.2).

According to Caretenders, 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. Caretenders cites U.S. Department of Veterans Affairs veteran population estimates (2022 to 2025) to generate the following table:

Pinellas County Veteran Population

	2022	2023	2024	2025
Veteran Population	79,685	77,582	75,534	73,519
Percent of Total	8.0%	7.7%	7.5%	7.2%
Estimated Veterans Age 65+	40,551	39,480	38,438	37,413

Source: CON application #10647, E.1.

Caretenders utilizes The Agency’s Florida Need Projections for Hospice Programs publication, (issued February 5, 2021) for the July 2022 hospice planning horizon and Florida Bureau of Economic and Business Development with the following assumptions in its projections:

- Assumed the death rate would remain constant as applied to the 2022 need projections
- Maintained the death rates by category as documented for 2020
- Applied the statewide use rates for hospice as applied by AHCA for the July 2022 planning horizon

Caretenders concludes that Grace Hospice projects the following SA 5B admissions during CYs 2022—2024):

- 2022: 9,111
- 2023: 9,164
- 2024: 9,218

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Caretenders projects a SA 5B death rate of 0.012499 in this calculation. A portion of the applicant’s table reflecting estimated volume regarding cancer and non-cancer for the under age 65 and the age 65+ population for CYs 2022—2024 is shown below.

Estimated Volumes

Projected Need/Volume	Cancer		Non-Cancer		
	Under 65	65+	Under 65	65+	
2022	559	1,860	546	6,145	9,111
2023	563	1,871	549	6,181	9,164
2024	566	1,882	552	6,217	9,218

Source: CON application #10647, Utilization Projections (partially reproduced)

Caretenders 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. The reviewer notes (as previously stated this report’s item C) that Caretenders 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.

Caretenders expects to capture a five percent market share in year one and a 7.5 percent market share in year two in projecting the following patient admissions and patient days:

Grace Hospice	Patient Admissions	Patient Days (ALOS 77.7)
Year One (5% of Hospice Need)	456	35,444
Year Two (7.5% of Hospice Need)	687	53,399

Source: CON application #10647, Utilization Projections

According to Caretenders, figures from Grace Hospice leave a total of 8,655 patients in year one and 8,477 patients in year two to be allocated between the existing care providers. Therefore, its project would have no negative impact upon the viability and ongoing operations of SA 5B’s current hospice providers.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) groups its conditions (see item C for a list of all 40 of CON application #10648 Schedule C conditions) into nine major heading categories and lists two or more numbered conditions within each on the application’s pages 2—5. The major heading categories that are areas of need include:

- Large underserved indigent population
- Growing underserved African American population
- Large, growing underserved Hispanic population)
- Veteran population

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- 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 5B Service Area

Cornerstone bullets 11 factors it states support its conclusion of need for an additional SA 5B hospice program on the application's pages 8, 9, 109 and 110. Cornerstone's response to item E.3.a. address these in greater detail.

Per the applicant, Cornerstone is the best candidate to fill the void/gap in hospice services in SA 5B. Further, 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 since 2014, while the number of non-profit hospice providers has declined by 4.4 percent.

CHPC asserts 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. Further, Cornerstone as a community-based not-for-profit health care provider, is mission driven and invests its resources to meet its mission. Cornerstone contends that this allows it 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.

CHPC compares current and historic statewide penetration rates (2015-2019) to those for SA 5B on the application's pages 22 and 23.

CHPC maintains that in addition to its reliance on the FNP for SA 5B:

- Cornerstone has undertaken its own needs assessment related to specific conditions in SA 5B, including extensive research into patterns of hospice admissions by patient zip code, hospice utilization by patient race/ethnicity, age and diagnosis; income status and age-specific mortality rates and trends

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- Cornerstone's efforts have included meetings with health care providers, social service organizations, and other interested parties in SA 5B whose clients/residents/patients utilize or would utilize its services
- Cornerstone reviewed various Community Health Needs Assessment (CHNA) reports issued by SA 5B nonprofit hospitals and hospital systems—the majority of which were developed or updated since 2019, and a similar Pinellas County Health Department assessment
- 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 it is the ideal candidate to fulfill this need

Based on its discussions, research and assessments, Cornerstone states having concluded 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 maintains that the following factors in its assessment of the area include:

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

CHPC contends that irrespective of the FNP, a number of not normal circumstances warrant approval of a third hospice in SA 5B. These include but are not limited to:

- Gaps in health care services delivery in specific zip code areas within Pinellas County, identified in five of seven CHNAs reviewed
- Problems in data reporting specific to Suncoast, as admitted by its own witnesses in a recent administrative hearing
- Rampant lack of awareness of service availability (low “health literacy”) among the residents of SA 5B, a problem identified in all seven of the CHNAs reviewed

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Cornerstone repeatedly references seven area SA 5B CHNAs and the application’s Tab 7 includes a single printed page showing the seven CHNAs by hospital:

- A column identified as problems/issues/vulnerable populations indicating a row for each of 19 separately listed concerns, with the first seven:
 - Access (health literacy)
 - Cancer
 - Poverty/Low Income (Medicaid and uninsured)
 - Depression Among Seniors
 - HIV/AIDS
 - Cultural/Linguistic Barriers
 - Diabetes
- A column for each of seven area 5B hospitals/health care systems
- An “X” marked (as few as three “Xs” to as many as 10 Xs”) under each of the seven area 5B hospitals/health care systems to as few as three to as many as 10 problems/issues/vulnerable populations

The reviewer notes the following characteristics of the seven stated CHNAs:

- None of the indicated reports are provided for Agency review
- Other than the mention of the “2019 development or update” a publication date or time frame is not indicated for when the assessments were performed

Claritas data indicating estimated population growth in total (by age cohorts of 0-64 and by 65+) from 2021 to 2026 for SA 5B and the state, as well as a corresponding “AAGR”. CHPC provides a corresponding population composition by percentage compared to the total population and all age cohorts. The reviewer reproduces only the age 65+ estimates in the particularly reproduced tables below.

**Population of SA 5B by Age
2021 – 2026**

Age Category	Pinellas County (5B)		Florida		AARG	
	2021	2026	2021	2026	Pinellas	Florida
65+	258,140	296,734	4,724,444	5,527,182	2.8%	3.2%

Source: CON application #10648, page 26, Table 3 (partially reproduced)

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**Population Composition of SA 5B by Age
2021 – 2026**

Age Cohort	Pinellas County (5B)		Florida	
	2021	2026	2021	2026
65+	26.1%	28.7%	21.6%	23.8%

Source: CON application #10648, page 27, Table 4 (partially reproduced)

CHPC provides an SA 5B 2021 total population map, by zip code and an SA 5B 2019 total hospice appropriate deaths map, by zip code on the application’s page 28. CHPC points out that Pinellas County is densely populated, with populations scattered throughout the county. Per CHPC, this supports its decision to locate its offices in central Pinellas County, in the City of Largo.

CHPC next uses Claritas population estimates from 2021 to 2026 by age, race and ethnicity for Pinellas County (SA 5B) and for Florida overall, providing the corresponding population in the tables below.

**Population of SA 5B by
Age, Race and Ethnicity
2021-2026**

Age Category	Pinellas County		Florida		AARG	
	2021	2026	2021	2026	Pinellas	Florida
<i>Total</i>	990,092	1,032,927	21,908,282	23,200,979	0.9%	1.2%
0-64	731,952	736,193	17,183,838	17,673,797	0.1%	0.6%
65+	258,140	296,734	4,724,444	5,527,182	2.8%	3.2%
<i>White</i>						
0-64	550,352	539,200	11,754,547	11,771,567	-0.4%	0.0%
65+	237,380	270,200	4,122,558	4,756,476	2.6%	2.9%
Total	787,732	809,400	15,877,105	16,528,043	0.5%	0.8%
<i>African American</i>						
0-64	95,928	100,664	3,176,410	3,343,411	1.0%	1.0%
65+	11,954	14,572	395,959	489,800	4.0%	4.3%
Total	107,882	115,236	3,572,369	3,833,211	1.3%	1.4%
<i>All Other Races</i>						
0-64	85,672	96,329	2,252,881	2,558,819	2.4%	2.6%
65+	8,806	11,962	205,927	280,906	6.3%	6.4%
Total	94,478	108,291	2,458,808	2,839,725	2.8%	2.9%
<i>Hispanic*</i>						
0-64	96,564	110,880	5,282,904	5,959,142	2.8%	2.4%
65+	11,224	15,476	775,163	1,022,549	6.6%	5.7%
Total	107,788	126,356	6,058,067	6,981,691	3.2%	2.9%

Source: CON application #10648, page 29, Table 5

Note: *Hispanic population is included in White, Black and other races

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**Population Composition of SA 5B by
Age, Race and Ethnicity
2021 – 2026**

Age Cohort	Pinellas County (5B)		Florida	
	2021	2026	2021	2026
<i>Total</i>	100.0%	100.0%	100.0%	1.00%
0-64	73.9%	71.3%	78.4%	76.2%
65+	26.1%	28.7%	21.6%	23.8%
<i>White</i>				
0-64	55.6%	52.2%	53.7%	50.7%
65+	24.0%	26.2%	18.8%	20.5%
Total	79.6%	78.4%	72.5%	71.2%
<i>African American</i>				
0-64	9.7%	9.7%	14.5%	14.4%
65+	1.2%	1.4%	1.8%	2.1%
Total	10.9%	11.2%	16.3%	16.5%
<i>All Other Races</i>				
0-64	8.7%	9.3%	10.3%	11.0%
65+	0.9%	1.2%	0.9%	1.2%
Total	9.5%	10.5%	11.2%	12.2%
<i>Hispanic*</i>				
0-64	9.8%	10.7%	24.1%	25.7%
65+	1.1%	1.5%	3.5%	4.4%
Total	10.9%	12.2%	27.7%	30.1%

Source: CON application #10648, page 30, Table 6

Note: *Hispanic population is included in White, Black and other races

CHPC emphasizes from its Tables 5 and 6 (above) that the most important change in the 5B population is among Hispanics, indicating that the overall proportion of this group is projected to increase from 10.9 to 12.2 percent (2021-2016) and the African American population is forecast to increase slightly from 10.9 percent to 11.2 percent. CHPC explains that given the correlation between the Hispanic and African American communities, lower income status and the myriad health inequities that result, it plans to place special emphasis on outreach to these populations.

CHPC indicates that in the case of the Hispanic population, access problems are also a function of language and cultural differences. Further, it plans on placing additional emphasis on its outreach to SA 5B's Hispanic population, beyond its successful, existing, Spanish-language programming in place in SAs 3E, 6B and 7B. This includes its proposed conditions to having two full-time FTEs for Hispanic outreach and bilingual volunteers. CHPC provides population growth maps by zip code and population groups in the application's Tab 6.

Regarding Cornerstone's readiness to serve SA 5B, CHPC comments that its hospice and palliative care services are provided to patients in their homes and other places of residence. CHPC states that from

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2014 to 2019, it has a record of successfully growing its hospice admissions in each of the three service areas and provides a table showing this trend on page 32 of CON application #10648.

CHPC next states the federal Patient Protection and Affordable Care Act requires nonprofit hospitals to perform a CHNA once every three years and to publish the results in writing. CHPC then states that it has reviewed each of the seven SA 5B CHNA(s), in addition to similar assessment undertaken by the Pinellas County Health Department. Per CHPC, these CHNAs/assessments identify the following areas of concern relevant to the delivery of hospice services in the area:

- Cancer
- Diabetes
- Heart disease
- Stroke
- Respiratory disease
- Kidney disease
- Alzheimer's/dementia
- Depression among seniors
- Poverty/low income
- Cultural/linguist barriers
- Access to care

The reviewer notes that in addition to the populations/concerns bulleted above, CHPC gives considerable attention elsewhere in CON application #10648 to the following populations that, according to CHPC, are in need of special outreach efforts or are otherwise identified as lacking adequate hospice services in SA 5B:

- African Americans
- Hispanic persons
- Veterans
- Homeless
- HIV/AIDS
- LGBT

The six bulleted populations listed above are also recognized in CON application #10648, Tab 7 as problems/issues/vulnerable populations in SA 5B. The reviewer notes that these SA 5B populations:

- Are noted by the applicant as a concern regarding inadequate hospice care/services
- Are listed in the stated area CHNAs as problems/issues/vulnerable populations

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Concerning mortality and morbidity factors impacting resident hospice needs in SA 5B, CHPC states it provides FLHealthCharts.com listing the top 15 causes of death:

- Leading Causes of Death in SA 5B 2019 – page 35, Table 7
- Age Adjusted Death Rate (AADR) for SA 5B and Florida 2019 – page 36, Table 8
- Crude Mortality Rate for Hospice Appropriate Non-Cancer Deaths 2019 – page 37 Table 9
- SA 5B Hospice Appropriate Non-Cancer Crude Mortality Rate Compared to Florida 2019 (by age cohorts of under 65 and 65 and older) – page 38, Table 10

CHPC points out that the six categories stand out as leading causes of death in the area include:

- Heart disease
- Cancer
- Chronic lower respiratory disease
- Cerebrovascular disease (stroke)
- Diabetes
- Alzheimer's disease

CHPC also indicates that the Liver disease and kidney disease (nephritis, etc.) are among the priority health issues identified in SA 5B. CHPC states having experience with and special programs for the following specific conditions described in the following pages of CON application #10648:

- Heart and Respiratory Disease (pages 39 and 40 and Tab 9)
- Cerebrovascular Disease (pages 40 and 41)
- Diabetes (page 41)
- Kidney Diseases (pages 41 and 42)
- Liver Failure (page 42)
- Alzheimer's Disease (pages 42 and 43)
- Depression Among Seniors (page 43 and 44)

CHPC next discusses racial and ethnic disparities in health care in SA 5B. CHPC states the use of FLHealthCHARTS.com and Legacy Consulting Group analysis to show the 15 leading hospice appropriate causes of death, in 2019, as follows:

- SA 5B Mortality by Race (page 45, Table 11)
- SA 5B Mortality by Ethnicity (page 46, Table 12)

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

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

Further, mortality rates Cerebrovascular disease and Alzheimer’s disease by cause among SA 5B’s Hispanic population exceed those for non-Hispanic persons.

CHPC uses the CMS Hospice Limited Dataset, Florida Department of Health data and Legacy Consulting Group analysis to show the 2019 SA 5B Medicare hospice utilization rates, by race (African American) and by ethnicity (Hispanic). See the table below.

**Medicare Hospice Utilization Rates, 2019
SA 5B**

Category	All	African American	Hispanic
Hospice Admission	6,255	366	65
Hospice Appropriate Deaths*	11,073	836	414
Admission Rate	56.5%	43.8%	15.7%

Source: CON application #10648, page 47, Table 13

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

CHPC points out that based on the table above, Medicare admission rates for both African Americans and especially Hispanics are considerably lower than the overall SA 5B average. CHPC contends that its Tables 11-13 amply illustrate the existence of health care inequities experienced by African American and Hispanic population groups in SA 5B and that 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. Further, Cornerstone intends to further develop relationships with access points in the African American community and the Hispanic community in SA 5B.

Concerning English language proficiency, Cornerstone cites US Census Bureau, American Community Survey, Table S1601 and Legacy Consulting Group analysis to provide the following table.

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**English Language Proficiency in SA 5B
Five-Year Average
2015-2019**

Category	Pinellas	Florida
Population 5+	922,238	19,773,422
Speak English Very Well*	874,714	17,420,086
Percent	94.8%	88.1%
Don't Speak English Very Well	47,524	2,353,336
Percent	5.2%	11.9%

Source: CON application #10648, page 49, Table 14

Note: *Includes those who speak only English.

CHPC points out that while 5.2 percent of the SA 5B population speaks English less than “very well”, this is a lesser percentage than the average for the entire state (11.9 percent) and contends that:

- Previous discussion has shown that SA 5B’s Hispanic population is the most rapidly growing segment
- Language barriers represent one of the issues identified in five of the seven area CHNAs as negatively impacting the health of SA 5B residents (Tab 7 indicates it was cited four times)

CHPC again discusses its outreach plans and Outreach Liaisons. The applicant further discusses and provides narrative descriptions of the following:

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

Further discussion of outreach efforts and plans to bring to SA 5B education and understanding on hospice services to the Hispanic and Latino communities is provided and CHPC bullets 12 “key connections” its Outreach Liaisons utilize to educate its communities on the application’s page 51. CHPC uses Claritas data to determine Pinellas County’s CY 2021 median household income in the table below.

**Median Household Income by Single-Classification Race
2021**

Single Race Classification	SA 5B	Florida
White Alone	\$59,319	\$64,097
African American Alone	\$40,566	\$45,018
Two or More Races	\$55,987	\$58,645
Hispanic	\$49,637	\$54,188
Overall Median Household Income	\$57,236	\$60,396

Source: CON application #10648, page 52, Table 16

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CHPC comments that both the African American and Hispanic populations of SA 5B have median household incomes well below the overall service area median and below their respective Florida medians. CHPC stresses that:

- The African American median income is the lowest of any single race/ethnic category, with the difference between the overall 5B median and the African American median being over \$16,000.
 - The reviewer notes that the difference is arithmetically \$16,670 ($\$57,236 - \$40,566 = \$16,670$)
- Although not as severe, the Hispanic median income is more than \$7,000 lower than the overall 5B median
 - The reviewer notes that the difference is arithmetically \$7,599

CHPC provides maps illustrating SA 5B income characteristics by zip code in CON application #10648's Tab 11.

Concerning access to care, CHPC points out that all of the CHNAs developed in SA 5B identify issues of access to health services as a priority are of concern. Cornerstone states plans to address health service areas of priority, in part through the following initiatives, with narratives for each on the application's pages 54 - 58:

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

CHPC provides a comparison of itself and existing providers, as well as to two of the three other co-batched applicants, stating that Caretenders doesn't have hospice experience on the application's page 59. However, Caretenders is part of the LHC Group, whose SA 7A affiliate is Wuesthoff Health System Brevard Hospice and Palliative Care.

CHPC provides projected admissions, offering 12 separate data tables under the major heading of "Projected Admissions" in the application's pages 61 - 71. The table below provides Cornerstone's projected years one and two admissions based on Legacy Consulting Group analysis.

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

Quarter	Admissions	Patient Days
Q4'21	40	1,363
Q1'22	62	3,621
Q2'22	79	4,657
Q3'22	90	5,387
Total for Year One	271	15,028
Q4'22	111	6,464
Q1'23	119	7,133
Q2'23	128	7,938
Q3'23	127	7,964
Total for Year Two	485	29,498

Source: CON application #10648, page 69, Table 26

Hernando-Pasco Hospice, Inc. (CON application #10649) stresses that:

- Within the Tampa Bay area, Pinellas County residents are the only group not currently able to access Chapters' hospice services
- Pinellas County is one of the counties currently served by Chapters' home health care services.

Chapters provides a table on the application's page 6 showing that it provides hospice care in 23 and home health care in 28 Florida counties. Chapters affiliates are shown serving 30 of Florida's 67 counties providing the following services:

- Home care (28 counties)
- Palliative medicine (seven counties)
- Hospice (23 counties, the chart includes Miami-Dade)
- Inpatient hospice unit (seven counties)
- Grief center (five counties)

The applicant states Chapters provides HHC in 28 Florida counties including Pinellas County with "7 counties not currently served by Chapters hospice care". HPH indicates Chapters is authorized to serve Miami-Dade County, but as of June 9, 2021, the SA 11 hospice affiliate license is for Monroe County only. Therefore, there are 29 counties where Chapters affiliates operate.

Chapters contends that it is important to add the recent development of Chapters' CareNu initiative to support the complex needs of the area's residents impacted by chronic disease and illness. Chapters states that in recognition of organizational strengths and resources included in this CareNu initiative there will be a significant community benefit that can be accrued by this new approach to chronic care. CHS/CareNu, in partnership with Next Healthcare, established a joint

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venture organization - Assurity DCE, LLC, which was recently selected as a High Needs Population Direct Contracting Entity (DCE) for The Centers of Medicare and Medicaid Initiatives (CMMI or Innovation Center) Global and Professional Direct Contracting (GPDC) Model for Performance Year 2021. Chapters maintains that the CHS/CareNu/Assurity DCE selection to participate in this CMMI Direct Contracting Model is a major accomplishment and a noteworthy confirmation of the organization's ability and approach to provide this innovative and exciting scope of care. The applicant provides two stated goals of the CMMI (page 8 of the application).

Chapters emphasizes that Assurity DCE was selected as one of only 53 total DCE organizations nationwide to participate in this Direct Contracting Model and was selected as only one of only six DCEs nationwide to participate as a High Needs Population DCE, providing care to Medicare FFS beneficiaries with complex needs, including dually eligible beneficiaries, who are aligned with the DCE through voluntary alignment or claims-based alignment.

According to Chapters, Assurity DCE has been initially approved by CMMI to serve nearly 700 of the most chronically ill and high-risk patients in Pinellas, Pasco, Hillsborough and Polk Counties, as of the CMMI April 1, 2021 designation and will be the largest High Needs DCE participant in the country. Chapters contends this Assurity DCE designation to support Pinellas County High Needs patients is directly applicable to CON application #10649, as the DCE Pinellas County designation will result in another CHS/HPH linkage in provider/referral/support infrastructure that will benefit the proposed SA 5B hospice program and patients.

HPH explains that in addition to the FNP for an additional SA 5B hospice program, there are other service area demographic and economic profile considerations that support the need. The Agency's Florida Population Estimates and Projections by AHCA District 2015-2030 publication, issued March 2020 to reflect SA 5B population growth 2021-2026, by age cohorts, as well as the aging of the SA 5B population is provided. HPH emphasizes that the following age cohorts are expected to growth significantly faster than the Pinellas County total population (2.8 percent):

- Pinellas County 65-74 population is forecast to grow by 10.1 percent
- Pinellas County 75+ population is forecast to growth by 19.0 percent

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HPH emphasizes the magnitude of the growth of the age 65+ population in Pinellas County from 2021 to 2026. See the tables below.

**SA 5B
2021-2026
Population Growth and Aging of the Population**

	0-14	15-64	65-74	75+	Total
2021	139,746	589,753	141,136	120,563	991,198
2026	144,712	575,543	155,321	143,464	1,019,040
2021-26 # Growth	+4,966	-14,210	+14,185	+22,901	+27,842
2021-26 % Growth	+3.6%	-2.4%	+10.1%	+19.0%	+2.8%
% of 2021 Total Pop	14%	60%	14%	12%	
% of 2026 Total Pop	14%	56%	15%	14%	

Source: CON application #10649, page 28, tables combined

The reviewer notes that the Agency’s most recent Florida Population Estimates and Projections by AHCA District 2015-2030 publication was issued in September 2020, approximately four months prior to the Agency’s issuance of the most recent Florida Need Projections for Hospice Programs, issued February 5, 2021. Therefore, the applicant did not elect to use the most recent population data that was available to generate the above tables.

HPH cites the CY 2019 Florida Vital Statistics Annual Report to reflect the Florida death rate by age group (per 100,000 population), and notes death rates increasing in the older population groups. See the table below.

**Death Rates by 10-Year Age Group
Florida 2019 - Per 100,000 Pop**

Age Group	Crude Death Rate
<1	613.2
1-4	24.0
5-9	12.2
10-14	13.5
15-19	49.6
20-24	99.7
25-34	146.6
35-44	218.1
45-54	393.0
55-64	907.7
65-74	1,648.3
75-84	3,743.5
85+	11,557.3

Source: CON application #10649, page 29

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The reviewer notes that, relative to the above table, HPH used statewide crude death rates and not SA 5B specific (Pinellas County) crude death rates. The Agency notes that statewide rates may or may not necessarily be reflective of Pinellas County data, which may or may not reflect more salient characteristics of the area.

HPH contends that based on the above tables and the MedPAC Report to Congress, Medicare Payment Policy, March 2021, the older a population the higher the percentage of deaths that are supported by hospice care and that additionally, the strong elderly growth in SA 5B will generate a continued strong increase in SA 5B deaths and hospice admissions through 2026 and beyond. See the table below.

Medicare Hospice Use by Age Category

Age of Medicare Decedents	Percent of Medicare Decedents Who Use Hospice
0-64	29.4%
65-74	41.0%
75-84	52.2%
85+	62.7%
All Medicare Beneficiaries – All Ages	51.6%

Source: CON application #10649, page 29

HPH states the MedPAC Report to Congress, Medicare Payment Policy, March 2021 indicates that in 2019, the African American and the Hispanic populations utilized hospice services at a lower rate than the white population. See the table below.

US Medicare Deaths, 2019
Percent of Medicare Deaths Supported by Hospice

Total Pop	White Pop	African American Pop	Hispanic Pop
51.6%	53.8%	40.8%	42.7%

Source: CON application #10649, page 30

The Agency notes that the applicant does not affirmatively state that this data is necessarily reflective of SA 5B specifically or can necessarily be comparable to Pinellas County. Further, HPH notes that Pinellas County has a lower percentage of African American and Hispanic population than the state.

HPH uses US Census *QuickFacts*, Florida and Pinellas County, April 2021 to provide some racial/ethnic/veteran/economic profile data. HPH indicates that in 2019, compared to Florida overall, Pinellas County had a:

- Lower percentage of persons in poverty
- Lower percentage of persons without health insurance
- Slightly lower median household income

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See the table below.

**SA 5B/Pinellas County
Racial/Ethnic/Veteran/Economic Profile – 2019**

	Pinellas County	Florida
Pop % White race alone	82.5%	77.3%
Pop % African American race alone	11.1%	16.9%
Pop % Hispanic – all races	10.2%	26.4%
<hr/>		
Veterans (2015-2019 Average_	83,894	1,440,338
Veterans as a % of Pop Age 18+	10.2%	8.4%
<hr/>		
Median Household Income (in 2019 dollars) 2015-2019	\$54,090	\$55,660
Persons in Poverty	11.4%	12.7%
Persons Without Health Insurance under age 65	15.2%	16.3%

Source: CON application #10649, page 31

HPH maintains that the proposed project will be able to tap into Chapters’ experience and expertise in delivering needed hospice care to un- and underfunded population groups.

In reference to veterans, HPH particularly comments on the Chapters Health Valor Program – designed to meet the special needs that are unique to military veterans and first responders. Chapters Health Valor is already provided in its existing programs and will be provided in SA 5B include:

- Usage of a Military and Frist Responder Checklist as part of the social work initial assessment
- Peer-to-peer emotional and chaplaincy support
- An honor, recognition and gratitude ceremony
- A pinning ceremony to recognize veteran and first responder volunteers recruitment from the community
- An “Honor Walk Program” – honors veteran, first responders and their families as their remains are moved from their last home
- Training all clinical staff to meet the unique needs of this population, including those who may be suffering from PTSD and partnering with organizations for referrals, education and celebrations

HPH provides a diagram of 12 bulleted features provided in the Chapters Health Valor Program, titled “What is the Chapters Health Valor Program?” on the application’s page 33. HPH explains the Chapters recognizes the social isolation experienced by the elderly with chronic illness and end-of-life issue, including underserved portions in SA 5B, and that this population will be particularly targeted.

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Regarding forecasted utilization for year one and year two of operations, HPH/CHS states that projections of service area admissions for each CY have been based on the following factors:

- The published net need (the difference between projected and actual admissions) for SA 5B
- The experience and expectations of the most recently approved providers in Florida
- Utilization of hospice services within the service area by patient age and diagnosis
- HPH's capabilities and readiness to begin operations, as detailed throughout CON application #10649

The applicant provides excerpts of its support letters on pages 35-40 of the application. HPH projects 226 admissions in year one and 462 admissions in year two.

VITAS Healthcare Corporation of Florida (CON application #10650)

provides the most voluminous application of any of the co-batched applicants, with CON application #10650 totaling 2,499 pages, including a 108-page Project Summary and 38 exhibits, tables and diagrams in response to item E.1.a. of this report. The reviewer highlights some of the applicant's narrative and exhibits addressing unmet hospice need in SA 5B. VITAS's identified SA 5B unmet hospice need is based on its E.1.a., E.2.a.(1) and E.3.a. responses. VITAS states SA 5B populations experiencing unmet hospice need are:

- Minority populations including African American, Asian, Hispanic and Jewish residents
- Patients with a life-limiting diagnosis that is respiratory, sepsis, cardiac and Alzheimer's disease/dementia
- Patients age 65+ with chronic, terminal, non-cancer illness
- Veterans

Also, based on VITAS' response to items E.1.a., E.2.a.(1) and E.3.a., other SA 5B populations experiencing unmet hospice need include:

- Impoverished and/or homeless populations
- Patients requiring continuous care and high acuity services (such as Hi-flow oxygen)
- Admission in the evening or weekends
- Patients residing in small, less than 20-bed, ALFs
- Residents in need of palliative care

VITAS provides a table of health care providers and organizations that VITAS executives and representatives, "have met, spoken, or corresponded with during the numerous days spent in the Subdistrict

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5B market” on the application’s page seven. VITAS also provides a table on pages 8—11 of the application, listing hospice need in SA 5B that is consistent with its items E.1.a., E.2.a.(1) and E.3.a. responses.

VITAS next cites the Agency’s FNP for a new hospice program in SA 5B and provides the following data tables/exhibits:

- Page 114, Exhibit 16: ACHA Need Publication Summary for Subdistrict 5B
- Page 115, Exhibit 17: Hospital Utilization Age 65+ Non-Cancer Subdistrict 5B vs. Florida
- Page 116, Exhibit 18: Analysis of Published Hospice Need in Subdistrict 5B
- Page 117, Exhibit 19: Subdistrict 5B-Analysis of Hospice Census by Age and Diagnosis

Per its demographic and socioeconomic analysis of SA 5B, VITAS provides the following findings on the application’s page 118.

- The 65+ population in SA 5B is large and growing
- There is a large African American/Black population
- There is a large Hispanic population
- Compared to the state, there is a high percentage of Asian Americans
- There is a large Jewish population
- The hospice use rates among minority populations, including Asian American, Black and Hispanic patients are low in comparison to the number of minority residents
- VITAS serves a significantly higher percentage of Black patients in its Florida markets than existing SA 5B hospice providers
- VITAS serves a significantly higher percentage of Hispanic patients in its Florida markets than existing SA 5B hospice providers
- There is a large population that falls with incomes below \$35,000
- The unemployment rate has grown from 2019 to 2020, likely due to COVID. The long-term economic effects of COVID are yet to be seen
- The rates of homelessness is significantly higher than the rate of homelessness in the state overall
- Residents lack consistent access to enough food for an active, healthy lifestyle
- There is a large senior citizen Veteran population

VITAS provides narrative and population tables/exhibits to address resident growth in the area. The Agency’s Florida Population Estimates and Projections by AHCA District 2015-2030 (published

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September 2020) and July 1st projections for 2021 and 2026 are used to indicate that Pinellas County is:

- Expected to increase from 261,584 residents (2021) to 300,401 residents (2026), a 14.8 percent increase, for the age 65+ population
- Expected to increase from 992,298 residents (2021) to 1,019,725 residents (2026), a 2.8 percent increase, for the total population (all age groups)

VITAS cites Claritas SPOTLIGHT from Environics Analytics, a market software to indicate the percentage of population by race in 2021 in Pinellas County and in Florida overall. See the exhibit below.

2021 Population by Race

	American Indian/ Alaskan Native	Asian	Black/ African American	Native Hawaiian/ Pacific Islander	Some Other Races	Two or More Races	White	Grand Total
Pinellas	0.3%	3.6%	10.9%	0.1%	2.6%	2.9%	79.6%	100.0%
Florida	0.4%	2.9%	16.3%	0.1%	4.6%	3.2%	72.5%	100.0%

Source: CON application #10650, page 120, Exhibit 21

VITAS notes that the Florida Department of Elder Affairs, 2018 Hospice Annual Report indicates that not only does VITAS admit more racial and ethnic minorities than the state average but it also serves more of these groups than the existing SA 5B hospice providers (CON application #10650, page 120, Exhibit 22).

VITAS cites *SPOTLIGHT* data indicates that in 2021 the Pinellas County Latino age 65+ population was 11,220 residents, 4.3 percent of the total age 65+ Pinellas County population (CON application #10650, page 121, Exhibit 23).

VITAS maintains that according to the most recent data from the Berman Jewish Databank, in Pinellas County there are 36,600 persons living in 18,000 Jewish households (as of 2017) and of these 27,900 persons are Jewish; which is an increase of 2,300 Jewish households but a decrease in 1,750 Jewish persons since 1994.

According to VITAS these changes in the Pinellas County Jewish population are due to:

- An increase in the median age (from 49.9 years in 1994 to 62.3 years in 2017) which lead to a decrease in household size
- Increasing intermarriage (from 29 percent of married couples being intermarried in 1994 to 56 percent of married couples being intermarried in 2017) which lead to an increase in households

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VITAS contends that clearly, the Jewish population in Pinellas County is aging with 44 percent of Jewish persons residing in Pinellas County (16,300 persons) age 65+, including 17 percent who are age 75+ and in need of in-home health care. VITAS states that this makes the Pinellas area the fourth oldest of 45 American Jewish communities.

VITAS references and the reviewer confirms a 10-page 2014 article, “The Growth Appeal of Hospice Care-Jewish Exponent” (CON application #10650, Tab 47: SA 5B Need Documentation). The reviewer notes that Jewish Exponent is the flagship publication of the Jewish Publication Group and is the second-oldest continuously published Jewish newspaper in the United States, published weekly since 1887.

VITAS next cites www.flhealthcharts.com homeless estimates and the Agency’s Florida Population Estimates and Projections by AHCA District 2015-2030 to indicate homeless population estimates in Pinellas County. Pinellas County had an estimated 2,415 homeless persons in 2019 and 2,209 homeless persons in 2020. VITAS further points out that Pinellas County had a significantly higher homeless rate-per-thousand population than the Florida average in 2019 and 2020. VITAS’s rate-per-1,000 estimates are shown below.

2019-2020 Homelessness in SA 5B and Florida

	2019	2020
	Rate per 1,000 Homeless Persons	Rate per 1,000 Homeless Persons
Pinellas County	2.46	2.24
Florida	1.34	1.28

Source: CON application #10650, page 123, Exhibit 24 (partially reproduced)

VITAS asserts that there is a large young homeless population in Pinellas County. VITAS next references the Pinellas County Community Health Assessment, or PCCHA (CON application #10650, Tab 47: SA 5B Need Documentation published June 2018 by the Pinellas County Health Department. The PCCHA 2018 table of contents indicates 68 pages with topics including Pinellas County Overview (page 14), Leading Causes of Death (page 20) and Cancer (pages 28 – 30).

The reviewer notes that Tab 47 does not include discussion or documentation addressing homelessness. VITAS provides three tables/exhibits to indicate poverty and food insecurity in Pinellas County, with data source stated below in each.

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Percent of Households with Income <\$35,000

	Households <\$35K Income	Total Households	Percent Below \$35K Income
Pinellas County	456,853	1,337,603	34.2%
Florida	7,605,382	24,113,746	31.5%

Source: CON application #10650, page 124, Exhibit 25 from Spotlight

SA 5B Unemployment Rates

County	2019	2020*
Pinellas	2.5%	5.0%

Source: CON application #10650, page 125, Exhibit 26 from Florida Department of Economic Opportunity Unemployment December 2019.

Note: Not seasonally adjusted, year-end rates

The reviewer notes that VITAS’ data source indicates December 2019, which presents a question as to how 2020 unemployment rates could be available.

2018 vs. 2020 Food Insecurity Rate

Area	Food Insecurity Rate: 2018	Food Insecurity Rate: 2020 Revised Projection	Percent Increase
Pinellas County	12.9%	16.7%	3.8%
Florida	13.0%	17.0%	4.0%

Source: CON application #10650, page 125, Exhibit 27 from Feeding America. Impact of Coronavirus on Food Insecurity in 2020

The applicant points out that lower household income, long-term unemployment and those with food insecurity generally have poorer health status.

Concerning the Pinellas County’s veteran population, VITAS explains that according to the US Census Bureau, the Pinellas County age 65+ veteran population is 20.8 percent compared to the overall Florida percentage of 18.5 percent. See the exhibit below.

Veterans Age 65+ in SA 5B

	Veterans 65+	Total 65+ Population	As Percent of 65+ Population
Pinellas County	48,739	234,815	20.8%
Florida	778,519	4,205,428	18.5%

Source: CON application #10650, page 126, Exhibit 28 from 2019 5 Year Estimate American Community Survey via U.S. Census American Factfinder

VITAS states it will use the following veteran outreach programs to reach this population:

- Participation in We Honor Veterans
- Virtual Reality/”Flightless” Honor Flight Visits to DC War Memorials

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- Veterans Walls in Area ALFs and Nursing Homes
- VITAS Veterans Benefit Assistance

VITAS states it has more We Honor Veterans “Level 4” partner designations than any hospice program in the United States.

Regarding hospice services by referral source and setting, VITAS states that referral to hospice may come from many clinical sources including but not limited to hospitals, nursing homes and ALFs. VITAS points out that physicians play a vital role in referring patients to hospice care but that facility-specific data is more readily available than physician-level data and the applicant continues reviewing referral by hospital discharge data.

VITAS presents detailed descriptions of SA 5B hospital’s hospice utilization, their discharges to hospice by race and ethnicity, total discharges and percentage of discharges to hospice during CY 2019 on the application’s pages 128-132. VITAS states the use of the Agency’s Inpatient Discharge Database 2019 and *Spotlight* population data to show the totals as well as the relative percentages of Black/African American population and the Hispanic/Latino population in Pinellas County. The Asian American population is also referenced. VITAS explains that relatively large portions of both these populations are either not referred to hospice or are refusing hospice services and that this offers an opportunity to improve hospice access for these populations. See the exhibits below.

SA 5B Hospital Hospice Discharges by Race for CY 2019

	Discharges to Hospice	Total Hospital Discharges	Percent of Total Discharges to Hospice	Percent of Total Hospice Discharges	Percent of Population
White	3,371	94,425	3.6%	88.5%	79.7%
Black/African American	275	13,281	2.1%	7.2%	10.9%
Other None-White	132	4,262	3.1%	3.5%	9.4%
Unknown	31	1,027	3.0%	0.8%	0.0%
Total	3,809	112,995	3.4%	100.0%	100.0%

Source: CON application #10650, page 128, Exhibit 30

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SA 5B Hospital Hospice Discharges by Ethnicity for CY 2019

	Discharges to Hospice	Total Hospital Discharges	Percent of Total Discharges to Hospice	Percent of Total Hospice Discharges	Percent of Population
Hispanic or Latino	141	5,080	2.8%	3.7%	10.5%
Non-Hispanic or Latino	3,613	106,392	3.4%	94.9%	89.5%
Unknown	55	1,523	3.6%	1.4%	0.0%
Total	3,809	112,995	3.4%	100.0%	100.0%

Source: CON application #10650, page 129, Exhibit 31

Regarding hospital discharges to hospice and home hospice in CY 2019 in Pinellas County, VITAS states that 3,809 discharges to hospice or 3.4 percent of the 112,995 total hospital compares to states’ 3.3 percent but what is concerning is that only 33.9 percent were discharged to home hospice compared to the state average of 38.7 percent.

VITAS contends that overall discharges of Pinellas County residents from the hospital to hospice, and in particular home hospice, would be improved with additional education and robust support programs for patients and their families. VITAS states it has all of the necessary programs for this purpose.

VITAS maintains that its provision of hospice care aligns most closely with the state average than the two SA 5B providers. VITAS provides higher percentage of private residence care and a higher percentage of care in the ALF setting than either of the two existing SA 5B hospice providers—with Suncoast heavily weighted toward non-inpatient beds at 22.92 percent and Seasons with a high percentage of ‘other’ days. (CON application #10650, page 134, Exhibit 33).

Concerning analysis of mortality rates, deaths by cause and mortality rates for top non-cancerous causes of death, VITAS states Florida Department of Health/Florida Chart data for age-adjusted death rates for non-cancer in Pinellas County in 2019. VITAS highlights the disease categories that indicate higher age-adjusted Pinellas County death rates when compared to Florida in the exhibit below:

SA 5B 2019 Non-Cancer Age-Adjusted Death Rates

Disease Category	Pinellas	Florida
Coronary Heart Disease	93.9	88.6
COPD	38.5	36.1
Stroke	31.7	41.4
Diabetes	19.2	19.7
Alzheimer's Disease	13.4	18.8
Liver Disease	12.7	11.3
Renal Failure	9.8	9.9
Congestive Heart Failure	8.8	12.8
Parkinson's Disease	6.6	7.9
All Causes	704.0	665.6

Source: CON application #10650, page 139, Exhibit 37

Pertaining to the disease-specific need analysis, VITAS states it reviewed "...the Community Health Needs Assessments published by several hospitals in Pinellas County as well as the Florida Department of Health in Pinellas County". As stated earlier, VITAS provided the single PCCHA 2018 (CON application #10650, Tab 47) with the table of contents and selected pages. VITAS offers several exhibits in CON application #10650 that address prevalence/occurrence and other data pertaining to currently unmet hospice need in Pinellas County for patients with Alzheimer's, cardiac, respiratory, and sepsis conditions:

- Probable Alzheimer's Cases (65+), Percent of Population age 65+ from 2018 to 2020 (page 140, Exhibit 38)
- CMS Hospital Discharges to Hospice: Cardiac Patients (page 142, Exhibit 41)
- Hospital Discharges to Hospice: Respiratory Patients (page 142, Exhibit 42)
- Hospital Discharges to Hospice: Sepsis Patients (page 144, Exhibit 43)

The reviewer notes that VITAS referenced multiple area CHNAs by area hospitals and bullets 11 identified health priorities on the application's page 145. VITAS again references the PCCHA 2018 (CON application #10650, Tab 47) and bullets six health care concerns in Pinellas County it indicates are significant. VITAS maintains that results of the multiple hospital and Florida Department of Health CHNAs support its analysis related to disease-specific hospice needs in the area.

The applicant next offers narrative and tables/exhibits regarding services provided by existing SA 5B hospice providers on the application's pages 146—151. VITAS also provides a summary of hospice needs in SA 5B, essentially restating the findings/results indicated in its response to item E.1.a. of this report. VITAS contends

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that even if the Agency were to find there is no numerical need, the gaps in hospice care among these populations constitutes a not normal circumstance.

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

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

VITAS states having approached projected utilization based on two considerations:

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

The reviewer notes as part of its projected utilization estimates, VITAS provides an exhibit/table (CON application #10650, page 153, Exhibit 50) that considers SA 5B population estimates (July 1, 2018 through July 1, 2023), as well as CYs 2018, 2019 and 2020 and projections for CYs 2021, 2022 and 2023 regarding:

- Deaths by cancer/non-cancer, under age 65 and age 65+
- Death rates per 10,000 by cancer/non-cancer, under age 65 and age 65+

The reviewer notes as part of its final projected utilization estimates, VITAS provides an exhibit/table (CON application #10650, page 154, Exhibit 51) that considers CYs 2018, 2019 and 2020 and projections for CYs 2021, 2022 and 2023 regarding:

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- Penetration rates by cancer/non-cancer, under age 65 and age 65+
- Hospice admissions by cancer/non-cancer, under age 65 and age 65+

The reviewer reproduces a portion of VITAS’s exhibit regarding projected hospice admissions in SA 5B, indicating a total of 398 total admissions in year one and a total of 448 admissions in year two.

	Projected Hospice Admissions			
	VITAS Market Share		VITAS Admissions	
	Year One	Year Two	Year One	Year Two
Cancer Under 65	3.25%	3.50%	20	21
Cancer 65+	3.50%	4.00%	71	83
Non-Cancer Under 65	3.25%	3.50%	20	21
Non-Cancer 65+	5.00%	5.50%	287	323
Total	4.42%	4.87%	398	448

Source: CON application #10650, page 154, Exhibit 51 (partially reproduced)

The reviewer notes that the year one (398) and year two (448) total hospice admissions agree with VITAS’s response to item E.2.b.(1)(c) but do not agree with items E.2.b.(1)(d) and E.2.b.(1)(e) responses. VITAS states having taken its broad experience in initiating new hospice agencies in multiple service areas throughout Florida in its projected SA 5B admissions.

As to why VITAS is the right choice for SA 5B, VITAS asserts having a proven track record in Florida of:

- Opening new hospices quickly
- Increasing hospice use rates
- Not adversely affecting existing hospices

2. Agency Rule Criteria and Preferences

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

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

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

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Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647) identifies the following services/population groups as having unmet needs in the area, with Caretenders 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

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648)

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 5B in which the applicant expects to provide enhanced outreach, education and/or programming:

- Pain and symptom management
- Dyspnea self-management program (DSMP)
- Heart and respiratory disease
- Stroke care program
- Care for Diabetes
- Care for end stage renal disease
- Liver failure
- Alzheimer's and dementia
- Depression among seniors
- HIV/AIDS

Hernando-Pasco Hospice, Inc. (CON application #10649)

responds to this Agency Rule Criteria and Preferences in the form of a narrative description on the application's pages 50-53.

HPH's narrative specifically references populations that were previously identified in response to item E.1.a. of this report.

The topics below are cited in reference to SA 5B need:

- African American population
- Hispanic population
- Financially constrained populations
 - Persons in poverty
 - Persons without health insurance
- Veterans
- Lack of "Open Access"
- Socially isolated populations (especially the elderly)

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- Portions of Pinellas County:
 - Northern – Tarpon Springs, Palm Harbor, Dunedin
 - Central – Clearwater, Largo, Safety Harbor
 - Southern – Pinellas Park, St Petersburg, Seminole

VITAS Healthcare Corporation of Florida (CON application #10650) states that several populations would benefit from hospice services in SA 5B but the patient groups with the largest unmet need identified include:

- Patients aged 65 and older with chronic, terminal non-cancerous conditions
- Minority population include African American, Asian and Hispanic populations
- Jewish populations
- Impoverished and/or homeless populations
- Patients with respiratory, sepsis, cardiac and Alzheimer's diagnoses near the end-of-life
- Patients requiring continuous care and high acuity services such as Hi-flow oxygen
- Patients requiring admission in the evening or on weekends
- Patients residing in small, less than 20-bed, ALFs

The reviewer notes that though not specified in its Agency rule criteria preference, VITAS states having recognized specific needs for the SA 5B Veterans and residents in need of palliative care (page 164 of the application).

- (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.**

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) 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. Caretenders states that it will work with Bayfront Health to ensure inpatient access to hospice care when necessary.

The reviewer notes that the applicant makes no reference to any agreements with any existing area hospitals and/or SNFs for the

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provision on inpatient contractual agreements. The reviewer found no such commitments in the applicant's letters of support (CON application #10645, Appendix I).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) 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 16 of the application), along with sample inpatient agreements.

Cornerstone 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 the following SNF in Pinellas County:

- Kensington Gardens Rehab and Nursing Center

The reviewer notes a support letter from HCA West Florida Division's Ethics and Compliance Officer that states, "...the West Florida Division Ethics and Compliance Officer would be agreeable to partner with Cornerstone to provide inpatient and outpatient services for our mutual patients."

Hernando-Pasco Hospice, Inc. (CON application #10649) states that HPH proposes to provide the inpatient care component of its new SA 5B hospice program through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs located throughout Pinellas County.

Per HPH, negotiations for contracts with hospitals and nursing homes to support the program's inpatient needs are ongoing, and by the time the new hospice program is operational, it is HPH's expectation that there will be a number of contracts with SA 5B providers.

CON application #10649, Appendix 9- Chapters Health System Referral/Partner Information is a stated comprehensive listing of all Chapters Health System's existing linkages with all of its care partners (all type linkages with all of CHS's operations including more than just hospice linkages), including inpatient providers, documenting Chapters' ability to be able to successfully establish linkages with local SA 5B inpatient providers. The

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reviewer confirms that the listing is extensive with facilities/providers other than just hospitals and SNFs.

Initially referenced in item B of this report, Miki States, NHA Health Care Administrator of Freedom Square of Seminole, which operates Seminole Pavilion Health Center (a 120-bed Pinellas County nursing home as part of a senior living community) indicates a willingness to discuss contracting with HPH/Chapters for general inpatient care.

VITAS Healthcare Corporation of Florida (CON application #10650) states plans to partner with hospitals and nursing home facilities to provide inpatient or respite care. VITAS references its Tab 48 support letters from representative of entities listed below agree to enter into negotiations for an appropriate contractual arrangement with VITAS Healthcare Corporation of Florida for an inpatient level of care, should the application be approved:

- Gulfport Rehabilitation Center/A Signature Healthcare® Community (Gulfport)
- Belleair Health Care Center
- St. Marks Village
- Shore Acres Care Center
- St. Petersburg General Hospital/HCA West Florida Division

VITAS's application Tab 40 includes Standard Agreements for Nursing Facility, Inpatient and Inpatient Respite Services, sample agreements for SNFs, inpatient and inpatient respite services as well as draft inpatient contractual agreements. Tab 36 includes 'VITAS & Long Term Care'.

- (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**

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) states a commitment to serving the homeless, patients without primary caregivers and patients with HIV/AIDS. LHC provides training and education materials to staff regarding HIV/AIDS and care of patients with HIV/AIDS. Caretenders points out that community outreach will include educational material, online tutorials to hospice care for

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patients/family members and clear admission guidelines online to community eligibility and provide education on when hospice is appropriate for patients and family members.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) maintains that Cornerstone 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 comments that CHPC provides services to patients wherever they may reside – including meeting prospective patients at shelters, hotels, neighbor’s/friends/family’s home.

US Dept. of Housing and Urban Development (HUD), Annual Homeless Assessment Report (AHAR) to Congress, “2007-2020-PIT-Estimates-by CoC.xlsx” is utilized documenting the homeless in the St. Petersburg, Clearwater, Largo/Pinellas County area from 2016-2020 (CON application #10648, page 83, Table “XX”). The reviewer reproduces some average totals from the applicant’s Table “XX” below showing the HUD estimates for CY 2016-2020:

- Black – 839
 - Black sheltered – 538
 - Black unsheltered - 300
- Hispanic –186
 - Hispanic sheltered – 127
 - Hispanic unsheltered - 58
- Total Homeless – 2,572
 - Sheltered – 1,593
 - Unsheltered - 980

CHPC notes that while homeless estimates have been declining “it is important to note that nearly four in ten (38%) are essentially living on the streets”. Further, 70,670 individuals age 65+ living alone in Pinellas County (based on the US Census Bureau’s American Community Survey), yields a higher percentage for SA 5B (30.1 percent) compared to Florida’s 23.7 percent. The applicant describes steps and protocols executed in those instances where patients have no caregivers. CHPC indicates nearly always finding a successful solution in even the most challenging patient care situations.

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Regarding HIV/AIDS, Cornerstone provides a table (page 85 of the application) to indicate that per FLHealthCHARTS.com, in 2019, SA 5B had 4,853 HIV/AIDS cases and that this is a rate of 495.4 cases per 100,000 population, compared to a corresponding rate of 548.6 for Florida overall.

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

Hernando-Pasco Hospice, Inc. (CON application #10649) maintains that Chapters' hospices, including HPH, currently serve patients without primary caregivers at home, the homeless, and patients with AIDS, and will continue to do so at its proposed SA 5B program.

Per Chapters, the proposed SA 5B hospice program will have a caregiver program designed specifically to address the circumstances in which a patient has no or inadequate caregiver services available and in an effort to ensure hospice patients and families have adequate support, the proposed SA 5B program will utilize Chapters' proven caregiver programs that facilitates referring patients and families to community resources to provide caregiving services. Further, any member of the Interdisciplinary Group (IDG) may identify the potential need for a supplemental caregiver, including no caregiver, a fragile caregiver, or a part-time caregiver.

Chapters points out that due to changes in circumstances some options previously undesirable for homeless persons may become acceptable such as: local VA housing and nursing homes for veterans, halfway housing, emergency homeless shelters, supportive housing, faith community resources and homeless initiatives, available in the service area. Chapters indicates that staff will work with each individual patient to utilize the most acceptable resource for that patient.

Chapters points out that patients with an HIV or AIDS diagnosis are served by Chapters programs and services with the same attention to individual needs and circumstances as its patients with other diagnoses and that this same approach will be used in the proposed SA 5B proposal. Chapters emphasizes that

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no person is, or will be, refused service because of age, race, color, creed, religion, disability, diagnosis, sexual orientation, national origin, or ability to pay.

VITAS Healthcare Corporation of Florida (CON application #10650) states plans to serve all residents using all community and VITAS resources as necessary to provide a safe and comfortable environment to enable patients to remain in the least restrictive and most emotionally supportive environment possible. Further, terminally ill patients with no at-home support will receive increased attention from the hospice staff. Every effort will be made to develop a caregiver network from among neighbors, nearby relatives and friends, faith community members and hospice volunteers to provide guidance, assistance and companionship to the patient within the patient's or the caregiver's home.

VITAS states that if a patient lives alone and can care for himself/herself for the most part but does not have family or friends who live nearby, it will assist the patient in developing a network to help the patient or recommend qualified adult sitter services be obtained, unless that option poses a financial hardship.

VITAS reiterates homelessness estimates, poverty rates and food insecurity in SA 5B and that the service area's poverty rates and food insecurity is higher than the state average.

Regarding patients with HIV and AIDS, VITAS comments that over time, HIV/AIDS patients have faced other more traditional causes of death. Further, there have not been a large number of deaths attributable to HIV in SA 5B in recent years – 32 in CY 2019. The applicant comments that, if approved, it will bring to SA 5B the educational programs it has developed for health care professionals about HIV/AIDS, including symptoms of AIDS and the medications used to treat the disease. VITAS points to and the reviewer confirms extensive VITAS publications in CON application #10650/Tab 38: Diagnosis-Specific Materials:

- Diabetes
- HIV and AIDS

- (4) In the case of proposals for a hospice service area comprised of three or more counties; preference shall be given to an applicant who has a commitment to establish a physical presence in an underserved county or counties.**

SA 5B is comprised of a single county – Pinellas County. Therefore, this Agency preference is not applicable in this co-batched review.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) states that though this preference is not applicable, the applicant expects the following principal care delivery site, upon program inception will be located at 3491 Gandy Blvd., Pinellas Park, Florida 33781 or a site in the same area pending finalization of lease terms.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) and **Hernando-Pasco Hospice, Inc. (CON application #10649)** indicate this preference is not applicable.

VITAS Healthcare Corporation of Florida (CON application #10650) bullets seven occurrences or events to be sponsored/conducted by VITAS in SA 5B that apply to issues relevant to all elderly residents.

VITAS states plans to establish two SA 5B offices within the first year in the following locations:

- St. Petersburg area
- Clearwater/Dunedin/Palm Harbor area

The applicant states and the reviewer confirms that these office locations within the first year are conditioned, pursuant to CON application #10650: C. 4 Other Conditions-Condition #13

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

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) states that Grace Hospice will provide services that are not specifically covered by private insurance, Medicaid or Medicare and bullets 11 items or services that are covered by the Medicare Hospice Benefit. Caretenders then discusses some costs not covered and briefly reiterates its commitment to provide services to those without primary caregivers and the homeless. Further, Grace Hospice will continue to provide patients without means for payment for the services they require.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) states Cornerstone currently provides services that are not covered by private insurance, Medicaid, or Medicare, and will continue to do so in the program proposed herein for SA 5B. Specific non-covered services provided by Cornerstone include:

- Bereavement and Grief Support Programs that are available to all service area residents, regardless of any relationship to Cornerstone patients
- 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 1.5 percent of gross revenue
- Services to persons who have exhausted their insurance benefit
- Cornerstone Salutes! and Veteran Recognition Events
- Pet Peace of Mind

The applicant provides narrative descriptions of these services and programs on the application’s pages 86 – 92. CHPC states it was the first hospice in Florida to participate in the Pet Peace of Mind program, which is described as a groundbreaking national program to allow hospice patients to stay with their pets.

Concerning Veterans, Cornerstone utilizes US Census Bureau, American Community Survey, Table S2101 and Legacy Consulting Group analysis to provide the following table.

**Veteran Population in SA 5B
Five-Year Average, 2015-2019**

Category	Pinellas County	Florida
Veterans	83,894	1,440,338
Population 18+	804,984	16,660,000
Percent	10.4%	8.6%

Source: CON application #10648, page 89

CHPC restates its We Honor Veterans Level IV participation.

Hernando-Pasco Hospice, Inc. (CON application #10649) states that it provides a variety of services that are not specifically covered by private insurance, Medicaid or Medicare at its existing operations and will do so in the proposed SA 5B program.

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HPH/Chapters reiterates its Open Access Program – a model of care that is stated to allow hospice patients to continue to receive aggressive palliative care treatments, such as chemotherapy, radiation therapy, cardiac infusion, ventilator support, dialysis and total parenteral nutrition for symptom management, without having to choose between enrolling in hospice and ending the palliative intervention. The applicant explains how SA 5B patients/families/caregivers will benefit from the applicant’s affiliation with the parent company (CHS), and that rather than returning profits to investors, as for-profit operations will do, Chapters reinvests profits in the communities it serves, expanding the scope of hospice services provided and expanding access to important end-of-life care and services.

Per the applicant, HPH/Chapters Health receives no direct reimbursement or payment (Medicare, Medicaid, private insurance or other) for vital programs, which include:

- Extensive bereavement and grief support services for individuals/families and adults/children provided free of charge and available to all service area residents, regardless of any relationship to Chapters'/HPH’s patients or operations
- CareConect services providing a 24/7 centralized intake function for all Chapters interactions/requests
- Caregiver services that permit patients to remain in their homes
- “No One Dies Alone” program that offers companionship and support to patients who are nearing death but who have no family or close friends to sit with them at the end of life
- Complementary therapy services including aromatherapy, pet volunteers and visitation, music activities, comfort touch activities, art activities and a Reiki program
- Education programs for medical, nursing, social work and HIM students from a variety of colleges and universities, including the University of South Florida
- Hospice and Palliative Medicine Fellowship Program at the University of South Florida
- Ongoing community education activities

VITAS Healthcare Corporation of Florida (CON application #10650) states providing a wide variety of the following “non-core services” as a condition of this application (see item C of this report for CON application #10650-Conditions). VITAS lists the stated provision of the following:

- Diagnostic Specific Programs
 - Includes Cardiac, Respiratory, Sepsis, Alzheimer's
 - Specialized staff training on cardiac care

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- Meetings with area cardiologists to discuss patients' needs
- Life Bio
 - A nationally recognized program that helps ease social isolation and loneliness through recording life stories
 - Enables patients to leave a legacy for their family and friends
- Palliative Radiation and Chemotherapy
 - Will be provided to optimize pain and symptom management, as medically necessary
- We Honor Veterans
 - Staff and volunteers will be trained on compassionate listening and grateful acknowledgement
 - Assist with replacing medals and record military experience
- Lavender Touch Experience
 - Aromatherapy program that gives patients a caring touch and healing benefits of lavender
 - Beneficial for insomnia, anxiety and stress
- Musical Memories
 - Volunteers help patients select music and listen to familiar songs
 - Some volunteers bring a musical instrument or sing songs to patients
- Paw Pals
 - Pet therapy program lead by trained volunteers
 - Pre-screened pets visit patients and provide companionship
- Music Therapy
 - Evidence-based music therapy assesses the strengths and needs of the patient and designs a treatment plan that involves singing, listening to, or playing music
- Massage Therapy
 - Uses touch to relieve pain, reduce stress and stimulate circulatory system
- Children's Bereavement Services
 - Provides developmentally appropriate coping mechanisms for children

The reviewer notes that some of these stated services are clearly represented in CON application #10650, Schedule 6A (ancillary and social services sections).

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.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) indicates in Schedule 6A of the application a total of 37.4 FTEs for year one (ending 2022) and 53.3 FTEs for year two (ending 2023). The reviewer notes that the applicant’s Schedule 10 indicates both issuance of license and initiation of service to occur in October 2021. Caretenders staffing pattern is shown below.

**Caretenders Visiting Services of Pinellas County, LLC
CON application #10647
Staffing Pattern**

Position	Year One Ending Date 2022	Year Two Ending Date 2023
Administration		
Administrator	1.0	1.0
Director of Nursing	0.0	0.5
Scheduling	2.1	3.3
Marketing Specialist	1.0	1.0
Secretary	2.0	2.0
Business Manager/ Account Exec	3.2	3.8
Physicians		
Unit/Program Director	Contract	Contract
Nursing		
RNs	8.1	12.2
RN Manager	3.2	4.9
Nurses’ Aides	8.8	13.3
Social Services		
Social Worker	2.2	3.3
Volunteer Coordin.	1.9	2.9
Chaplain	2.8	4.2
Other: Education Mgr	1.0	1.0
Grand Total	37.4	53.3

Source: CON application #10647, Schedule 6A

Schedule 6A’s notes indicate that Caretenders will contract with medical directors, speech, occupational, respiratory and physical therapists and inpatient general

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and inpatient respite care. Services that may be contracted from LHC, include DME, pharmacy, finance/accounting, training, staffing, recruitment, IT, legal services, etc.

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

- Patient Care
- Bereavement Support
- Administrative

Caretenders states that LHC volunteers provided 100,121 hours of support (2,613 in Florida) in CY 2020.

Cornerstone Hospice & Palliative Care, Inc.

(CON application #10648): Schedule 6A shows 29.0 FTEs for year one (ending September 30, 2022) and 48.3 FTEs for year two (ending September 30, 2023). The FTEs shown below account for the incremental addition to its existing FTE complement.

**Cornerstone Hospice & Palliative Care, Inc.
CON application #10648
Staffing Pattern**

Position	Year One Ending 9/30/2022	Year Two Ending 9/30/2023
Administration		
Administrator	1.0	1.0
Other: Admin/management	14.8	25.5
Physicians		
Medical Director	1.0	1.0
Other: APRN & Physicians	0.3	0.6
Nursing		
RNs	5.0	9.0
LPNs	0.1	0.2
Nurses' Aides	3.0	6.0
RN Team Manager	1.0	1.0
Social Services		
Social Service Director	0.5	0.5
Chaplain	1.0	1.2
Social Worker/Bereavement	1.3	2.3
Grand Total	29.0	48.3

Source: CON application #10648, Schedule 6A

Cornerstone's volunteer programs are discussed in narratives on pages 87, 88 and 92—96 of the application.

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The reviewer also notes CON application #10648, Tab 19 – Volunteer Program Materials.

Hernando-Pasco Hospice, Inc. (CON application #10649): Schedule 6A indicates 22.46 FTEs for year one (ending December 31, 2022) and 39.55 FTEs for year two (ending December 31, 2023). See the table below.

**Hernando-Pasco Hospice, Inc.
CON application #10649
Staffing Pattern**

Position	Year One Ending 12/31/2022	Year Two Ending 12/31/2023
Executive Director	0.25	0.25
Team Clerk	1.00	1.00
Medical Records/HIM	0.21	0.49
Coder	0.08	0.50
Director Professional Relations	0.25	0.25
Professional Relations Reps	2.00	2.00
Volunteer Coordinator	0.50	0.92
Bereavement Specialist	0.50	0.92
RNs*	3.99	7.89
HHAs*	3.87	8.52
Social Worker*	1.10	2.44
Chaplain*	0.56	1.03
Clinical Manager	1.00	1.00
Regional Director	0.50	1.00
Patient Access Admissions RN	1.83	2.00
12 Hour Weekend Pt Access RN	0.50	1.00
On Call RNs	2.00	3.00
On Call Pool RNs (Runners)	0.75	2.50
Pool LPN	1.06	2.34
Staff Physician	0.50	0.50
Grand Total	22.46	39.55

Source: CON application #10649, Schedule 6A

Notes: * Includes 10 percent for nonproductive time

Schedule 6A notes indicate the FTE projections are based on the experience of Chapters operations and especially LifePath Hospice in Hillsborough County and the positions will be open to all existing employees. HPH contends that it is important to note that Chapters/HPH currently employs a number of Pinellas County residents in its Pasco and Hillsborough County programs.

Chapters states it has long been effective in attracting area residents who wish to make a meaningful contribution to their community and believes this mutually beneficial circumstance will continue to be reflected in its SA 5B program. The applicant states that during 2019, more than 1,400 volunteers provided a wide range of services in

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Chapters’ existing operations, including patient and family support, bereavement support, administration and fundraising. Chapters further comments that volunteer activity declined in 2020 due to COVID issues but is expected to return to prior levels as COVID constraints and limitations are lifted.

VITAS Healthcare Corporation of Florida

(CON application #10650): Schedule 6A shows 52.7 FTEs for year one (ending September 2022) and 88.8 FTEs for year two (ending September 2023). The FTEs shown below account for the incremental addition to its existing FTE complement.

**VITAS Healthcare Corporation of Florida
CON application #10650
Staffing Pattern**

Position	Year One Ending 09/2022	Year Two Ending 09/2023
Administration		
Administration (General Manger)	1.0	1.0
Director of Nursing (Team Director/PCA)	2.2	3.4
Admissions Dir/Hospice Reps & Community & ALF Liaisons/Account Coordinator/Admissions RN	15.3	17.0
Bookkeeper (Business Manager)	1.0	1.0
Clerk/Receptionist/Secretary	3.8	4.0
Medical Records Clerk (PC Secretary)	1.3	2.4
CC Manager/CC Coordinator	0.3	1.3
Physicians		
Unit/Program Director (Medical Director)	1.0	1.0
Other: Team Physician	0.4	0.5
Nursing		
RNs (HC/IP/CC)	5.1	12.3
LPNs (FT/PT/PD)	4.2	13.0
Nurses’ Aides (HC & CC FT, PT/PD)	6.4	17.9
Other: On-Call, NP (per condition)	2.7	3.2
Ancillary		
Physical/Occupational Therapist	0.5	0.7
Speech Therapist	0.7	0.9
Music Therapist	0.5	0.6
Other: Massage Therapist	0.5	0.6
Other: Respiratory Therapist	0.5	0.7
Dietary		
Dietary Supervisor	0.5	0.5
Social Services		
Social Service Director	1.3	2.2
Activity Director	1.0	1.0
Chaplain	1.6	2.7
Performance Improvement Specialist (PIS)	1.0	1.0
Grand Total	52.7	88.8

Source: CON application #10650, Schedule 6A

Schedule 6A notes indicate that this staffing model was developed from experience of over 34 startup programs nationwide since 2000 and then adjusted for local needs,

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territory size and conditions set forth in the application. Further, volunteer staff hours will equal or exceed five percent of paid employee hours and volunteers will provide pet and music therapy.

CON application #10650, Tab 25: Volunteer Recruitment Brochure is a two-page VITAS publication – Be a VITAS Volunteer. VITAS also discusses various volunteer duties, services and programs on the application's pages 71 – 73.

(b) Expected sources of patient referrals.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) 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

Cornerstone Hospice & Palliative Care, Inc.

(CON application #10648) states it receives patient referrals from a wide range of individuals and organizations associated with the health care continuum of care or end-of-life services in its existing service and expects similar referrals in the SA 5B program, including:

- Physicians
- Hospital discharge planners
- Social workers
- Nursing facilities
- ALFs
- Home health agencies
- Group homes
- Community social service agencies
- Churches
- Veterans' groups

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- 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:

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

Source: CON application #10648, page 96

Hernando-Pasco Hospice, Inc. (CON application #10649) lists its current referral sources below and states it expects these will apply to its SA 5B hospice program:

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

HPH again references actual Chapters/HPH referral sources for 2020 (CON application #10649, Appendix 9: Chapter Health System Referral/Partner Information).

HPH identified two other likely referral sources - Chapters licensed home health care in Pinellas County and Assurity DCE, LLC approved by CMMI (see item E.1.a. of this report for a review of Assurity DCE).

HPH also expects some referrals through community and physician marketing and educational outreach activities throughout the county. HPH references the CON application #10649, Appendix 14: CHS/HPH Patient and Family Educational Materials.

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VITAS Healthcare Corporation of Florida

(CON application #10650) states hospice referrals will come from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates, and other health care providers, family members and the patients themselves.

According to VITAS, “As evidenced in the letters of support in TAB 49, community organizations, disease-specific organizations, nursing homes, and assisted living facilities have indicated their support for VITAS to establish a hospice in Subdistrict 5B. These are institutions and groups likely to provide referrals” (page 166 of the application).

VITAS highlights its CON application #10650, Tab 18: Admissions Criteria, Application for Admission, and discusses a free app available to Android and iPhones for physician and VITAS contact.

- (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.**

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) provides the following table:

Projected Year One and Year Two Admissions by Payer

	Year One	Year Two
Medicare	406	613
Medicaid	23	34
Commercial	20	30
Self-Pay/Indigent	7	10
Total Admissions	456	687

Source: CON application #10647

Cornerstone Hospice & Palliative Care, Inc.

(CON application #10648) provides the following projected number of admissions by payer source for the first two years of operations.

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**Cornerstone Hospice & Palliative Care, Inc.
CON application #10668
Year One and Year Two – Admissions by Payer**

Payer Source	Year One Admits	Year Two Admits
Medicare	226	404
Medicaid	21	37
Private Ins.	17	30
Indigent/Self-Pay	8	14
Total Admissions	271	485

Source: CON application #10648, page 97

Hernando-Pasco Hospice, Inc. (CON application #10649) provides the following projected number of admissions by payer source for the first two years of operations.

**Hernando-Pasco Hospice, Inc.
CON application #10649
Year One and Year Two – Admissions by Payer**

	Medicare	Medicaid	Commercial Insurance	Indigent/Charity	Total
Year One	198	11	14	3	226
Year Two	406	22	28	6	462
% of Total Year One	87.6%	4.9%	6.2%	1.3%	100.0%
% of Total Year Two	87.8%	4.8%	6.1%	1.3%	100.0%

Source: CON application #10649, page 61

The reviewer added the ‘percentage of total year one’ row in HPH’s table above.

VITAS Healthcare Corporation of Florida (CON application #10650) provides the following projected number of admissions by payer source for the first two years of operations.

**VITAS Healthcare Corporation of Florida
CON application #10650
Year One and Year Two – Admissions by Payer**

Payer Source	Year One Admissions	Year Two Admissions
Medicare	347	390
Medicaid	39	45
Indigent/Charity	4	5
Private Insurance/Self-Pay	8	8
Total Admissions*	398	448

Source: CON application #10650, page 167, Exhibit 53

NOTE: * The reviewer notes that these year one and year two totals (398 and 448, respectively) agree with CON application #10650, page 154, Exhibit 51, but do not agree with the applicant’s response to E.2.b.(1)(d) and E.2.b.(1)(e) of this report.

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

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) provides the following table:

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

	Year One	Year Two
Cancer Under 65	24	36
Cancer 65+	72	108
Non-Cancer Under 65	80	121
Non-Cancer 65+	280	422
Total Admissions	456	687

Source: CON application #10647

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) provides a projected number of admissions by terminal illness for the first two years of operations. The reviewer reproduces only the cancer and non-cancer estimates (all age cohorts combined).

**Cornerstone Hospice & Palliative Care, Inc.
CON application #10648**

Year One and Year Two – Admissions by Terminal Illness

Admission Type	Year One Admissions	Year Two Admissions
Cancer	102	183
Non-cancer	169	302
Total	271	485

Source: CON application #10648, page 97 (partially reproduced)

Hernando-Pasco Hospice, Inc. (CON application #10649) provides the following projected number of admissions by terminal illness (cancer and “other”) and by age cohort (under 65 and 65+) for the first two years of operations. The reviewer notes that the table below is identical to HPH’s response to item E.2.b.(1)(e) of this report.

**Hernando-Pasco Hospice, Inc.
CON application #10649**

Year One and Year Two–Admissions by Terminal Illness and by Age Cohort

	Year One HPH Hospice Admissions			Year Two HPH Hospice Admissions		
	Under 65	65+	Total	Under 65	65+	Total
	Cancer	14	46	60	28	94
Other	14	152	166	28	312	340
Total	28	198	226	56	406	462

Source: CON application #10649, page 61

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HPH states that based on projected cases within SA 5B, the table below presents a listing of patient diagnostic categories for HPH’s 2020 operations.

HPH 2020 Patient Diagnostic Distribution

	Percent of 2020 Patients
Cancer	26.9%
Heart Disease	18.7%
Pulmonary Disease	17.7%
Alzheimer’s/Dementia	15.6%
Other Neuro	10.5%
All Other	10.6%
Total*	100.0%

Source: CON application #10649, page 62
 Note: * The reviewer calculated the total.

VITAS Healthcare Corporation of Florida (CON application #10650) provides the following projected number of admissions by terminal illness for the first two years of operations.

**VITAS Healthcare Corporation of Florida
 CON application #10650
 Year One and Year Two - Admissions by Terminal Illness**

Terminal Illness	Year One Admissions	Year Two Admissions
Cancer	91	104
HIV/AIDS	2	2
Respiratory	50	56
Cardiac	60	67
Alzheimer’s/Dementia	56	64
Cerebrovascular/Stroke	65	73
Other	75	84
Total*	398	448

Source: CON application #10650, page 168, Exhibit 54
 Note: Year one and two totals add up to 399 and 450, possibly due to rounding.

Note: * The reviewer notes that arithmetically, the year one and year two totals are 399 and 450, respectively. These respective year one and year two totals do not agree with CON application #10650, page 154, Exhibit 51, or with the applicant’s response to item E.2.b.(1)(c) or with item E.2.b.(1)(e) of this report.

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

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647 provides the following table:

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

	Year One	Year Two
Under 65	104	17
65+	352	530
Total Hospice Admissions	456	687

Source: CON application #10647

The reviewer further notes that in the applicant’s response to E.2.b.(1)(d) above, the under 65 rows equal 157 (36 + 121 = 157). The under 65 total of 17 is likely a typographical error, showing 17 instead of 157.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) provides the following projected number of admissions by age cohort (under 65 and 65+) for the first two years of operations. The reviewer added the totals (see the table below).

**Cornerstone Hospice & Palliative Care, Inc.
CON application #10648
Year One and Year Two – Admissions by Age Cohort**

Age Cohort	Year One Admissions	Year Two Admissions
Under 65	44	78
65 and Older	227	407
Total	271	485

Source: CON application #10648, page 107

Hernando-Pasco Hospice, Inc. (CON application #10649) provides the following projected number of admissions by age cohort (under 65 and 65+) and terminal illness (cancer and “other”) for the first two years of operations. The reviewer notes that the table below is identical to HPH’s response to item E.2.b.(1)(d) of this report.

**Hernando-Pasco Hospice, Inc.
CON application #10649
Year One and Year Two – Admissions by Terminal Illness and by Age Cohort**

	Year One HPH Hospice Admissions			Year Two HPH Hospice Admissions		
	Under 65	65+	Total	Under 65	65+	Total
Cancer	14	46	60	28	94	122
Other	14	152	166	28	312	340
Total	28	198	226	56	406	462

Source: CON application #10649, page 62

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VITAS Healthcare Corporation of Florida

(CON application #10650) provides the following table to account for the projected number of admissions by age group (under 65 or over 65):

**VITAS Healthcare Corporation of Florida
CON application #10650
Year One and Year Two Admissions by Age Group**

Age Group	Year One Admissions	Year Two Admissions
Under 65	40	182
Over 65	341	411
Total *	398	448

Source: CON application #10650, page 169, Exhibit 55

Note: Year one total adds up to 381 and year two to 593.

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

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) maintains that Grace Hospice will provide required core services of routine, respite, inpatient and continuous care directly through Grace Hospice 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

Caretenders further maintains that Grace Hospice will contract for the following services:

- Medical Director
- Therapy, including alternate speech, occupational and physical

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Caretenders reiterates that Grace hospice will contract for inpatient general and inpatient respite care. Further, Grace Hospice will always maintain administrative, clinical and legal responsibility and oversight for the care provided by contracted individuals. Caretenders lists ten administrative services/functions for which Grace Hospice may procure in whole or in part.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) maintains that the following core services will be provided by CHPC 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

Cornerstone states that 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

Hernando-Pasco Hospice, Inc. (CON application #10649) states that the following core services will be delivered directly by HPH in the proposed SA 5B operation, consistent with those services offered by other HPH hospice operations:

- Routine Home Care

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

HPH indicates that the following will be provided directly by Chapters Health System affiliate:

- Evening and Weekend Care
- HospiceHelp24
- Home Health Care (for unrelated diagnosis)
- Infusion
- Pharmacy
- DME/Medical Supplies
- Therapy Services (PT, ST, OT)
- Infection Control
- Integrative Therapies
- Professional/Community Outreach and Education
- Patient/Family Surveys
- Palliative Care

HPH bullets 26 administrative services (i.e. billing and collections, human resources, staffing, recruitment, etc.) it states will be supported by Chapters existing corporate resources rather than duplicated. HPH maintains that though non-core services may be provided under arrangement, HPH retains the responsibility for the management of care.

HPH concludes that based on the HPH/Chapters services that will be provided in SA 5B, and the existing corporate support and infrastructure within the Tampa Bay area,

the proposed Pinellas County program will be able to quickly, efficiently and effectively initiate and then grow operations.

VITAS Healthcare Corporation of Florida

(CON application #10650) states that core services including physician services, nursing services, social work services, pastoral counseling and dietary counseling will be provided by VITAS staff. The applicant states that in addition to core services to be provided by the IDT, VITAS will offer physical/occupational and speech therapy, and in addition, both pet visits and music therapy -with VITAS having a licensed music therapist. Further, VITAS states that volunteers will be utilized for pet visits and music therapy.

(g) Proposed arrangements for providing inpatient care.

Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647) explains that Grace Hospice will contract with existing inpatient hospice care resources within the communities of SA 5B. Per Caretenders, this will provide the most cost-efficient use of community resources, for the provision of inpatient care.

Cornerstone Hospice & Palliative Care, Inc.

(CON application #10648) 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 cites its experience in providing inpatient care directly through its own inpatient units or in a leased SNF unit, and through contractual arrangements with existing nursing homes and hospitals throughout its existing service areas. Cornerstone states having contractual agreements with more than 50 hospitals and nursing homes for provision of inpatient care. The applicant's Tab 16 provides a list of the hospital and nursing homes it contracts with and sample copies of the agreements governing these relationships.

The reviewer notes that this topic was previously discussed in the applicant's response to item B and in item E.2.a.(2) of this report, which referenced:

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- A commitment by executive representatives of Citadel Care Centers to contract with Cornerstone for one of Citadel's SNFs (Kensington Gardens Rehab and Nursing Center) in Pinellas County
- An HCA West Florida Division support letter that states, "...the West Florida Division Ethics and Compliance Officer would be agreeable to partner with Cornerstone to provide inpatient and outpatient services for our mutual patients"

Hernando-Pasco Hospice, Inc. (CON application #10649) restates that HPH proposes to provide the inpatient care component of its new SA 5B hospice program through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs located throughout Pinellas County.

HPH again states that negotiations for contracts with hospitals and nursing homes to support the program's inpatient needs are ongoing, and by the time the new hospice program is operational, it is Chapters' expectation that there will be a number of contracts with SA 5B providers.

CON application #10649 again references its Appendix 9 (previously disused in the applicant's response to item E.2.a.(2) of this report). Chapters Health System Care Partners is a stated comprehensive listing of all Chapters Health System's existing linkages with all of its care partners (all type linkages with all of CHS's operations including more than just hospice linkages), including inpatient providers, documenting Chapters ability to be able to successfully establish linkages with local Service Area 3A inpatient providers. The reviewer confirms that the listing is extensive and facilities/providers other than just hospitals and SNFs.

Also as previously stated in E.2.a.(2) of this report, Miki States, NHA Health Care Administrator of Freedom Square of Seminole, which operates Seminole

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Pavilion Health Center (a 120-bed Pinellas County nursing home as part of a senior living community) indicates a willingness to discuss contracting with HPH/Chapters for general inpatient care.

VITAS Healthcare Corporation of Florida

(CON application #10650) indicates that it will establish inpatient agreements with existing hospitals and nursing home facilities. VITAS provides sample inpatient agreements in CON application #10650, Tab 40: Standard Agreements for Nursing Facility, Inpatient and Inpatient Respite Services.

See VITAS' response to item E.2.a.(2) of this report for a review of anticipated/potential contractual arrangements for the provision of inpatient care in SA 5B.

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

Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647) states that the applicant is not requesting any new inpatient beds at this time.

Cornerstone Hospice & Palliative Care, Inc.

(CON application #10648) states no plans to build a freestanding inpatient facility in SA 5B, 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 it will utilize inpatient beds on an as-needed basis (through contractual arrangement as described earlier) and will execute agreements with several SA 5B hospitals and nursing homes to ensure that convenient inpatient services will always be available to its hospice patients.

Hernando-Pasco Hospice, Inc. (CON application

#10649) states that this is not applicable. HPH explains that there will be contracts for inpatient beds with existing hospital and nursing home providers in SA 5B. HPH further explains that agreements will be with several hospitals and nursing homes in different locations throughout the county to ensure that convenient inpatient

services will always be available to its hospice patients. HPH states beds will be available on an "as needed" basis under the terms of its agreements.

VITAS Healthcare Corporation of Florida

(CON application #10650) restates the intent to establish inpatient agreements within the subdistrict and notes that the total number of inpatient bed days projected in year two is 2,941. The applicant indicates that since it will only pay for the bed-days used, the expense budget does not change with the number of beds under contract.

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

Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647) explains that it is the interdisciplinary group's clinical skills and judgement that determine when and if general inpatient is appropriate. Further, documentation of the need for general inpatient care is key to provide medical reviewers with a clear understanding of the general inpatient admission. Caretenders 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.

Caretenders provides examples when inpatient respite care is appropriate for short-term caregiver relief. The examples provided are that the caregiver:

- 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

Cornerstone Hospice & Palliative Care, Inc.

(CON application #10648) explains 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 inpatient care is dictated by a patient's medical need. CHPC points out that inpatient bed admission is based on one or more of seven circumstances (listed on page 100 of the application).

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

Hernando-Pasco Hospice, Inc. (CON application #10649) indicates that patients are admitted to an inpatient bed according to the guidelines set forth in the Federal Medicare Guidelines for hospice inpatient care. HPH also indicates that at the patients' request and with their physician's order, patients are admitted for management of severe symptom control or medical crisis that cannot be managed in the patient's residence with other levels of care provided. HPH maintains that hospice inpatient services are also an important option for patients who are imminently dying/have complex care needs.

The applicant comments that in addition to the general hospice admissions criteria, admission to an inpatient bed is based on one or more of the following factors:

- Pain control
- Symptom control
- Imminent death with symptoms necessitating frequent physician and nursing intervention
- Medical-surgical procedures or therapies aimed at palliation of symptoms
- Family education needs necessary in order to follow the established plan of care at home

HPH maintains that this approach for admitting patients to an inpatient bed will be used in its SA 5B program.

The reviewer notes that other circumstances that could warrant a patient being admitted to an inpatient bed are not indicated by HPH, such as:

- Provision of a safe and supportive environment to the terminally ill individual during periods of acute psychosocial and/or spiritual breakdown of the primary caregiver(s)
- Primary caregiver incapable of continuing daily care in the home setting

VITAS Healthcare Corporation of Florida

(CON application #10650) indicates that the patient's physical condition, family caregiver capacity and patient wishes will guide decisions regarding inpatient admissions and that additionally, hospice patients may be admitted if their pain/symptoms cannot be managed at home. The applicant states that respite episodes allow the caregiver and/or family a break from their care duties.

VITAS comments that due to its "Comfort Care" services, medically appropriate patients can often avoid being admitted to inpatient units, allowing these patients to remain comfortably at home in their final days as opposed to dying in a hospital.

VITAS reiterates CON application #10650, Tab 40: Standard Agreements for Nursing Facility, Inpatient and Inpatient Respite Services.

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

Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647) 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. As needed and subject to patient choice, Grace Hospice 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 and an effective caregiver at home is unavailable.

Cornerstone Hospice & Palliative Care, Inc.

(CON application #10648) states having responded to this agency rule criteria/preference earlier (see item E.2.a.(3) of this report). However, CHPC points out that for those patients without a suitable primary caregiver at home, it has a caregiver program designed specifically to address circumstances in which a patient has no or inadequate caregiver services available. CHPC continues

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by commenting that 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. Further, Cornerstone works with patients to develop a plan to ensure they get the care they need when they can no longer care for themselves.

Hernando-Pasco Hospice, Inc. (CON application #10649) restates that the proposed SA 5B hospice program will have a caregiver program designed specifically to address the circumstances in which a patient has no or inadequate caregiver services available and that in an effort to ensure hospice patients and families have adequate support, it will utilize Chapters'/ HPH's proven caregiver programs that facilitates referring patients and families to community resources to provide caregiving services. Any member of the IDG may identify the potential need for a supplemental caregiver, including no caregiver, a fragile caregiver, or a part-time caregiver. HPH comments that an individual plan of care will be developed that will meet the patient's specific needs based on their values and preferences.

HPH reiterates its "No One Dies Along" program and concludes this approach will be used in its SA 5B hospice.

VITAS Healthcare Corporation of Florida (CON application #10650) indicates that if a patient lives alone and can care for him or herself but does not have family or friends who live nearby, it will assist the patient in developing a network to help the patient or will recommend that qualified adult sitter services be obtained, should that not pose a financial hardship. The applicant points out that in this way, the patient can remain in familiar surroundings.

(k) Arrangements for the provision of bereavement services.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) comments that Grace Hospice will provide a full complement of bereavement services to hospice patients/their families/caregivers, both before and after the patient's death, in accordance with the interdisciplinary group's plan of care. Further, a purpose

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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 stated 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. Caretenders states that due to the pandemic, LHC has implemented state-of-the-art virtual bereavement services.

Per Caretenders, bereavement services include at least 13 months of follow-up by staff and volunteers specifically trained in bereavement support, including:

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

Cornerstone Hospice & Palliative Care, Inc.

(CON application #10648) 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 they are served by Cornerstone for 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 its bereavement services. This program will continue to be offered by Cornerstone including in the proposed SA 5B program.

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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.

Cornerstone provides a description of the steps, protocol and timeframes of its current bereavement guidelines (pages 101 and 102 of the application) but points out that counseling is not limited to a particular timeframe. CHPC states care is taken to refer complex or complicated bereavement to community professionals when issues are beyond the scope of CHPC's services and that care is also taken to move clients forward so as not to foster dependency on the counselor, without negatively impacting the client/counselor bond. CHPC discusses the following on pages 102 and 103 of the application:

- 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 states and the reviewer confirms that literature and tools for Cornerstone's bereavement programs are provided in the application (Tab 22-Bereavement Materials). The reviewer notes that CHPC's Tab 22 also includes the following Cornerstone publications/policies:

- Grief *and the* Holidays
- Bereavement Services
- Bereavement Assessment

Hernando-Pasco Hospice, Inc. (CON application #10649) states that HPH's SA 5B program will utilize Chapters Health System's/HPH's proven policies and procedures for the provision of bereavement services. The applicant references and the reviewer confirms CON application #10649's Appendix 8: Chapters Health System Bereavement/Grief Program Information. The reviewer notes that this appendix includes the following (both effective 08/19/2020):

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- Chapters Health System Policy and Procedures Manual
 - Policy: Bereavement Services (two page)
 - Policy: Bereavement Risk Assessment (one page)

Chapters indicates that it is the practice of HPH/Chapters to routinely evaluate family members for services related to grief/bereavement. HPH also indicates that all services provided are offered to children and adult family members. Further, all family members identified by the Chapters hospice team to receive bereavement services receive a monthly mailing with information about support group availability, children's camps, special memorial services and other information to assist with the grief and bereavement process. Services are provided for 12 months after the patient's death; however, family members may request services at any time after the death of the patient.

HPH emphasizes that in addition to the bereavement and grief support programs already discussed, Chapters/HPH has Grief Centers within its service areas as a place of hope and healing. HPH explains that the following grief centers are provided at the following Chapters hospices:

- Good Shepherd Hospice – The Bethany Center
- LifePath Hospice – Circle of Love Center
- HPH Hospice – The Grief Center for Children

HPH maintains that survivors are categorized for bereavement risk based on:

- High Risk – requiring intense intervention from a bereavement counselor upon the death of the patient
- Medium Risk – requiring less intense intervention from a bereavement counselor after the death of the patient but could benefit from continued psychosocial support
- Low Risk – requiring minimal support after the death of the patient due to having a strong support system who may have had extended anticipatory grieving prior to the death

Chapters emphasizes that a family member may request individual counseling or support group services, regardless of risk level, at any time after the patient's

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death. HPH also discusses the recognition of the special needs of grieving children and annual children's camps for those ages 6 to 17.

VITAS Healthcare Corporation of Florida

(CON application #10650) maintains that staff and volunteers provide grief support and bereavement services for survivors as needed and requested. VITAS indicates that bereavement services will be available upon admission until the primary tasks of mourning are accomplished and the survivor can emotionally reinvest in life and relationships. Bereavement support is available 24 hours a day, seven days a week with trained staff members on-call and accessible through a toll-free number.

The applicant references and the reviewer confirms an extensive CON application #10650, Tab 26: Bereavement Services. VITAS offers narrative descriptions of numerous bereavement services/programs on pages 73 - 78 of the application. These include:

- Grief support
- Home visits and calls
- Support groups
- Volunteer support
- Patient/family education materials
- Quarterly follow-up and correspondence
- Memorial gatherings
- Resources and referrals
- Staff bereavement support
- Community education
- Grief support for accidental and violent deaths

Brief narratives are provided that describe the following:

- Bereavement assessment
- Development of a bereavement plan of care
- Home visits
- Written and telephone contacts with family
- Grief support
- Referral to additional community resources
- Bereavement during holidays
- Camp B.E.A.R. (bereavement education, assessment and recovery held in March – a once-a-year day camp for bereaved children and their parents)

- Ongoing bereavement support for community tragedies

(1) Proposed community education activities concerning hospice programs.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) states that community outreach by Grace Hospice 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, Caretenders specifically refers to its:

- Hospice Guide to Effective Communication
- Hospice Diagnosis Booklet

Caretenders refers to CON application #10647's Appendix II (Information Brochures and Documents) to review these and other outreach and related documents. The reviewer notes upon a perusal of the applicant's Appendix II, among other documents, the nearest of the two documents referenced above is its Hospice diagnosis: A quick reference guide.

Caretenders states constantly looking at how patients and providers can be educated about hospice and having put significant investment behind this effort to provide real-time analysis on when hospice benefits would be appropriate. Further, reaching patients early in the process and educating them allow them 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

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Caretenders provides an excerpted portion entitled the Average Length of Stay and number of visits, from LHGC's "End-Of-Life Impact" publication (CON application #10647, Appendix II). The reviewer notes that this indicates increasing numbers of LHC total visits at 10 days, three months and six months, for LHC patient discharges from hospice 2017-2020.

According to Caretenders, LCHG has a strong record of community education and activities, and Grace Hospice will quickly implement an education and community engagement strategy of a similar vein in SA 5B.

Cornerstone Hospice & Palliative Care, Inc.

(CON application #10648) contends that its dedication to and level of community outreach is another factor that separates CHPC from other hospice providers. CHPC cites active involvement in the communities it serves through community education, counseling, bereavement programs, Veteran services and first responder tributes.

Cornerstone states being dedicated to the specific needs of the underserved populations in its operational plan for SA 5B. Further, 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 states the Cornerstone Foundation will further support the needs of families in the proposed service area that otherwise have no insurance or health care coverage available to them. The applicant also states it is dedicated to the needs of the community as a whole and that it will never deny care to an appropriate patient in need, regardless of the ability to pay.

CHPC offers narrative descriptions of targeted educational activities concerning hospice programs:

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

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- Outreach to African Americans
- Being Mortal
- Community Involvement and Education/CON application #10648/Tab 23-Community Outreach and Education Materials

The reviewer notes that the largest single publication in Cornerstone's Tab 24 is Cultural Considerations & the Aging LGBTQ Community (CEU #:20-615717).

Hernando-Pasco Hospice, Inc. (CON application #10649) states that CHS/HPH and their existing hospice programs are skilled and experienced in delivering community education programs and that the proposed HPH SA 5B program anticipates extending its community education and outreach programs quickly and efficiently into the Pinellas County marketplace.

Per the applicant, Chapters Health/HPH management and clinical staff have a wealth of knowledge and expertise regarding open access, palliative care and a wide variety of end-of-life issues. Further, these staff members make numerous presentations ranging from speeches and presentations before large audiences to small, targeted group discussions, and participate in a wide variety of forums to help inform and educate the community about all aspects and benefits of hospice care. Some stated venues and organizations reached include churches, civic groups and other community support entities.

Chapters/HPH affiliates have a number of presentations, seminars and educational units that are presented in a wide variety of locations and venues throughout the areas that they serve. Samples of presentations include:

- Benefits of collaborative effort for patients in the ALF
- Educational socials in ALFs and SNFs discussing benefits of hospice
- ALF staff educational seminar: Hospice 101- "How to recognize a terminally ill resident"
- "Aging Gracefully" presented by the spiritual support team
- Veterans pinning ceremony
- Educational presentations in physician offices regarding benefits of hospice, coordination of care, advance directives and other topics

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Chapters/HPH maintains that the proposed program will geographically expand educational efforts into the SA 5B market, enhancing community awareness and understanding of hospice care and services, and the expectation that an increased number and percentage of patients will be supported by hospice care at their time of death. CON application #10649 references and the reviewer confirms:

- Appendix 12: Chapters Health System CEU/Linkages with Colleges and Universities/Example of Didactic Programs
- Appendix 14: CHS/HPH Patient and Educational Materials

VITAS Healthcare Corporation of Florida

(CON application #10650) states that it will provide community education through:

- Two hospice offices in the subdistrict located in St. Petersburg and the Clearwater/Dunedin/Palm Harbor area
- A Hospice Representative committed to providing hospice outreach and education
- Advanced Care Planning for residents of homeless shelters
- ‘Ask the Doctor’ events focused on Cardiac, Sepsis and Pulmonary diagnoses
- Hospice Education and Low Literacy Outreach (HELLO) program
- Bridging the Gap Panel Discussion and Toolkit

VITAS states it historically has participated both financially and through employee volunteerism in projects within the areas of education, health, civic and culture/arts and 27 of these projects/programs are addressed. VITAS references CON application #10650's:

- Tab 7: Brochures & Website Excerpts in Other Languages
- Tab 9: Sepsis Program Information
- Tab 11: Jewish Hospice Materials

The reviewer notes that this is the table of contents of the publication *The Jewish Hospice Manual-A Guide to Compassionate End-of-Life Care for Jewish Patients and their Families*. However, this tab does not include the publication in entirety:

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- Tab 18: Admissions Criteria and Application for Admission
- Tab 23: Materials Related to Alzheimer's and Dementia
- Tab 24: Materials on COPD
- Tab 36: VITAS & Long-Term Care
- Tab 41: Nursing Home Hospice Resources
- Tab 42: Hospice Discussion Guides

The reviewer notes VITAS' Tab 11 has the table of contents of the publication *The Jewish Hospice Manual-A Guide to Compassionate End-of-Life Care for Jewish Patients and their Families* but does not include the entire publication. VITAS Tab 42's Hospice Discussion Guides has guides written in various languages.

VITAS offers narrative descriptions on the application's pages 78—86 of its various outreach projects including:

- Outreach to the following communities:
 - African American
 - Hispanic
 - Jewish
 - Veterans Communities
 - VITAS pledge to veterans
 - We Honor Veterans Program
 - Virtual Reality Flightless Visits to DC War Memorials
 - Veterans Wall
 - Veterans Benefit Assistance Program
 - ALFs and ALF residents

Other outreach is stated to cover:

- Ask the Doctor Events
- What I Need to Know (WINK) Program, with specific cardiac WINK About:
 - Implanted Defibrillators
 - Pacemakers
 - Heart Failure
 - Low-sodium diets
 - Energy-Saving Techniques
- Cultural and Religious Groups (VITAS lists 13 culturally diverse groups and 10 spiritual/religious groups)

(m) Fundraising activities.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) contends that Grace Hospice will build upon the existing fundraising activities of LHC, most notably the Hospice Promise Foundation. Further, as a part of the same operating entity, it will benefit from the donations currently received by LHC. Caretenders comments that Grace Hospice will be open to donations from area residents and corporations but is otherwise committed to supporting the needs of the hospice through corporate funds.

Cornerstone Hospice & Palliative Care, Inc.

(CON application #10648) indicates that it partners with its non-profit affiliated foundation, the Cornerstone Hospice Foundation, a 501(c)(3) organization, to lead its fundraising and charitable activities and this relationship will continue in place as it expands its services into SA 5B. CHPC states that the 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's 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 Foundation is stated to provide philanthropic funding to support existing and ever-changing health care services for the seriously ill and that by blending local traditions with current needs, the foundation distributes the contributions to help defray the continually rising cost of medical expenses to its patients and their families. Specific Cornerstone Hospice Foundation funding is for the following programs:

- Children's Bereavement Programs
- Hospice Houses

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- 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 the application (Tab 24 - Cornerstone Foundation and Fundraising Materials).

Hernando-Pasco Hospice, Inc. (CON application #10649) indicates that the Chapters Health Foundation (CF) conducts a wide variety of fundraising activities throughout the communities that it serves. According to HPH, such activities are based on the unique giving capacities and opportunities found within each of the communities that Chapters serves and that additionally, these activities consider the interest of the communities and the composition of the potential donor population.

HPH explains that CF brings a collaborative approach to fundraising through its Corporate Honor Roll Program (CHRP). HPH further explains that the CHRP is designed to build mutually beneficial relationships by providing benefit amenities back to supporters of the Foundation and Chapters Health System.

Chapters/HPH lists 10 events and five activities stated to be found throughout the CF's operating territory (page 70 of the application). HPH explains that live events were limited in 2020 due to COVID but resumption of a full schedule of CF events is anticipated for 2021 and beyond.

VITAS Healthcare Corporation of Florida (CON application #10650) states that it will not solicit charitable contributions from patients, family or friends relating to its services in SA 5B, nor will it engage in fundraising events for its program. VITAS contends that any unsolicited donations received will be given to VITAS Community Connections, a non-profit organization that

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uses funds to provide donations and grants to local organizations and families, assuring that all money goes back into the local community.

- 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.**

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) states plans to file its semi-annual reports utilization reports with all required data elements in conformity with this criterion.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) states routinely meeting the referenced reporting requirements and is skilled at doing so in an accurate and timely fashion. CHPC asserts that this will be continued with the expended service area, if approved.

Hernando-Pasco Hospice, Inc. (CON application #10649) does not respond directly to this criterion.

VITAS Healthcare Corporation of Florida (CON application #10650) states that VITAS will continue to comply with all reporting requirements as it does for its existing hospice services in Florida.

3. Statutory Review Criteria

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

As stated in item E.1.a of this report, in Volume 47, Number 24, of the Florida Administrative Register, dated February 5, 2021, need for one

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hospice program was published in SA 5B 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 the past five years, ending CY 2020. As shown below, from CY 2017 - 2020, total admissions in SA 5B increased, with the lowest admission count occurring in CY 2017 (7,081 admissions) and the highest admission count occurring in 2020 (8,737 admissions). Also, the total admissions count for CY 2016 (7,888 admissions) was higher than 2017 (7,081 admissions) and 2018 (7,162 admissions). See below.

**Hospice Admissions for Hospice Service Area 5B
CY 2016 – CY 2020**

CY	Admissions
2020	8,737
2019	8,218
2018	7,162
2017	7,081
2016	7,888

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs issued March 2017 – March 2019 and February 2021 and unpublished CY 2019 hospice utilization as reported by licensed Florida hospices.

As previously stated in item E.1.a of this report, SA 5B is currently served Suncoast Hospice and Seasons Hospice and Palliative Care of Pinellas County LLC, which was licensed effective April 3, 2018.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) reiterates the applicant’s first and last tables described in item E.1.a. of this report.

The applicant’s first table in response to item E.1.a. of this report confirmed the Agency’s conclusion that the fixed need pool verified the net need for an additional hospice program in SA 5B for the July 2022 hospice planning horizon. The applicants last table indicated admissions and patient days estimates for year one and for year two.

The applicant’s last table in response to item E.1.a. of this report estimated a total of 456 patient admissions/35,444 patient days (in year one) and a total of 687 admissions/53,399 patient days (in year two).

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) reiterates that, consistent with the Agency’s published need for an additional hospice program in SA 5B, Cornerstone's own assessment of population size and composition, socioeconomic factors, hospice utilization by patient race/ethnicity, age and diagnosis, as well

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as areawide and age-specific mortality rates and trends affirms that a new competitor with a commitment to serving the entire area - including but not limited to low-income populations - is needed to enhance access to hospice care among area residents.

Cornerstone contends that 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 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 5B. This fosters local accountability
- Between 2021 and 2026, the population in SA 5B is projected to increase by 42,835 persons
- Both minority populations groups (African American and Hispanic) within the service area are expected to grow at rates exceeding the corresponding 5B averages regardless of age
- Specific to the African American population:
 - Overall growth is forecast to be 1.3 percent per year vs. 0.9 percent for all residents of 5B in both the 0-64 and 65+ age groups
 - The growth rate is higher than that for the total population of 5B in both the 0-64 and the 65+ age groups
- Specific to the Hispanic Population
 - Overall growth is projected to increase by 3.2 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 6.6 percent per year
 - Among the under 65 Hispanic population, the growth rate is expected to be 2.8 percent per year compared to the SA 5B total under 65 population average of 0.1 percent
 - 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

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- The hospice penetration rates in SA 5B is below average compared to Florida and this
- Medicare hospice admission rates for African American and Hospice residents of SA 5B lag behind the overall service area average. The admission rate for Hispanic persons is less than one-third of that of SA 5B overall
- Six of seven CHNAs published for SA 5B identify poverty/lower income status as contributing to health status problems and unmet health care needs in SA 5B
- Median household incomes for 5B fall below the Florida average
 - The median for the African American community in 5B is more than \$16,000 below the overall 5B median income
- Cornerstone will set up a designated charitable account to be used to help meet the needs of low-income patients outside of hospice services. Donations will be made to key local service organizations to help to improve access to care and supportive services

Additionally, Cornerstone states the following not normal circumstances warrant approval of a third hospice in SA 5B:

- Gaps in health care services delivery in specific zip code areas within Pinellas County, identified in five of seven CHNAs reviewed
- Problems in data reporting specific to Suncoast, as admitted by its own witnesses in a recent administrative hearing
- Rampant lack of awareness of service availability (low “health literacy”) among the residents of SA 5B, a problem identified in all seven of the CHNAs reviewed

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

Hernando-Pasco Hospice, Inc. (CON application #10649):

maintains that the proposed project will expand the overall availability of hospice care as well as fill current service availability gaps. According to CHH, the proposed project will aggressively treat all appropriate hospice candidates and will work with the local community and with hospice referral sources to ensure that all appropriate hospice candidates have knowledge and awareness of available hospice services - significantly enhancing the availability of hospice care within the SA 5B marketplace.

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

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HPH reiterates its Open Access Program and its planned broad array of palliative care and services – indicating that patients will not be forced to choose between either hospice care or palliative/comfort care.

CON application #10649 responds to the Health Care Access Criteria (pages 74 - 77 of the application).

VITAS Healthcare Corporation of Florida (CON application #10650) maintains that the proposal seeks to address the entirety of the needs of the terminally ill population, regardless of age, race, gender, disability or income level. VITAS also maintains that specific groups to be served include, but are not limited to:

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

VITAS also identified other populations stated to be in need of hospice services in the applicant's response to items E.1.a. and E.2.a (1) of this report. The applicant responds to the Health Care Access Criteria (pages 192 and 193 of the application).

VITAS's quality of care is addressed in item E.3.b. of this report.

The reviewer notes the applicant's extensive 13 ½ pages of 20 conditions (CON application #10650, Schedule C-Conditions).

- 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>.

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In this website, the Agency shares hospice quality characteristics through the following Centers for Medicare and Medicaid Services' reporting requirements found in the assessment sources and survey instruments of:

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

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

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

Below is the Agency’s publicly available HQRP information for the co-batched applicants. Chapters scores are a composite of the three programs that were licensed to them for the entirety of the reporting periods. Hospice of Okeechobee licensed to them effective November 6, 2019, is not included in the average. Chapters Health Hospice in Monroe (SA 11) was not licensed to them until February 14, 2020 and did not have any reported data. LHC Group is the parent of ‘Wuesthoff’ below.

**CAHPS®
January 1, 2018 - December 31, 2019**

Hospice	Willing to recommend this hospice	Commun. with family	Getting timely help	Treating patient with respect	Emotional & spiritual support	Help for pain & symptoms	Training family to care for patient	Caregivers rated the hospice a 9 or 10	Avg. Score
Chapters	83%	76%	76%	86%	88%	69%	67%	77%	78%
Cornerstone	86%	77%	76%	89%	90%	71%	68%	81%	80%
VITAS	78%	72%	68%	83%	87%	67%	64%	74%	74%
Wuesthoff Health	90%	81%	79%	90%	92%	72%	72%	86%	83%
STATE	84%	78%	75%	88%	89%	73%	70%	80%	80%

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

The CAHPS® (Patients and Family Experience Measures-Consumer Assessment of Healthcare Provider and Systems) data above shows Wuesthoff exceeding the state average when combining the overall categories, Cornerstone meets the average, Chapters is slightly below and VITAS is clearly below the average.

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**HIS –(Quality of Patient Care Measures-Hospice Item Set)
CY 2019**

	Patients who got an assessment of all HIS quality measures	Invitation to discuss treatment preferences	Invitation to discuss beliefs & values (if desired by the patient)	Patients checked for pain screening	Patients who received a timely and thorough pain assessment	Patients checked for shortness of breath	Patients who received timely treatment for shortness of breath	Patients treated with opioid medication who are given a bowel regimen
Chapters	97.2%	99.3%	98.7%	99.4%	98.5%	99.9%	99.8%	98.2%
Cornerstone	91.4%	100.0%	99.8%	98.3%	89.8%	99.9%	98.2%	95.7%
VITAS	95.3%	99.5%	98.9%	98.4%	96.9%	98.6%	99.3%	98.7%
Wuesthoff	98.2%	100.0%	100.0%	99.1%	96.9%	100.0%	100.0%	100.0%
STATE AVG	94.2%	99.7%	97.7%	98.5%	96.7%	99.5%	98.7%	98.4%

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

The chart above shows Wuesthoff, Chapters and VITAS exceeding the Florida hospice program average for ensuring all HIS items being met, Cornerstone is below the average. As of June 2, 2021, the CMS.gov website indicates there are nine HIS Quality Measures but ‘Patients Who Got an Assessment of all HIS Quality Measures’ is no longer one of them. The reviewer notes that the Florida hospice HIS Quality of Patient Care Measures are available @ <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>.

Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647) previously indicated affiliation with the LHC Group. Per Caretenders, LHC is a member of the National Association for Home Care and Hospice (NAHC). The reviewer notes NAHC’s mission statement and vision, per the website <https://www.nahc.org/about/mission-statement/>:

- 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

According to this same website, the 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. Further, the website indicates that NAHC is a trade association that represents the nation’s 33,000 home care and hospice organizations.

Caretenders 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. Caretenders 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 health care services

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

Caretenders maintains that LHC Group d/b/a Grace Hospice is the best candidate because this applicant 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. Caretenders' Project Summary offers a brief three-page narrative description of the seven reasons listed below to warrant project approval and the applicant includes a more in-depth 27-page narrative to further detail these same seven reasons. Some highlights from Caretenders' three-page summary include:

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 (LTACH), advanced practice providers and LHC's own 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 Groups was born from a single home health agency and adapts to the communities that it serves, empowering

- local leaders because LHC 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. LHC is a national leader in this area
 - b. Quality

The LHC Group maintains a Quality Assurance and Performance Improvement Department which formulates quality of care indicators, identifying performance improvement priorities and facilitates best practices for quality care. Company-wide LCHG has adopted a “Plan, Do, Check, Act” methodology. LCHG 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
 - Continuing to explore “JV” opportunities in SA 4A
 - Having established working relationships through LHC’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 the LCHG’s Board of Directors and executive team have committed substantial efforts to focus on human capital resources, some being as follows:

 - 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 LHC'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)
 - 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/funding for:
 - Rent
 - Utility bills
 - Emergency repairs
 - Personal care items
 - Food assistance
 - Patients' last wishes
 - Burial assistance
 - Bereavement camps for children

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- Educational outreach for end-of-life care
Funding 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 LHC's affiliate hospice Wuesthoff Health System Brevard Hospice and Palliative Care had no substantiated complaints for the three-year period ending April 28, 2021.

Of all the co-batched applicants with existing hospice operations in Florida, LHC Group had the highest quality summary percentages in the Agency HQRP tables shown above.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) emphasizes that it 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. CHPC further emphasizes that Cornerstone is a provider of Medicare and Medicaid benefits and meets all applicable Medicare conditions of participation. CHPC stresses that significantly, the first and most important factor to note is that Cornerstone has met and continues to meet all hospice licensure standards, and therefore has demonstrated how it will meet those standards by actually meeting them. CHPC comments that the proposed SA 5B Cornerstone hospice program will be a service area expansion component of its existing license and all resources necessary to ensure compliance in the new program are in place or available to the applicant. Additionally, CHPC points out that Cornerstone is Joint Commission accredited.

CHPC stresses offering programs that promote cultural understanding, meet distinct patient needs and unique clinical strategies for palliation and comfort. CHPC lists these types of care and programs as follows:

- 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

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- Pet Peace of Mind
- Concurrent Care (under 21)
- Care Considerations for the LGBTQ Community

CHPC states that its 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 the application's page 123.

Cornerstone describes its Interdisciplinary Team (IDT) and states that the IDT can vary depending on the patient and the family needs. Twelve 12 staff positions/employees/volunteers that compose the IDT are provided on the application's pages 123 and 124.

CHPC also provides a list of its MDs, DOs and APRNs on pages 125 and 126 of the application. Tab 26 includes brief narrative bios of the licensed practitioners. Narratives on the following are provided on the application's pages 126 – 128:

- 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

With particular regard to 7-Day Case Management, CHPC explains that most hospice providers utilize a five-day case management model but that Cornerstone's "Enhanced 7-Day Case Management Model" 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)

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- 8am-8pm (Friday, Saturday and Sunday and holidays)

CHPC points out that its Enhanced 7-Day Case Management Model operates seven days a week, 365 days a year and maintains that this 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. NPHI provides leadership for policy analysis and advocacy efforts, along with quality tracking and reporting for its members. Cornerstone states it 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 notes that regarding licensure/recognition/awards, CON application #10648, Tab 28: Joint Commission and Awards Documentation, the applicant provides:

- Agency Hospice Licensure (effective 9/30/2020 - 8/29/2021)
- Joint Commission Accreditation (effective 2/1/2020)
- National Institute of Jewish Hospice (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

CHPC does not provide documentation to verify these awards.

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Regarding Cornerstone's quality assurance and performance improvement (QAPI) procedures and protocols, CHPC points out the following CON application #10648 Policies and Procedures (P&Ps):

- Infections Prevention (Tab 17)
- Cornerstone P&Ps Table of Contents (Tab 18)
- QAPI Info & Related Select P&Ps (Tab 27)
- Charity Care Policy 4-027 (Tab 30)
- Select Cornerstone Personnel P&Ps (Tab 38)

CHPC also discusses the following:

- 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's three affiliated hospice programs, together, had a total of one substantiated complaint (quality of care/treatment), for the three-year period ending April 28, 2021. A single compliant can encompass multiple complaint categories.

Hernando-Pasco Hospice, Inc. (CON application #10649), an existing Florida hospice provider states that the parent, Chapters Health System (CHS), has a strong history, as well as the applicant, HPH, of providing high quality, compassionate hospice care.

HPH cites CON application #10649, Appendix 3: Chapters Health System Joint Commission and Licensure Information, as follows (CHS and CHS/HPH affiliate hospice providers):

- Joint Commission Accreditation (with accreditation customarily valid for 36 months):
 - Hernando-Pasco Hospice, Inc. (HPH Hospice) – October 30, 2017
 - LifePath Hospice, Inc. – June 10, 2017
 - Good Shepherd Hospice, Inc. (Good Shepherd Hospice) – May 20, 2017
- Agency-issued hospice licenses:
 - HPH Hospice, Inc. (effective 12/21/20 - 5/1/21)
 - Lifepath Hospice, Inc. (effective 5/1/20 - 4/30/22)
 - Good Shepherd Hospice, Inc. (effective 5/1/20 - 4/30/22)
 - Good Shepherd Hospice, Inc. d/b/a Chapters Health Hospice – (effective 12/11/20 - 5/14/21)

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- Hospice of Okeechobee Incorporated (effective 8/1/20 - 2/3/22)

The reviewer notes Chapters Health Hospice (SA 11) licensure status as of June 8, 2021 is “under review”. HPH maintains that all Chapters hospice affiliates now comply, and the proposed SA 5B program will comply, with all standards for program licensure described in Chapter 400, Part IV, Florida Statutes and Chapter 58A-38, Florida Administrative Code. Chapters/HPH is a provider of Medicare and Medicaid benefits and meets all applicable Medicare conditions of participation.

The applicant cites CON application #10649, Appendix 10: Chapters Health System Policies, Procedures, Protocols and asserts that the proposed program will be part of an organization that provides comprehensive and integrated post-acute care services through its hospice, palliative care, home health, pharmacy, DME and staffing affiliates.

Chapters/HPH cites its experience and ability benefits patients and families allow it to:

- Provide an integrated, seamless transition of care for patients receiving home care services to transition to hospice care without any disruption in services or providers
- Ensure high quality of care is provided by staff members, and that staff with specialized skills and experience are available as needed
- Ensure that the patient is cared for in the most appropriate setting
- Ensure timely delivery and 24/7/365 availability of pharmacy and durable medical equipment needed by patients – no delays for patients being discharged from the acute care setting because Chapters controls and coordinates all aspects of the patients’ post-acute end-of-life medical care
- Cost-effectively manage the health care of its patients by managing key and often costly components of care such as drug and equipment costs

HPH asserts that the SA 5B program will benefit from efficiencies gained from Chapters established and in place corporate infrastructure. Further, Chapters’/HPH’s ability to fund its programs and services from operations is unique among not-for-profit hospice providers and the approval of the proposed project would offer service area residents a sophisticated, mature corporate infrastructure

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necessary to implement new hospice programs at a low cost point with a non-profit organization's focus specifically on the local communities' needs.

The applicant reiterates the Chapters/HPH practice and philosophy of "Open Access" and indicates that the proposed project will support the continuation of palliative therapies such as:

- Radiation and chemotherapy, which can assist in decreasing pain and symptoms associated with cancer diagnosis
- Blood transfusions, which can boost patients' blood volumes to help stave off fatigue and shortness of breath
- Artificial nutrition or hydration, which is helpful to patients with esophageal or colon cancer who cannot tolerate adequate nutrition by mouth for sustenance
- Cardiac infusions, which can help maintain cardiac function and treat shortness of breath, fatigue and weakness

Chapters/HPH restates the Chapters at Home with CHF and COPD programs indicating certain chronic disease, such as CHF and COPD lead to hospitalizations and/or re-hospitalization for evaluation and treatment of unmanaged symptoms. Further, in order to support significant community need in these areas, it has developed and implemented in its existing hospice programs year-round, round-the-clock programs and services for CHF and COPD patients and their families, which include:

- Initial and ongoing education, as well as medical and psychosocial intervention, provided to patients and families to assist in controlling disease symptoms, thus allowing hospice patients to remain comfortable at home
- Hospice nurses equipped to anticipate patients' needs and symptoms
- Patients are provided a weight form and scale to record their weights. A daily check-in call is made to inquire about weight gain and any change in symptoms
- Patients have 24/7 /365 access to a nursing help hotline known as HospiceHelp24® for immediate assistance with any change in their symptomatology such as difficulty performing daily activities; increased shortness of breath; tightness in the chest; swelling of the feet, ankles or abdomen; and rapid weight gain in one day of three pounds
- The nursing team verifies that medications have been taken correctly

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- COPD patients are provided education to break the cycle of anxiety and breathlessness. In addition, a daily check-in call is made to inquire how the patient is feeling and if he or she has any additional needs
- Patients and families are educated and encouraged to call the Chapters hospice affiliates "Code Heart" hotline instead of 9-1-1. If further intervention is needed after following the At Home with CHF protocol, the patient can be transported to the closest hospice inpatient unit for acute symptom management

HPH provides a narrative description of Chapters Health Palliative Care and comments that a way to distinguish palliative care from hospice care is that all hospice care is palliative but not all palliative care is hospice. Further, that while the primary care physician focuses on disease-specific treatments, its specialized team of palliative health care professionals addresses pain and symptom management. HPH states that, together, the team ensures a comprehensive, coordinated patient and family centered plan of care, including:

- Expanded disease education and informed decision making
- Assistance with advance directives, care planning and complicated treatment choices
- Assistance with pain management
- Emotional and spiritual assistance
- Help with community services

HPH states that in response to the need to provide multi-disciplinary, patient centered care to patients with serious illness who are not in the last six months of life, Chapters Health/HPH Palliative Care began providing services for non-hospice patients in 2006. The applicant also states that initially, fully based in hospital settings as consultative services, care is now also provided in the community setting in nursing homes and out-patient clinics and that the service has grown significantly and now provides care to over 4,000 patients per year.

Regarding Chapters management, governance and operational direction, the applicant maintains that like other Chapters affiliates, the proposed project will meet all requirements regarding:

- Governing body
- Administrative officer
- Administrative policies and procedures
- Outcome measures
- National initiatives

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The applicant indicates that the proposed SA 5B project will include residents of SA 5B on the board of directors of its affiliate board and will document its commitment to meet the individual needs of each community that it serves - including SA 5B communities.

Regarding quality assurance and utilization review, HPH states that Chapters'/HPH's existing hospice organizations currently operate an effective and proven Quality Assurance Performance Improvement (QAPI) program which will be implemented at the SA 5B program. Chapters/HPH also states that quarterly QAPI meetings are held and are chaired by a representative of the affiliate board of directors reviewing all aspects of the QAPI program, with a report of each meeting presented to the entire affiliate board of directors.

Chapters/HPH cites CON application #10649, Appendix 4-Chapters Quality and Quality Improvement Information, which includes:

- Chapters Health System Quality Organization org chart (one page)
- Policy: Quality Assurance and Performance Improvement (QAPI) Program, effective 5/27/19 (three pages)
- Audit/Compliance Committee Agenda, Wednesday, February 24, 2021, 1:00 pm – 2:30 pm

HPH indicates that the SA 5B program will report outcome measures to all required State of Florida entities and the Centers for Medicare and Medicaid Services (CMS). Chapters indicates it is actively involved with the NHPCO as its members serve on NHPCO boards and committees. Further, Chapters' chief medical officer has been on the National Hospice Medical Director Certification Board for several years.

HPH indicates that care delivered by Chapters hospice affiliates including SA 5B if approved, is planned, designed, delivered and monitored through the Interdisciplinary Group which consists of:

- A doctor of medicine or osteopathy
- An RN
- A social services specialist
- A pastoral or other counselor

Six other IDG potential members, depending upon patient circumstances and wishes and IDG responsibilities/tasks/patient care services are addressed on the application's page 85. Pages 85 and 86 highlight the medical expertise among five CHS affiliate physicians. Current or recently completed research studies and recent peer-review publications are included in CON application #10649, Appendix 11.

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HPH states that Chapters is a founding sponsor of the Center for Hospice, Palliative Care and End of Life Studies (the Center) at the University of South Florida (USF), indicating it is a major teaching site for the Center and USF, providing clinical rotations for three to four hospice and palliative medicine fellows each year. Excerpts of three medical student essays are included on the applications pages 89-91.

HPH provides a 1983 to 2021 timeline of highlights, milestones and key events in CHS's formation and development of its current status on pages 92 - 94 of the application. The most recent (2021) chronological listing is a brief description of the Chapters'/CareNu initiative in the CMMI GPDC High Needs Population DCE, previously discussed in item E.1.a. of this report.

As previously stated Chapters provides hospice services in SAs 3A, 3C, 3D, 5A, 6A, 6B, 9B and 11. Chapters existing Florida hospice programs include:

- Chapters Health Hospice f/k/a Hospice of the Florida Keys, Inc.
- Good Shepherd Hospice
- HPH Hospice
- Hospice of Okeechobee, Incorporated
- Lifepath Hospice

Agency records indicate that, statewide, as of the three-year period ending April 28, 2021, Chapters hospice affiliates had two substantiated complaints cited in Quality of Care/Treatment.

VITAS Healthcare Corporation of Florida (CON application #10650) states being a national leader in hospice and palliative care and that in CY 2020, VITAS Healthcare had:

- 90,176 patients served
- Average daily census (ADC) of 19,042 patients
- 49 hospice programs in 14 states and DC
- 11,481 employees including 4,386 nurses

VITAS provides its "Florida Overview (CY 2020)" on page 26 of the application which states:

- 43,441 patients served
- 3.9 million days of care
- 1.88 percent of Medicare patient days as continuous care
- ADC of 10,734 patients
- 5,525 employees, 2,308 nurses
- 186 interdisciplinary teams
- 1,395 active volunteers
- 65,393 volunteer hours

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- 24-hour clinical staff through the Telecare Program
- \$7.76 million in charity care

VITAS points out partnering with universities and colleges to provide end-of-life care curricula to health care students and new graduates, listing a total of 13 Florida institutions with which VITAS indicates having such a partnership (page 26 of the application). The reviewer notes that none of the University of South Florida's Morsani College of Medicine, College of Nursing or College of Behavioral and Community Sciences (located in contiguous SA 6A - Hillsborough County) are listed among the listed 13 institutions.

VITAS discusses having had a positive impact in Florida and particularly regarding natural disasters and emergency preparedness as it relates to Hurricanes Irma, Michael and Dorian, as well as the COVID-19 Pandemic (pages 28 - 32 of the application).

VITAS Healthcare cites its mission, values and vision:

- Mission
 - VITAS is a growing family of hospices providing the highest quality human services, products and case management to terminally ill and other appropriate patients and their families with measurable advantages for the patient, the family, the medical community, the employee and the stockholder
- Values
 - Improving the quality of life, empowerment and personal dignity are fundamental values and principles at VHC. VITAS' values are instilled in all of its employees, from the corporate office to the field staff member:
 - ✓ Patients and families come first
 - ✓ We take care of each other
 - ✓ I'll do my best today and do even better tomorrow
 - ✓ I am proud to make a difference
- Vision
 - For over 40 years, VITAS has advocated for the rights of terminally ill patients and their families. VITAS believes that patients should be apprised of their clinical prognosis and be involved in the decision-making process that determines how their end-of-life care is provided

VITAS discusses having had a positive impact in Florida and particularly regarding natural disasters and emergency preparedness as it relates to Hurricanes Irma, Michael and Dorian, as well as the COVID-19 Pandemic (pages 28 - 32 of the application).

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VITAS applicant emphasizes that it is 100 percent focused on hospice and palliative care which is the core of the business and without other service lines competing for its attention, it is able to provide programs that exceed state and federal requirements. The applicant states that it has a long history of providing quality of care in Florida and across the country and complies with the Conditions of Participation for hospice providers under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) and the Medicaid Program.

CON application #10650 provides narratives and tables/diagrams relating to hospice quality measures and its comparative performance with respect to those measures, under the major heading of quality and compliance on the application's pages 88 – 100. A breakdown of subheadings include:

- Hospice Quality of Care and VITAS Initiatives
 - Tab 32: VITAS Quality Initiatives and Documentation
- Measures of Meeting the Patients' Needs
- CMS Compare Data-HIS and CAHPS⁵
 - Per VITAS
 - Existing HQRP measure set, calculated using data collected from the HIS and the CAHPS hospice survey, does not access quality of hospice care during a hospice election (between admission and discharge)
 - The current measure set does not directly address the full range of hospice services or outcomes
 - VITAS has identified a need for a new quality measure to address this gap, without increasing data collection burden
- Cost of Care
- Accreditation and Quality of Care
- Licensure Surveys as a Measure of Quality

VITAS provides a three-page bulleted list of recognitions and honors from 2010 - 2020 (Tab 5: Corporate and Program Awards). The applicant does not provide documentation of the awards.

VITAS discusses its Quality Assurance/Utilization Review (QAUR), its Quality Assessment and Performance Improvement (QAPI) process and the QAPI Dashboard (pages 177 - 179 of the application). Goals of VITAS' QAPI program are ongoing improvement of patient/family

⁵ The reviewer notes that VITAS results regarding the most recent HQRP summary data was previously provided at the beginning of this section (E.3.b. of this report).

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palliative outcomes, experience of care and overall hospice performance which are achieved and maintained through the following mechanisms:

1. Measure, analyze and track quality indicators, including adverse events, to enable the assessment of palliative outcomes and hospice services
2. Collect data to monitor the effectiveness and safety of services and quality of care and to identify opportunities for improvement
3. Conduct performance improvement projects to improve performance and to monitor performance to ensure the improvements are sustained
4. Document QAPI activities, including reasons for conducting performance improvement projects, and the measurable progress achieved on the projects

VITAS provides the QAPI Plan (CON application #10650, Tab 40: QAPI Data Elements). To support its efforts to continuously improve quality of care, VITAS bullets three initiatives that the applicant plants to implement in SA 5B. VITAS maintains that its proposed program in SA 5B, like all other VITAS Healthcare programs, will adhere to the same policies, procedures and standards for the VITAS Healthcare programs externally accredited by The Joint Commission and CHAP. The proposed VITAS SA 5B governing body will implement a quality assurance program consistent with its existing programs in Florida.

VITAS Healthcare Corporation of Florida Agency-issued hospice licenses (CON application #10650, Tab 15: Hospice Licenses). The reviewer notes the hospice ID numbers, effective dates and county cited are as follows:

- 22910014 (effective 1/4/21 - 10/29/21) – Miami-Dade
- 22960086 (effective 12/8/20 - 3/30/21) - Brevard
- 22960083 (effective 3/30/20 - 2/10/22) - Palm Beach

VITAS Brevard's license status is 'in review' as June 9, 2021.

Regarding pain management strategies, five extensive VITAS-generated pain management learning/reference modules are included in CON application #10650, Tab 14: Pain Management Modules:

- Introduction to Pain Management (Module One)
- Pain Management: Categories of Pain (Module Two)
- Pain Management: Assessment and Documentation (Module Three)
- Pain Management: Pain Palliation (Module Four)
- Pain Management: Pharmacologic Concepts (Module Five)

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Each of the five pain management modules indicate the provision of continuing education (CE) credits through VITAS Healthcare Corporation of Florida, Inc./CE Broker Number 50-2135.

VITAS states that recognizing the importance of providing culturally relevant care, it will build a diverse and highly skilled work force. Further, as an affirmative action employer, it participates in diversity recruitment efforts as part of its rigorous recruitment strategy. VITAS complies with the Equal Employment Opportunity Commission and provides equal employment opportunity for all qualified applicants and employees without regard to race, color, religion, national origin, non-job-related disability, Vietnam-era and disabled veteran status, sexual orientation, age or gender. VITAS competitive benefits package and its management tool (VITAS CARES--Coach, Assist, Recognize, Engage and Satisfy) are briefly discussed and the applicant indicates that it has contributed to lower employee turnover and created an environment of appreciation and recognition.

VITAS maintains that it will assess every patient within 24 hours of admission to any of its programs and that the IDT visits patients in their place of residence. Further, VITAS focuses on continuously enhancing its education training and development planning process by promoting a positive learning environment for employees enabling them to deliver the best and most effective care for patients and families and enabling in greater employee satisfaction.

VITAS maintains that an important element of VITAS Healthcare's training program is a mandatory review of company compliance with HIPAA policy, to articulate and demonstrate the company's commitment to ethical conduct.

VITAS states that it prides itself on offering accessible self-study formatted trainings, with each module addressing a different patient care topic. The applicant indicates that at the end of each module there is a quiz and a grade of 80 percent or better must be obtained to receive continuing education credit.

As previously stated, VITAS serves SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11. Agency records indicate that for the three-year period ending April 28, 2021, VITAS had a total of 19 substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. Below is a table to account for the substantiated complaints by the applicable complaint category.

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**VITAS Substantiated Complaint History by Category
Three-Year Period Ending April 28, 2021**

Complaint Category	Number Substantiated
Quality of Care/Treatment	17
Resident/Patient/Client Rights	6
Administration/Personnel	2
Resident/Patient/Client Neglect	2
Misappropriation of Property	1

Source: Agency for Health Care Administration Complaint Records

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

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 applicant, where the short term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) submitted its parent's audit as shown below.

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10647 - LHC Group, Inc. and Subsidiaries (in thousands)		
	Dec-20	Dec-19
Current Assets	\$647,022	\$380,274
Total Assets	\$2,483,354	\$2,140,295
Current Liabilities	\$681,436	\$230,972
Total Liabilities	\$851,079	\$617,893
Net Assets	\$1,632,275	\$1,522,402
Total Revenues	\$2,063,204	\$2,080,241
Excess of Revenues Over Expenses	\$178,105	\$151,614
Cash Flow from Operations	\$529,247	\$130,462
Short-Term Analysis		
Current Ratio (CA/CL)	0.9	1.6
Cash Flow to Current Liabilities (CFO/CL)	77.67%	56.48%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	10.4%	25.4%
Total Margin (ER/TR)	8.6%	7.2%
Measure of Available Funding		
Working Capital	(\$34,414)	\$149,302

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$11,699,034.59, which includes nationwide LHC Group, Inc. capital, the CON currently under review, and another CON to establish a hospice in District 4A. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$529.2 million in cash flows from operations and \$286,569 in cash on hand for the year ending 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.

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Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) provides its audits as shown below.

10648 - Cornerstone Hospice & Palliative Care, Inc.		
	Sep-20	Sep-19
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	\$4,088,138	\$9,125,182
Cash Flow from Operations	(\$1,025,575)	\$6,415,089
Short-Term Analysis		
Current Ratio (CA/CL)	3.1	3.1
Cash Flow to Current Liabilities (CFO/CL)	-7.25%	49.08%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	0.0%	0.0%
Total Margin (ER/TR)	4.67%	10.58%
Measure of Available Funding		
Working Capital	\$29,148,035	\$26,877,941

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$9,903,170, which includes IT, facilities, business development, CON 10644, and the CON currently under review. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$20.2 million in cash and equivalents for the year ending 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.

Hernando-Pasco Hospice, Inc. (CON application #10649) submitted its parent's audit as shown below.

CON Action Numbers: 10647 through 10650

10649 - Chapters Health System, Inc. and Affiliates		
	Dec-20	Dec-19
Current Assets	\$44,036,506	\$48,704,697
Total Assets	\$238,946,752	\$232,515,336
Current Liabilities	\$22,876,702	\$25,184,842
Total Liabilities	\$52,571,866	\$54,981,992
Net Assets	\$186,374,886	\$177,533,344
Total Revenues	\$174,293,302	\$167,150,985
Excess of Revenues Over Expenses	\$7,678,301	\$11,195,743
Cash Flow from Operations	\$4,380,789	(\$2,503,725)
Short-Term Analysis		
Current Ratio (CA/CL)	1.9	1.9
Cash Flow to Current Liabilities (CFO/CL)	19.15%	-9.94%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	15.9%	16.8%
Total Margin (ER/TR)	4.41%	6.70%
Measure of Available Funding		
Working Capital	\$21,159,804	\$23,519,855

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$2,397,367, which includes CIT infrastructure, building improvements and furniture, other capital, the CON currently under review, and estimated capital expenditures year two. The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. With \$4.3 million in cash flows from operations and \$7.4 million in cash and cash equivalents for the year ending 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.

VITAS Healthcare Corporation of Florida (CON application #10650):

CON Action Numbers: 10647 through 10650

10650 - VITAS Healthcare Corporation of Florida		
	Dec-19	Dec-18
Current Assets	\$56,480,038	\$43,242,171
Total Assets	\$768,780,476	\$624,834,529
Current Liabilities	\$45,687,952	\$27,610,029
Total Liabilities	\$73,424,071	\$28,778,779
Net Assets	\$695,356,405	\$596,055,750
Total Revenues	\$660,724,078	\$579,808,704
Excess of Revenues Over Expenses	\$131,873,014	\$105,606,604
Cash Flow from Operations	\$93,038,118	\$78,383,099
Short-Term Analysis		
Current Ratio (CA/CL)	1.2	1.6
Cash Flow to Current Liabilities (CFO/CL)	203.64%	283.89%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	4.0%	0.2%
Total Margin (ER/TR)	19.96%	18.21%
Measure of Available Funding		
Working Capital	\$10,792,086	\$15,632,142

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$19,918,276, which includes current year capex for Florida only, CON 10655, and the CON currently under review. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash from operations. With \$93,038,118 in cash flows from operations 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.

d. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035(6), Florida Statutes

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.

CON Action Numbers: 10647 through 10650

A new hospice program in a service area with published need is more likely than not to be financially feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

The vast majority of hospice days are paid by Medicare (Medicaid is the next largest payer with similar reimbursement rates). As such, revenue is predictable by day and service type. Schedule 7 includes revenue by service type. We have divided the applicant’s projected revenues by the estimated Medicare reimbursement rates for each level of service in year two to estimate the total patient days that would be generated by that level of revenue. The results were then compared to the applicant’s estimated number of patient days. Calculated patient days that approximate the applicant’s projected patient days are considered reasonable and support the applicant’s assumptions of feasibility. Calculated patient days that vary widely from the applicant’s projected patient days call into question the applicant’s profitability assumptions and feasibility. The results of the calculations are summarized below.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647):

CON 10647	Caretenders Visiting Services of Pinellas County, LLC				
Pinellas	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$133.81	0.8835	\$118.22	\$60.94	\$179.16
Routine Home Care 61+ days	\$105.76	0.8835	\$93.44	\$48.16	\$141.60
Continuous Home Care	\$959.31	0.8835	\$847.55	\$436.86	\$1,284.41
Inpatient Respite	\$256.46	0.8835	\$226.58	\$217.33	\$443.91
General Inpatient	\$653.70	0.8835	\$577.54	\$367.55	\$945.09
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.086	\$194.52	\$6,479,104		33,309
Routine Home Care 61+ days	1.086	\$153.74	\$2,409,957		15,676
Continuous Home Care	1.086	\$1,394.50	\$0	21	0
Inpatient Respite	1.086	\$481.96	\$236,680		491
General Inpatient	1.086	\$1,026.10	\$1,587,717		1,547
		Total	\$10,713,458		51,023
			Days from Schedule 7		53,399
			Difference		2,376
			Percentage Difference		4.45%

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As such, the applicant’s projected patient days are 4.45 percent or 2,376 days greater than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$847,402.55 in year one to a net gain of \$1,099,423.26 in year two.

Conclusion:

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

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648):

CON 10648	Cornerstone Hospice & Palliative Care, Inc.				
Pinellas	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$133.81	0.8835	\$118.22	\$60.94	\$179.16
Routine Home Care 61+ days	\$105.76	0.8835	\$93.44	\$48.16	\$141.60
Continuous Home Care	\$959.31	0.8835	\$847.55	\$436.86	\$1,284.41
Inpatient Respite	\$256.46	0.8835	\$226.58	\$217.33	\$443.91
General Inpatient	\$653.70	0.8835	\$577.54	\$367.55	\$945.09
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.086	\$194.52	\$1,398,384		7,189
Routine Home Care 61+ days	1.086	\$153.74	\$3,262,896		21,224
Continuous Home Care	1.086	\$1,394.50	\$332,031	0	0
Inpatient Respite	1.086	\$481.96	\$52,363		109
General Inpatient	1.086	\$1,026.10	\$950,927		927
		Total	\$5,996,601		29,448
			Days from Schedule 7		29,498
			Difference		50
			Percentage Difference		0.17%

As such, the applicant’s projected patient days are .17 percent or 50 days greater than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$233,123 in year one to a net gain of \$401,840 in year two.

Conclusion:

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

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Hernando-Pasco Hospice, Inc. (CON application #10649):

CON 10649 Pinellas	Hernando-Pasco Hospice, Inc.				
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$133.81	0.8835	\$118.22	\$60.94	\$179.16
Routine Home Care 61+ days	\$105.76	0.8835	\$93.44	\$48.16	\$141.60
Continuous Home Care	\$959.31	0.8835	\$847.55	\$436.86	\$1,284.41
Inpatient Respite	\$256.46	0.8835	\$226.58	\$217.33	\$443.91
General Inpatient	\$653.70	0.8835	\$577.54	\$367.55	\$945.09
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.086	\$194.52	\$2,142,974		11,017
Routine Home Care 61+ days	1.086	\$153.74	\$2,815,937		18,317
Continuous Home Care	1.086	\$1,394.50	\$252,328	21	158
Inpatient Respite	1.086	\$481.96	\$23,616		49
General Inpatient	1.086	\$1,026.10	\$1,128,775		1,100
		Total	\$6,363,630		30,641
			Days from Schedule 7		31,115
			Difference		474
			Percentage Difference		1.52%

As such, the applicant's projected patient days are 1.52 percent or 474 days greater than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$478,544 in year one to a net profit of \$388,998 in year two.

Conclusion:

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

VITAS Healthcare Corporation of Florida (CON application #10650):

CON Action Numbers: 10647 through 10650

10650	VITAS Healthcare Corporation of Florida				
Pinellas	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$133.81	0.8835	\$118.22	\$60.94	\$179.16
Routine Home Care 61+ days	\$105.76	0.8835	\$93.44	\$48.16	\$141.60
Continuous Home Care	\$959.31	0.8835	\$847.55	\$436.86	\$1,284.41
Inpatient Respite	\$256.46	0.8835	\$226.58	\$217.33	\$443.91
General Inpatient	\$653.70	0.8835	\$577.54	\$367.55	\$945.09
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.079	\$193.24	\$2,054,934		10,634
Routine Home Care 61+ days	1.079	\$152.73	\$4,303,651		28,179
Continuous Home Care	1.079	\$1,385.34	\$1,638,566		0
Inpatient Respite	1.079	\$478.79	\$69,276		145
General Inpatient	1.079	\$1,019.36	\$577,415		566
Total			\$8,643,842		39,524
			Days from Schedule 7		41,254
			Difference		1,730
			Percentage Difference		4.19%

As such, the applicant’s projected patient days are 4.19 percent or 1,730 days greater than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$1,485,968 in year one to a net loss of \$177,274 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.**

The following applies to **all** applicants:

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

Conclusion:

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

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

The projects do not have construction costs and methods.

- 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.

Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647) maintains that LHC is a key community provider of health care to Medicaid patients and the medically indigent. Caretenders states LHC provided \$795,280 of indigent care to its Florida patient population (all service lines) in CY 2020. The applicant provides a table combining LHC Group's home health, hospice and home and community-based services. This table shows LHC Group provided 112,985 patient days (8.8 percent of the total) to Medicaid/Medicaid HMO patients and 5,115 day or 0.2 percent of its total patient days to indigent patients in CY 2020.

Caretenders again discusses the Hospice Promise Foundation, stating that in 2020, not one request for grant assistance was denied in its Florida hospice and that in 2019, LHC provided funding for 365 grants, accounting for \$209,861. Per Caretenders, LHC's existing hospice program in Florida will be expanded into SA 5B and will become a part of LHC's overall commitment to support those without means.

The applicant projects Medicaid will account for five percent of the project's year one and year two annual patient days (1,772 days in year one and 2,670 in year two). Schedule 7A notes indicate that self-pay is considered to represent the indigent population resulting in the total estimated bad debt for the organization. Self-pay is projected to

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account for 1.5 percent of year one (532 days) and year two (801 days). These same notes also indicate that 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.

Caretenders offers Schedule C financial conditions as shown below:

- Commitment to Serve Patients without Primary Caregivers
- Commitment to Serve the Homeless
- Honor Flight Network Support for Veterans
- Hospice Promise Foundation

See item C. of this report for a full review of Caretenders proposed conditions.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) indicates it provided on average over three percent of its patient days to Medicaid patients and over one percent to charity patients during the past four fiscal years. Cornerstone reiterates (from the applicant's response in item E.3.b. of this report) CON application #10648, Tab 30: Charity Care Policy 4-027.

Specific to the project, Medicaid patient days are projected to represent 3.5 percent of the total volume and 1.5 percent of patient days are expected to be self-pay charity. Cornerstone's Schedule 7A specific to the project, shows self-pay will account for 226 days (1.5 percent) in year one ending September 30, 2022 and 395 days (1.3 percent) in year two ending September 30, 2023 of operations.

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 and was forecasted at approximately 1.5 percent of total patient revenue for both years. However, the reviewer notes year one self-pay was shown at 1.5 percent and year two, at 1.3 percent.

The applicant's Schedule 7A shows Cornerstone projects, Medicaid will be four percent of year one's and three percent of year two's total annual patient days. The reviewer notes that arithmetically, Medicaid estimates are:

- Year One is 3.84 ($577/15,028 = 3.84$)
- Year Two is 3.42 ($1,009/29,498 = 3.42$)

The reviewer notes that Cornerstone's Schedule C includes the following: Cornerstone commits to annually provide five percent of total patient days provided in Service Area 5B to medically indigent

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patients. The projections in Schedule 7A do not meet the proposed condition in year two.

Cornerstone offers other Schedule C financial conditions as follows (see item C of this report for a full review of financial conditions proposed): Condition #s 4, 5, 6, 30 and 31.

Hernando-Pasco Hospice, Inc. (CON application #10649) maintains that it is the policy of Chapters/HPH to offer all patients access to hospice services if appropriately indicated, consistent with its mission of service to indigent and low-income populations. Chapters/HPH further maintains that no person is, or will be, refused service because of age, race, color, creed, religion, disability, diagnosis, sexual orientation, national origin, or ability to pay. The applicant notes that it does not have a policy that would limit the number of indigent patients it will serve. Chapters charity policy is included in CON application #10649's Appendix 7. The applicant states its provision of services to Medicaid and medically indigent patients is documented in its provision of four percent of total patient revenue to Medicaid patients and over \$4.4 million of charity care plus unfunded services provided during CY 2020.

The applicant's Schedule 7A, indicates HPH will provide 0.8 percent of year one (110 days in CY 2022) and (254 days in CY 2023) in year two to self-pay patients and 3.1 percent or 417 days in year one and 960 days in year two ending CYs 2022 and 2023. Notes to the applicant's Schedule 7A indicate that all patient days under the self-pay category are considered charity/unfunded and are written-off in total.

Chapters/HPH offers Schedule C financial conditions under the following condition numbers (see item C of this report for a full review of financial conditions proposed): Condition #s 2, 3 and 4.

VITAS Healthcare Corporation of Florida (CON application #10650) states having a long history of providing services to Medicaid patients and that it provide services to Medicaid patients in SA 5B. VITAS describes percentages of VITAS' Medicaid patient days in SA 1 and SA 4A (page 204 of the application) and states having met its commitments and obligations to serve the medically indigent and will do so in SA 5B. VITAS states that year after year, it provides one percent or more of revenues in charity care and provided over \$7.76 million in charity care to its Florida hospice patients in CY 2020.

The applicant's Schedule 7A, shows VITAS projects Medicaid/Medicaid HMO to account 3.7 percent of total year one (576 day) and two patient (1,516) days and .05 percent of self-pay (0 days in year one) of patient

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days for year one ending September 2022 and 19 days for year two ending September 2023. While there is no charity care listed on the the applicant's Schedule 7A, notes to the schedule indicate that for charity care accounts for 1.2 and 1.1 percent of year one and year two, total annual revenue, respectively. The reviewer notes that VITAS is the sole co-batched applicant with a Schedule 7A that attributes any patient days to Medicaid HMO.

VITAS offers Schedule C financial conditions numbered as 1.c.a., 4.c.b., 8.c., 15, 17.a. and 18. See item C of this report for a full review of these conditions.

F. SUMMARY

The applicants propose to establish a new SA 5B hospice program.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) is a for-profit, development stage Florida entity. Caretenders is an affiliate of LHC Group, which has a hospice in Florida's SA 7A, and 19 other states. LHC also proposes to establish new hospice program in SA 4A in this batching cycle.

The applicant proposes \$363,387.18 in total project costs.

Pursuant to project approval, Caretenders offers a total of 10 Schedule C conditions.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) is an existing not-for-profit Florida hospice, founded in 1984 providing hospice services in SAs 3E, 6B and 7B. In this batching cycle, the applicant also proposes to establish a SA 4A hospice.

The applicant proposes \$306,380 in total project costs.

Pursuant to project approval, Cornerstone offers a total of 40 Schedule C conditions.

Hernando-Pasco Hospice, Inc. (CON application #10649) is an existing not-for-profit Florida hospice and is an affiliate of (parented by) Chapters Health® System. Chapters provides hospice services in SAs 3C, 3D, 5A, 6A, 6B, 9B and 11.

The applicant proposes \$497,223 in total project costs.

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Pursuant to project approval, Chapters offers a total of 20 Schedule C conditions.

VITAS Healthcare Corporation of Florida (CON application #10650) is a for-profit Florida hospice provider providing hospice services in SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11. VITAS is an affiliate of (parented by) CHEMMED Corporation, a publicly traded company. In this batching cycle, VITAS also proposes to establish a hospice program in SA 8C.

The applicant proposes \$786,470 in total project costs.

Pursuant to project approval, VITAS offers a total of 20 Schedule C conditions.

Need/Access:

The applicants proposed projects are in response to the fixed need pool for a new hospice in SA 5B. **Each** applicant's major argument(s) in support of need for is proposal is briefly summarized below.

Caretenders Visiting Services of Pinellas County, LLC (CON application #10647) 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 5B
- The identification of the eight leading causes of death (in 2019) in SA 5B 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 5B veteran population and the need for outreach and specialized programs for this population (including the provision of We Honor Veterans)

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- Estimated total admission volumes for the following years:
 - 2022: 9,111
 - 2023: 9,164
 - 2024: 9,218
- 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 456 admissions in year one and 687 admissions in year two of operation.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) offers the following justifications for project approval:

- Cornerstone, a Florida non-profit corporation currently operates as a licensed hospice provider 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 Cornerstone serves and its board would be expanded to include new board members from SA 5B. This fosters local accountability
- Between 2021 and 2026, the population in SA 5B is projected to increase by 42,835 persons
- Both minority populations groups (African American and Hispanic) within the service area are expected to grow at rates exceeding the corresponding 5B averages regardless of age
- Specific to the African American population:
 - Overall growth is forecast to be 1.3 percent per year vs. 0.9 percent for all residents of 5B in both the 0-64 and 65+ age groups
 - The growth rate is higher than that for the total population of 5B in both the 0-64 and the 65+ age groups
- Specific to the Hispanic Population
 - Overall growth is projected to increase by 3.2 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 6.6 percent per year
 - Among the under 65 Hispanic population, the growth rate is expected to be 2.8 percent per year compared to the SA 5B total under 65 population average of 0.1 percent
 - 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

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- The hospice penetration rates in SA 5B are below average compared to Florida
- Medicare hospice admission rates for African American and Hispanic residents of SA 5B lag behind the overall service area average. The admission rate for Hispanic persons is less than one-third of that of SA 5B overall
- Six of seven CHNAs published for SA 5B identify poverty/lower income status as contributing to health status problems and unmet health care needs
- Median household incomes for 5B fall below the Florida average
- The African American community is more than \$16,000 below the overall 5B median income
- Cornerstone will set up a designated charitable account to be used to help meet the needs of low-income patients outside of hospice services. Donations will be made to key local service organizations to help to improve access to care and supportive services

Cornerstone also contends the following not normal circumstances warrant approval of a third hospice in SA 5B:

- Gaps in health care services delivery in specific zip code areas within Pinellas County
- Problems in data reporting specific to Suncoast, as admitted by its own witnesses in a recent administrative hearing
- Rampant lack of awareness of service availability (low “health literacy”) among the residents of SA 5B

CHPC forecasts 271 admissions in year one and 485 admissions in year two of operation.

Hernando-Pasco Hospice, Inc. (CON application #10649) cites the following unmet hospice need are sufficient to grant project approval:

- Within the Tampa Bay area, Pinellas County residents are the only group not currently able to access Chapters’ hospice services
- Pinellas County is one of the counties currently served by Chapters’ home health care services
- Assurity DCE, Inc, has been initially approved by CMMI to serve nearly 700 of the most chronically ill and high-risk patients in Pinellas, Pasco, Hillsborough and Polk Counties, as of the CMMI April 1, 2021 designation and will be the largest High Needs DCE participant in the country
- Chapters/HPH/Assurity DCE designation/affiliation supports Pinellas County High Needs patients and the DCE Pinellas County designation will result in another CHS/HPH linkage into

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the Pinellas County provider/referral/support infrastructure that will benefit the proposed SA 5B hospice program and Pinellas County hospice patients.

- From 2021 to 2026 the overall population growth in Pinellas County is expected to grow by 2.8 percent but the age 65-74 population is projected to increase by 10.1 percent and the age 75+ population by 19.0 percent
- Pinellas County's veteran population averaged 10.2 percent of its total population Age 18+ compared to the statewide average of 8.4 percent statewide during 2015 – 2019
- Pinellas County's median household income during 2015-2019 averaged \$54,090 compared to a statewide average of \$55,660
- Issues of an overall lack of Open Access
- Socially isolated populations, especially the elderly (age 65+), particularly those with chronic illness and/or end-of-life issues

HPH projects 226 year one and 462 year two admissions.

VITAS Healthcare Corporation of Florida (CON application #10650) identifies, either quantitatively or through local meetings, the following groups as underserved/having unmet hospice need in SA 5B and offers programs to particularly reach the populations listed below as justification to support project approval:

- Patients age 65+ with chronic, terminal non-cancerous conditions, particularly patients with respiratory, sepsis, cardiac and Alzheimer's diagnoses near the end-of-life
- Minority racial and ethnic populations including African Americans, Asian Americans and Hispanics
- Jewish residents
- Impoverished and/or homeless populations
- Patients requiring continuous care and high acuity such as Hi-flow oxygen
- Patients requiring admission in the evening or on weekends
- Patients residing in small, less than 20-bed, ALFs
- Veterans
- Residents in need of palliative care

VITAS forecasts either 381, 398 or 399 admissions in year one and either 448, 450 or 593 admissions in year two of operation.

CON application #10649, Hernando-Pasco Hospice, Inc., on balance, best satisfied the statutory and rule criteria for a new hospice provider in SA 5B pursuant to published need—this included identifying:

- *The proposed populations that are being underserved for hospice*

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- *Services proposed to make hospice accessible and available to underserved populations*
- *Strong community support from SA 5B health organizations, social services organizations and other entities*

Quality of Care:

Each co-batched applicant offered evidence of its ability to provide quality care.

The CAHPS® January 1, 2018 - December 31, 2019 survey data shows LHC's Wuesthoff is above the state average when combining the overall categories, Cornerstone meets the average, Chapters is slightly below and VITAS is clearly below the average.

The CY 2019 Hospice Item Set data shows LHC's Wuesthoff, Chapters and VITAS exceeding the Florida hospice program average for ensuring all HIS items being met with Cornerstone below the average.

Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647): Agency records indicate that LHC's Florida hospice affiliate hospice program had no substantiated complaints for the three-year period ending April 28, 2021.

Cornerstone Hospice & Palliative Care, Inc. (CON application #10648) had one substantiated complaint for the three-year period ending April 28, 2021.

Hernando-Pasco Hospice, Inc. (CON application #10649): Chapters' hospice programs had two substantiated complaints for the three-year period ending April 28, 2021.

VITAS Healthcare Corporation of Florida (CON application #10650) had 19 substantiated complaints during the three-year period ending April 28, 2021.

Financial Feasibility/Availability of Funds:

Applies to **all** applicants:

- Funding for this project and the entire capital budget should be available as needed
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated
- Strictly, from a financial perspective, this project will not have a material impact on price-based competition.

Medicaid/Indigent/Charity Care:

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

Caretenders Visiting Services of Pinellas County, LLC

(CON application #10647) 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

Caretenders offers Schedule C financial conditions under the following condition headings (Caretenders's conditions are bulleted not numbered):

- Commitment to Serve Patients without Primary Caregivers
- Commitment to Serve the Homeless
- Honor Flight Network Support for Veterans
- Hospice Promise Foundation

Cornerstone Hospice & Palliative Care, Inc. (CON application

#10648): Self-pay and Medicaid is projected to be 1.5 and 4.0 percent of year one's and 1.3 and 3.0 of year two's total annual patient days

Cornerstone offers other Schedule C financial conditions under the following condition headings:

- Transportation Services for Patients and Caregivers
- Dedicated Foundation Account for Benefit of 5B Patients Without Resources
- Cooperation with Local Community Organizations
- Staff Development and Education

Hernando-Pasco Hospice, Inc. (CON application #10649) proposes

0.8 percent of years one and two total annual patient days will be self-pay and Medicaid will be 3.1 percent in both years one and two.

HPH offers three Schedule C financial conditions, broadly identified as financial commitments to the following organizations/entities:

- The Area Agency on Aging Pasco-Pinellas, Inc. and its affiliated community providers
- The Pinellas County Free Clinics
- The University of South Florida

VITAS Healthcare Corporation of Florida (CON application #10650) projects Medicaid/Medicaid HMO to consist of 3.7 percent of year one and two total annual patient days.

VITAS Schedule 7A projects charity care at 1.2 percent and 1.1 percent of years one and two total annual revenue, respectively.

VITAS offers Schedule C financial conditions, broadly identified as financial commitments to the following organizations/entities:

- American Lung Association
- Alzheimer’s Association Florida Gulf Coast Chapter
- Florida Assisted Living Association
- The following or similar organizations:
 - Homeless Leadership Alliance of Pinellas
 - Feeding Pinellas or Feeding Florida’s Food Bank Network
 - Foundation for Healthy St. Petersburg
- Lutheran Services of Florida to support the Pinellas Child Welfare Care Management and Connecting Family Paths
- Mental Health Services, Inc. (Personal Enrichment)
- Valerie’s House
- St. Petersburg College to support Nursing Scholarships and the Simulation Center for Excellence in Nursing Education

G. RECOMMENDATION

Approve CON #10649 to establish a new hospice program in Service Area 5B. The total project cost is \$497,223.

CONDITIONS:

1. Establish an Open Access Program for adults and pediatric hospice patients in Service Area 5B.
2. Provide \$250,000 over five years, to the Area Agency on Aging Pasco-Pinellas, Inc (AAAPP) and its affiliated community providers to support community-based programs to combat social isolation and support social, mental and physical well-being among the elderly population within Pinellas County. This community investment will be allocated as follows:
 - 2A. \$80,000 over five years, for the Area Agency on Aging Pasco-Pinellas programs supporting its recently initiated U.Connected program, a Virtual Senior Center.
 - 2B. \$85,000 over five years, for the Neighborly Care Network programs (Pinellas County Meals on Wheels contractor)

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supporting home delivered meals for both hospice patients and non-hospice patients.

2C. \$85,000 over five years, for the Pinellas Opportunity Council, a minority owned not-for-profit organization supporting its Chore Services Program, which is designed to help frail elderly persons maintain a decent, independent living environment.

3. Provide \$100,000 over five years, for the Pinellas County Free Clinics supporting those operations' provision of needed health care services to the homeless, low-income and uninsured residents of Pinellas County.
4. Provide education grants totaling \$50,000 over three years to the University of South Florida in support of Service Area 5B students (medical, nursing, nursing aide, other clinical/health care students) with study focused on hospice and end-of-life care issues and/or research on Pinellas County end-of-life and hospice care issues.
5. Expand the existing Chapters Health Foundation activities and operations specifically into Pinellas County to provide support for Pinellas County unfunded, wish fulfillment and safety in the home programs, similar to existing Foundation activity in support of other Chapters affiliates.
6. Gain Joint Commission accreditation for the proposed Service Area 5B hospice program within 18 months of initial licensure.
7. Establish COPD and CHF program in Service Area 5B, including telemedicine/telemonitoring support, in support of end-of-life and hospice patient care.
8. Establish a community-based palliative care service (advanced illness management program) in Service Area 5B upon identification of a provider or payer partner.
9. Establish a "No One Dies Along" program within Service Area 5B.
10. Establish a bereavement outreach program in support of Service Area 5B HPH patients and families as well as in support of Pinellas County patients not aligned/affiliated with the proposed HPH program.
11. Establish complementary care services in Service Area 5B in support of end-of-life and hospice care services and activities, for example aromatherapy, pet volunteers and visitation, music activities, comfort touch activities and a Reiki program.
12. Establish a Pediatric Hospice program and a Concurrent Care for Medically Complex Children program in Service Area 5B.
13. Provide a Children's Camp in Service Area 5B within the first year of operation.

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14. Provide inpatient hospice services in Service Area 5B through collaboration with existing inpatient providers (hospitals, SNFs, ALFs), as appropriate.
15. Establish a Chapters Valor Program supporting veterans and first responders in Service Area 5B.
16. Begin operations no later than January 2022 if there is no appeal, or no more than 120 days following final CON approval of the project, should the initial Agency decision be appealed.
17. Extend Chapters existing Care Navigation, pharmacy, durable medical equipment and HospiceHelp24® services provided to Chapters' hospice affiliates into Service Area 5B to establish a 24/7 centralized intake function for all Chapters interactions/requests and enhance and expand the quality and scope of services provided to Service Area 5B residents.
18. Provide CEU offering at no charge in support of end-of-life care and hospice care to Service Area 5B clinicians.
19. Provide medical and clinical internship opportunities to medical, nursing, pharmacy, social work, bereavement counselor, therapy or other affiliated students within the Service Area 5B hospice operation.
20. Provide at least a .5 FTE commitment to have a Board-certified or Board-eligible Medical Director/Staff Physician within the HPH Service Area 5B operation.

Deny CON #'s 10647, 10648, and 10650.

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