

STATE AGENCY ACTION REPORT
ON APPLICATIONS FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Amedisys Hospice, LLC/CON #10652

3854 American Way, Suite A
Baton Rouge, Louisiana 70816

Authorized Representative: Regarner Thompson
Senior Vice President Hospice
(225) 299-3981

Halifax Health, Inc. d/b/a Halifax Health Hospice /CON #10653

3800 Woodbriar Trail
Port Orange, Florida 32129

Authorized Representative: Benjamin Eby
Executive Officer
(386) 425-4701

**Seasons Hospice & Palliative Care of Brevard County, LLC/
CON #10654**

6400 Shafer Court, Suite 700
Rosemont, Illinois 60018

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

2. Service District/Subdistrict

Service Area (SA) 7A (Brevard 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. These letters are described below.

Amedisys Hospice, LLC (CON application #10652) states and the reviewer confirms 38 letters of support on favor of the proposal (Attachment 17-Letters of Support and Endorsement). The reviewer notes that Amedisys has a letter of support that includes several handwritten testimonials from patients/family members served by its affiliate hospices. Amedisys provides a summary list of the 38 support letters (CON application #10652, page 63, Exhibit 9). The applicant breaks down each of its 38 support letters by the following:

- Organization/entity
- Name (signatory of support letter)
- County
- City

Exhibit 9 also sorts Amedisys' 38 letters by the total number of letters for each major heading. See below:

- Physician and Physician Assistants (17 support letters)
- Nurses and Nurse Practitioners (three support letters)
- Medical Groups (one)
- Veterans Administration (one)
- Outpatient Therapy Centers & Orthopedic Clinics (two)
- Assisted Living Facilities (ALFs) and Skilled Nursing Facilities (SNFs) – four letters
- Patients and Families of Former Patients (two letters and 24 handwritten notes of appreciation)
- Senior Healthcare Resource Center (one)
- Other Individuals and Community Leaders (six letters)

Upon a review of the applicant's letters of support, the reviewer notes that many of these support letters are highly complimentary of hospice and home health care programs and services in existing Amedisys operations in Florida. Four of these letters include existing partnerships at ALFs and SNFs where Amedisys affiliates are already operational. The reviewer also notes that the letters vary from a form letter variety in some instances, to some with recurring but also individualized comments and some totally individually composed. Below are some comments noted in these letters of support:

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- Amedisys Hospice has been a wonderful resource in helping manage patients with shortness of breath and their Pulmonary Connections program keeps patients home and out of the hospital and particularly helps patients manage COPD exacerbation symptoms
- Families felt hopeless until they received the emotional and clinical support from the Amedisys hospice teams
- Amedisys has continually filled the gaps in care where some hospice companies have fallen short
 - Some of the gaps that hospices are facing that Amedisys can fill include:
 - Inability to staff continuous care
 - Lack of availability on weekends
 - Off-peak hours and holidays
 - Lack of staff, supplies and/or equipment
- Amedisys has done and continues to do a great job in delivering the best in-home hospice care around, delivering reliable service along with excellent patient care coordination
- Amedisys is a well-respected and an established and proven community partner in Brevard County
- Amedisys' commitment to recruit qualified, compassionate staff is embodied in everything positive outcome that they produce
- Patient satisfaction regarding Amedisys Home Health has been at an all-time high, with minimal complications
- Amedisys Hospice expertise in symptom management is keeping patients home, allowing them to spend more time with loved ones vs. being in a hospital setting
- An Amedisys affiliate, Compassionate Care Hospice, consistently provides exceptional care for patients and the aide that they offer five days a week is a significant benefit to patients and families
- The Amedisys umbrella of care includes:
 - Respect, dignity and compassion
 - Encompasses not only physical but also emotional and psychological impact
 - Metaphorically a well-oiled machine consisting of a myriad of consultants, medical professionals and highly skilled and well-trained caregivers
 - A standard of care that would surpass all other approaches commonly found in the majority of hospice service agencies currently in existence
- Amedisys knows the people of Brevard County and their staff of professionals are citizens of and productive members of the Brevard community
- Too often, hospice care is regarded as available only for patients with a terminal cancer diagnosis, though many other patients

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with other terminal diagnoses are appropriate for hospice care and Amedisys would be the appropriate agency for the task of addressing this issue through Amedisys' education and outreach

- Amedisys:
 - Is the candidate of choice and a standout performer
 - Ranks as the fourth largest hospice program in the United States
 - Is a Medicare-approved hospice provider, with services for patients and families covered 100 percent
 - Earns ongoing recognition for its excellence
 - Enjoys distinction for its end-stage dementia program
 - Embraces the true spirit and philosophy of hospice
 - Through its home health services, has built a network of valued partnerships in Brevard County, going hand-in-hand with a stellar reputation and an ability to quickly and completely fill gaps and demand for hospice care in Brevard County
- Amedisys' care for veterans in Brevard County is unparalleled. Amedisys exemplifies the core values of the VA, as they serve with ICARE (Integrity, Commitment, Advocacy, Respect and Excellence)
- Families and patients are grateful to Amedisys for their ethical practices

From CON application #10652, Attachment 17, the applicant concentrates particular attention to and provides excerpts from 19 of its 38 letters of support and spreads comments intermittently throughout the application's pages 51-53, 58-62, 118, 119, 122-128, 133, 134, 151 and 152.

The reviewer notes that of the 19 excerpted letters of support, the following signatories indicate origination from within the 7A Hospice Service Area (Brevard County):

- Allyson Wray, eviCore Health Care (A Cigna Company) and a former hospice nurse
- Anthony Lomardo, MD, Stewart Medical and Orthopedic and Sports Medicine
- Lisa Daigle, RMA, Stewart Medical and Orthopedic and Sports Medicine (surgical scheduler for Anthony Lombardo, MD)
- Joseph McClure, MD, Health First Cancer Institute
- Julie Scott (other individual and community leader)
- Louise Petraitis
- Mark Hanley, MD, Melbourne Associates of Brevard
- Dr. Mudani Sabapathy, Melbourne Associates of Brevard
- Rene Gates, Cancer Care Center of Brevard

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- Rose Pongnon, Registered Nurse Case Management, Community Health Nursing, Viera Outpatient Clinic, Department of Veterans Affairs VA Medical Center
- Tu Ngan Mary Chen, Florida Department of Health
- Yanqing Gu, MD

Halifax Hospice, Inc. (CON application #10653) provided 17 letters of support for the proposal - all are of a form letter variety with the following themes:

- Halifax Hospice has a reputation of providing the highest quality services in their existing service areas
- Halifax Hospice provides community services that are currently not available in Brevard County and their strong community outreach and investment would improve hospice access for Brevard County residents and their families
- As a not-for-profit applicant, Halifax Hospice is in the best position to assist the most financially disadvantaged
- Halifax Health is parent of Halifax Hospice and Parrish Medical Center in Titusville and they have an existing mutual relationship over a number of years
- The proposed project is a continuation of this support by Halifax Health

The reviewer notes these are from:

- George Mikitarian, CEO/President, North Brevard County Hospital District d/b/a Parrish Medical Center
- Kelly Wey, RN, Owner of Partners in Community Care, LLC and Operations Manager, Advanced Healthcare Integration, LLC
- Jenna Williams, CEO/Senior Advisor, Harmony Senior Living Advisors
- Greg Hovey, Administrator, Solaris Healthcare Merritt Island
- Jonathan T. Paine, MD, FACS
- Rachel Beatty, APRN, FNP-BC, AGACNP-BC
- Emily O'Grady, BSN, RN, Director of Clinical Services, TEHC Healthcare
- John Wheeler, Administrator, Intercoastal Surgery Center
- Bryan Sowards, My Vital View, LLC
- Jeffrey Njus, Executive Director, Daily Bread
- Krysten Stennett, LPN, Assisted Living Director, Glenbrooke Assisted Living Facility
- Traci L. Graf, RN, Owner, Avid Home Care Services
- Luc Bouquet, APRN
- Allison Westcott, APRN
- Hussien Ballout, MD

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- Josh Sykes, SE US District Manager, Sun Nuclear Corporation

Four letters from Volusia County (SA 4B) elected/appointed law enforcement executives of the Halifax Health-Hospice Traumatic Loss Program do not specifically support CON application #10653.

Seasons Hospice & Palliative Care of Brevard County, LLC

(CON application #10654) provides 33 letters of support for the project in the application's Tab 10. These are individually composed and some have overlapping themes. Specific to Seasons' music therapy and social work collaborations/partnerships and programs, the letters indicate that Seasons is:

- The only American Music Therapy Association (AMTA)-approved multi-state National Roster Internship Program (NRIP) and is committed to on-going training of future professionals through Seasons' NRIP in partnership with The Center for Music Therapy in End of Life Care
- The largest employer of MT-BCs nationwide, ensuring access to professional music therapy services for all patients and their families
- Utilizes music therapy by MT-BCs at the Camp Kangaroo children's bereavement program
- Supports research in music therapy for end-of-life care through partnerships with academic researchers and graduate students
- Tailors hospice care to each community it serves, creating culturally specific programs, through Seasons community-orientated needs assessments

Some letters indicate Seasons:

- Is a family-owned hospice company, providing care to over 30,000 patients annually
- Is responsive in meeting patients' needs after hours and on weekends and this helps ensure patients do not return to the hospital but stay at home where they prefer
- Is highly innovative and flexible in meeting special needs of diverse populations
- Puts families first and has dedication to "go the extra mile" for a patient
- Creates advisory boards to bridge gaps in addressing underserved demographics in the area
- Provides a respectful and dignified death in a safe, secure and home environment
- Uses a holistic approach that is inclusive and seamless
- Proposes services and approaches that are not widely utilized in the area

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- Demands excellence from its staff and treats employees with respect and empowerment, which is reflective of Seasons' noticeable high morale and rates of retention
- Prides itself on its hospice services to veterans (particularly relevant with nearby Patrick Air Force Base), children in/pediatric hospice care and cultural sensitivity, including to the LGBTQ+ community
- Brings comfort and joy to patients and their families, particularly through their music therapy program
- Offers Namaste Care services which is very unique, indicating there is nothing similar in the area to serve patients with dementia
- Makes many options available to families, hospitals/case managers and this is very important to accommodate a wide variety of needs
- Has listened to the needs of the Brevard County community and is responding

Letters submitted by AccentCare personnel contend that the AccentCare/Seasons merger/partnership:

- Allows for a more seamless continuity of care in a more expedient manner
- Alleviates a great deal of stress from case managers that struggle knowing exactly what level of care is appropriate for patients with complex needs – when there is not always a clear-cut “path” for getting patients to the right provider or service

Many support letters are from social service organizations, educational institutions and ALFs, people in Seasons present service areas, and Season's existing advisory boards or AccentCare executive/professional staff. These letters favor Seasons' SA 4A and 7A applications.

Seasons provides excerpts of its letters intermittently throughout the application on pages xvi, xviii, 1-23, 2-5, 2-7, 2-9, 2-16 and 5-8. Two excerpted signed letters of support are from:

- Debi Martoccio, VP, COO/Administration, AdventHealth Connection
- LeeAnne Sacino, Executive Director, Florida Coalition to End Homelessness

Letters not excerpted by Seasons but from within SA 7A are from:

- Dr. Mark Beylin, DPM, Merritt Island Foot and Ankle
- Trisha White, APRN, Rigdon Medical Center Walk-In Clinic
- Shyanne Rose, RN, Nurse Case Manager, Melbourne Regional Medical Center

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- Brandon Cardoza, Case Manager, Melbourne Regional Medical Center
- Dr. Diane Walker, Clinical/Geriatric Psychologist, Owner/Administrator, A Place Like Home (an ALF)
- Caroline Jean Louis, Administrator, A&C God Bless ALF
- Courtney Arndt, MT-BC, Owner and Rose Ritter, MT-BC, Music Intervention Center
- Amanda Guadango, Business Development Specialist, Palm Point Behavioral Health

C. PROJECT SUMMARY

The applicants are applying to establish a hospice program in SA 7A.

Amedisys Hospice, LLC (CON application #10652), also referenced as Amedisys or the applicant, is a for-profit newly formed Florida entity, and an affiliate of Amedisys, Inc., the parent, who acquired Compassionate Care Hospice in February 2019. Amedisys provides hospice services in SAs 3E, 6B and 11.

Amedisys, Inc. is a post-acute health care service company with three operating divisions: home health, hospice and personal care. The company is focused on care in the home, with approximately 21,000 employees in 39 states in the United States and the District of Columbia. Amedisys's owns or operates 514 care centers which include 320 Medicare-certified home health care centers, 180 hospices and 14 personal care centers.

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

The proposed project cost is \$776,223.

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

Clinical Programs and Related Services to Enhance Programmatic Access

1. The Applicant will implement its Cardiac & Pulmonary Connections program upon licensure and commencement of services and will make it available to all eligible patients with a qualifying cardiovascular or pulmonary disease. As part of the Cardiac & Pulmonary Connections program, patients will receive a

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nurse practitioner visit within 72 hours of admission, provided this is acceptable to the IDG, patient and family and is clinically appropriate as defined in the patient's plan of care.

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

- a. Program policies and procedures and resumes/CVs of advanced nurse practitioners and the Program Medical Director.*
- b. Calendar of Events and/or Meetings, letters of invitation, etc. for area cardiologists regarding the time and place of quarterly meetings.*
- c. Confirmation of meetings or conference calls with staff of local hospitals to review the Program.*

2. The Applicant will implement its End Stage program for Alzheimer's/Dementia upon licensure and commencement of operations.

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

- a. Program policies and procedures.*
- b. The number of patients served by disease condition.*

3. The Applicant will implement a Palliative program upon commencement of services in Year 1.

Measurement: Documentation will be included in the annual CON condition compliance report identifying the number of patients served.

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

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

- a. Program policies and procedures.*
- b. The number of patients and patient visits.*

5. The Applicant will implement its Sitting Vigil program, led by an Amedisys Volunteer Coordinator, upon licensure and commencement of operations so that "No One Dies Alone."

- a. Program policies and procedures.*
- b. The number of volunteers, patients and patient visits.*

Staffing and Staff Development

6. Registered Nurses (RNs) will be encouraged to become Certified Hospice and Palliative Nurse (CHPN) certified.

Measurement: Documentation will be included in the annual CON condition compliance report with the number and percent of supervisory RN's who are CHPN certified.

7. All Social Workers will have either a Master's Degree in Social Work (MSW) or be a Licensed Clinical Social Worker (LCSW) upon the date of hire or within six months of hire.

Measurement: Documentation will be included in the annual CON condition compliance report with resumes/ CV's and/or licensure numbers and date of issuance.

8. Within Year 1 and thereafter, the Applicant commits to providing Continuing Education Units (CEU) offerings for **Amedisys-employed** registered nurses, licensed practical nurses, occupational therapists, physical therapists, and licensed social workers at no charge through the Applicant's CEU courses accredited by the American Nurses Credentialing Center, Florida State Board of Physical Therapy Association, American Occupational Therapy association, and the National Association of Social Workers.

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

- a. Policies and procedures.*
- b. A list of the number of employees receiving CEU credits by skill position, the number of credits, and the accrediting agency.*

9. The Applicant will provide all eligible employees the opportunity to complete educational courses that will support the hospice's efforts of providing the highest level of quality care and achieve operational excellence. A Tuition Reimbursement Award of up to \$2,000 annually will be available to all eligible and approved full-time hospice employees. All eligible employees are not required to apply for financial assistance but have the opportunity available to them if they choose.

Measurement:

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- a. *The Human Resource Policy for Tuition Reimbursement will be provided in the annual compliance report.*
- b. *Documentation will be provided in the annual compliance report with the number of employees receiving the tuition reimbursement benefits, the amount received, current positions within the applicant's hospice, and the degree or training the employee is working towards.*

10. The Applicant will offer its LPN to RN Internship Program within one year of licensure and commencement of services.

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

- a. *Policies and Procedures*
- b. *A list of the number of enrolled LPNs in the program, if any.*

11. The Applicant will offer its CNA to LPN Internship Program within one year of licensure and commencement of services.

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

- a. *Policies and Procedures*
- b. *A list of the number of enrolled CNAs in the program, if any.*

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

Measurement: Documentation will be included in the annual CON condition compliance report identifying partnership outreach activities with local educational institutions.

Quality of Care

13. The Applicant will ensure each patient receives five Home Health Aide (HHA) or Certified Nursing Assistant (CNA) visits a week, provided this is acceptable to the IDG, patient, and family and is clinically appropriate as defined in the patient's plan of care.

Measurement: Documentation will be included in the annual CON condition compliance report identifying partnership outreach activities with local educational institutions.

14. The Applicant will provide a 24/7 telephone answering service for patients and families that is jointly operated by TeleMed, Inc. and Amedisys Triage Nurses.

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

- a. Program policies and procedures.*
- b. Copies of publications and materials with information about the 24-hour service.*
- c. A list of the number of calls by date.*

15. Caregivers will utilize bedside Point of Care tablets in order to promote and document evidence of continuity and quality of care.

Measurement: Documentation will be provided in the annual compliance report with a list of purchased equipment.

16. The Applicant has conditioned approval of this application on the provision it will become accredited by Community Health Accreditation Partner (CHAP) upon licensure and certification.

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

17. The Applicant will exceed the national average in the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Satisfaction Survey based on the most recent available data in terms of: (1) Getting timely help; (2) Rating of this hospice; and (3) Emotional and spiritual support.

Measurement: Documentation will be provided in the annual compliance report with the Applicant's ratings in comparison to the national averages.

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18. The Applicant will exceed the national average in the Hospice Item Set (HIS) Survey based on the most recent available data in terms of (1) Patients receiving at least two hospice visits in the last three days of life from Registered Nurses or Social Workers and (2) Patients who got an assessment of all seven HIS quality measures at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements.

Measurement: Documentation will be provided in the annual compliance report with the Applicant's ratings in comparison to the national averages.

19. The Applicant will admit patients to hospice care within 24 hours of referral, provided all necessary supporting patient documentation is timely provided by the referral source.

Measurement: Documentation will be provided in the annual compliance report showcasing identifying the patient's time from referral to admission

20. The Applicant will collaborate and coordinate with local Hospital Systems to offer General Inpatient Care to the residents of Brevard County

Measurement: Documentation will be provided in the annual compliance report describing how General Inpatient Care is accessible to the Applicant's patients.

Community Education and Outreach

21. The Applicant will implement its "We Honor Veterans" program upon licensure and will be Level 3 certified within 18 months of operations.

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

- a. A list of Veterans Administration (VA) facilities visited by provider type, date, and contact person.*
- b. Examples of educational information and related materials for staff, patients, and families.*
- c. Copies of correspondence, as applicable, between the Applicant's Medical Director and the Medical Directors of the area's VA Hospitals regarding hospice services.*

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d. A list of veteran's organizations, clubs, and social organizations (e.g., Amvets, VFW, American Legion, etc.) visited or contacted by name, date, and contact person.

22. The Applicant will also offer its Haircuts for Hospice services to veterans through local volunteers within 12 months of operations.

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

- a. Program policies and procedures.*
- b. The number of patients and treatments (e.g., haircuts, shampoos, and shaves).*

23. Within six months of commencement of operations, the Applicant will employ a Licensed Clinical Social Worker (LCSW) with specialty training in veteran care services.

Measurement: Documentation will be included in the annual CON condition compliance report with resumes/CV's and/or licensure numbers and date of issuance.

24. The Applicant will implement a Comprehensive outreach program to Assisted Living Facilities (ALFs) and Skilled Nursing Facilities (SNFs) and will visit licensed ALF and SNF providers in the Hospice Service Area upon commencement of operations.

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

- a. A list of facilities visited by provider type, date, and contact person.*
- b. Examples of educational information and related materials for staff, residents or patients, and families.*

25. The Applicant will implement its Trees in Memory program upon licensure and commencement of operations.

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

- a. Program policies and procedures.*
- b. The number of trees planted in honor of patients deceased.*

Finance Commitments to Enhance Financial Access

26. The Applicant will apply for participation in Florida's Medicaid program within nine months after receiving Medicare certification as a hospice provider.

Measurement: Documentation will be included in the annual CON condition report.

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

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

- a. Policies and procedures.*
- b. A list of the employees and patients receiving financial assistance*

28. The Applicant will provide a combination of at least 5% annually of total patient days to patients who are reimbursed under Traditional Medicaid, or Managed Medicaid, or Uncompensated care.

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

Halifax Hospice, Inc. (CON application #10653), also referenced as Halifax or the applicant, a Florida not-for-profit corporation. Halifax has provided hospice services since 1979 and operates as Halifax Health Hospice in SAs 4B and 7B. Halifax Hospice, Inc. d/b/a Halifax Health Hospice, is a blended component unit of Halifax Hospital Medical Center.

The applicant expects issuance of license on June 1, 2022 and initiation service on July 1, 2022.

The applicant proposes \$187,625 in total project costs.

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Pursuant to project approval, the applicant offers the following Schedule C conditions, identified as “Conditions Predicated Upon Award”:

1. Halifax conditions this application on the implementation of a Hispanic education and outreach program. This condition will be measured by an annual report to AHCA providing a summary of the Hispanic education and outreach program.
2. Halifax conditions this application on the development of a program for Veterans that achieves the Level 4 designation by the NHPCO within two years of initiation of the hospice program in Subdistrict 7A. This condition will be measured by a report to AHCA documenting achievement of the Level 4 designation within two years of operation.
3. Halifax conditions this application on the development of a children’s grief program within two years of initiation of the hospice program in Subdistrict 7A. This condition will be measured by an annual report to AHCA summarizing the children’s grief program starting within two years of operation.
4. Halifax conditions this application on the development of a traumatic loss program for families and victims of homicide, suicide and other traumatic deaths within two years of initiation of the hospice program in Subdistrict 7A. This condition will be measured by an annual report to AHCA summarizing the traumatic loss program starting within two years of operation.
5. Halifax conditions this application on the development of a palliative care program for seriously ill patients within two years of initiation of the hospice program in Subdistrict 7A. This condition will be measured by an annual report to AHCA summarizing the palliative program starting within two years of operation.

Halifax attaches a five and a half page “Special Features and Unique Circumstances” narrative, provided after the “Conditions Predicated Upon Award” page, offered in CON application #10653-Schedule C. The following are the five major headings that have narratives in the “Special Features and Unique Circumstances” attachment:

1. Hispanic Population
2. Veterans
3. Children’s Bereavement
4. Traumatic Loss
5. Palliative Care

The first four headings are discussed most extensively throughout the application. The fifth heading “Palliative Care” is less well defined/more broad and less clearly itemized as a population than the first four. The applicant’s “Special Features and Unique Circumstances” Palliative Care narrative is provided below:

Palliative Care

The Halifax Health Palliative Care program is over 10 years old and currently performs over 2,000 inpatient consults annually. This year Halifax Health has launched an outpatient palliative care program through which the organization intends to further address the palliative care needs of patients with serious illness in the communities it serves.

Early in the Palliative Care movement, Halifax recognized that patients with serious illness in the community experience significant benefit from the comprehensive interdisciplinary support that a palliative care program can offer. The organization was identifying many patients who were not yet eligible for hospice, but had significant palliative needs that were not being met by other health services in the community.

In 2009, the Halifax's inpatient palliative care program saw its first patient. Since then, the program has experienced profound growth, having progressed from seeing 300 consults in 2011, to performing 2,150 palliative care consultations in the year 2020. The Halifax palliative care service employs four hospice and palliative medicine board certified physicians and a team of 11 palliative care trained nurse practitioners. The team also has a full time palliative social worker and a palliative chaplain. The program cares for patients along the breadth of serious and complex illness, and is highly utilized by community oncologists, intensive care physicians, neurosurgeons, cardiothoracic surgeons, and trauma physicians to assist in the compassionate and person-centered care of their patients.

Recognizing that the palliative care needs in the community extend beyond the walls of the hospital, in 2021 Halifax launched an outpatient palliative care program entitled "Halifax Health Support Care." See Attachment I for brochure. This service provides palliative care consultations to patients in their homes via a nurse practitioner led inter-disciplinary team. This program will be available to all members of the community, with a goal of extending the Halifax Health Palliative Care team's depth of experience to patients in the home setting.

Halifax plans to extend its robust palliative care services to the seriously ill patients of Brevard County. The home-based palliative care model will provide symptom management, skilled communication, and care coordination to seriously ill patients in Brevard County. Outpatient palliative care programs provide significant benefits to patients and caregivers and are shown to decrease caregiver burden and improve patient satisfaction. On the population level, outpatient palliative care programs have been demonstrated to increase in hospice enrollment,

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and more than double in the hospice length of stay of patients who enroll. They also significantly decrease acute care hospitalization and emergency department utilization for patients with serious illness in whom these health care encounters lead to goal discordant care and high costs.

Though, not on Schedule C, Halifax conditions its application on the development of a physical presence in Brevard County, whether it be a main office or a branch facility.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654), also referenced as Seasons, or the applicant, is a development stage for-profit Florida entity. Seasons is an affiliate of Seasons Hospice & Palliative Care, Inc., founded in 1997 and nationally headquartered in Rosemont, Illinois. Seasons is wholly owned by AccentCare, Inc. as they merged on December 22, 2020. The merger combined a national leader of post-acute health care with a national network of community-based hospice providers. Seasons and AccentCare hospice operations include:

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

Seasons and AccentCare have nearly 75 years of experience and 225 sites around the country, per the applicant.

Seasons provides hospice services in SAs 5A, 5B, 6A, 10 and 11. In this batching cycle, Seasons also proposes to establish new hospice program in SA 4A.

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

Seasons proposes \$669,329 in total project costs.

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

Seasons Hospice & Palliative Care of Brevard County, LLC's (referred to as *Seasons*) conditions focus on elements that underlie successful program implementation to produce the following outcomes:

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

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

1. Implement Seasons' **Kangaroo Kids pediatric and hospice & palliative care program** in Hospice Service Area 7A to meet the needs of terminally ill children. **The annual required monitoring report includes the total admissions for hospice patients under the age of 18.**
2. **Seasons commits to holding a Camp Kangaroo children's bereavement camp within the first year of operations.** Ongoing Camp Kangaroo events will be held at least annually. **The monitoring report will identify the time and place of the camp as proof of compliance.**
3. Seasons will apply to participate in the **Children's Medical Services (CMS) Partners in Care: Together for Kids (PIC-TFK) Program** by the second year of operations. **The monitoring report will verify application has been made.**
4. **Seasons ensures minority representation by having a minimum of one African-American, one Asian and one Hispanic board member on the hospice program's governing board, identifying those members in the annual monitoring report.** Seasons further commits to cultural training, ensuring culturally competent care, recruiting professionals that represent communities served, and educate the community about access to hospice services. **The annual, required monitoring report includes the name and race of each board member.**
5. Seasons Hospice & Palliative Care of Brevard County, LLC will become **Services and Advocacy for Gay Elders (SAGE) Platinum Certified** by the end of its first year of operations.
6. **Seasons commits to support of local community-based non-profit organizations to assist seniors and disadvantaged persons.** An annual investment of \$50,000 for three years will benefit the following Senior Services that provide services allowing frail and vulnerable populations to remain safely in their homes.

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Seasons will partner with these organizations, donating \$25,000 to each per year, to increase public awareness and improve access to hospice and palliative care for seniors throughout the community. **The annual, required monitoring report includes an affidavit or payment receipt for the contribution to each organization. residents in low-income and rural areas.**

- **Aging Matters in Brevard**, providing transportation, Meals on Wheels, Home Care and Home Making services, Housing Safety Modification services and Respite Care.
 - **Brevard Alzheimer's Foundation**, providing Adult Day services, Memory care, Senior Transportation, In-Home Respite and other community support services.
7. Seasons establishes an ongoing **Homeless Program** in Hospice Service Area 7A to offer shelter and comfort for homeless hospice patients in their final days. Seasons commits to initial funding of \$100,000 during the first three years (\$15,000 in year 1, \$30,000 in year 2, and \$55,000 in year 3) to the **Brevard Homeless Coalition**. Housing vouchers will be offered based on individual needs and resources from subsidizing rent to supporting the entire expense for monthly assisted living facility care. **The annual, required monitoring report provides a notarized statement confirming the total contributions made and number of homeless individuals receiving hospice care.**
 8. Implement Seasons' **No One Dies Alone** policy in Hospice Service Area 7A. Seasons educates staff and volunteers to identify when the patient is approaching the final weeks of life, providing additional support. Continuous Care is available when the patient meets the eligibility requirements. Otherwise, the **Volunteer Vigil** program provides specially trained volunteers to stay with the patient throughout the dying process. When volunteers are unavailable, Seasons staff hold vigil to ensure No One Dies Alone. Seasons' **24-Hour Call Center** operations provide another level of assurance to deal with any emergencies, concerns, or fears that may arise. **The annual, required monitoring report identifies the number of deaths accompanied by a Seasons' volunteer or staff member, and the percent of total deaths.**
 9. Seasons donates **\$25,000** per year to Seasons Hospice Foundation restricted to **Wish Fulfillment** (funding of wishes that enhance quality of life), **Emergency Relief** (funding basic needs such as food and shelter), and **Camp Kangaroo** (children's grief camp) for Area 7A residents. **The annual, required monitoring report and will identify the check number, date and amount.**
 10. Seasons implements its **Partners in Care** program in Hospice Service Area A, providing education and training to staff and

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volunteers regarding the importance of partnering with long-term care facility staff in care of the hospice patient. Seasons educates facility staff through an e-learning module and in-person team building education. Seasons commits to participating in and/or lead care plan meetings with facility and hospice staff and the patient and family to address the hospice plan of care and improve continuity of care expectations. **The annual, required monitoring report identifies the number of patients served and number of deaths in assisted living facilities and skilled nursing facilities.**

11. Seasons offers therapies beyond the core hospice services. Seasons provides one Full Time Equivalent (FTE) for music therapy per 100 patients. **The annual, required monitoring report reflects the number of patients and the FTEs in the program.**
12. Seasons commits to provide **Continuing Education Units (CEU)** offerings for registered nurses, licensed practical nurses, and licensed social workers at no charge through their nationally accredited CEU programs by the *Association of Social Work Boards* and the *American Nurses Credentialing Center*. **The annual, required monitoring report identifies each course, provides a brief description of the content along with dates and location of the programs.**
13. Seasons offers **internship experiences** within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants. Seasons will seek local contracts with area universities and schools and will leverage existing national contracts. **The annual, required monitoring report reflects, the number and types of interns, their associated schools, and the length of service.**

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

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

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

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

D. REVIEW PROCEDURE

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

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

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

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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 Everett “Butch” Broussard of the Bureau of Central Services who evaluated the financial data.

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

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

1. Fixed Need Pool

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

In Volume 47, Number 24, of the Florida Administrative Register, dated February 5, 2021, need for one hospice program was published in SA 7A for the July 2022 hospice planning horizon. Therefore, the co-batched applicants are applying in response to published need.

Hospice Service Area 7A is currently served by the following providers:

- Hospice of Health First Inc.
- Hospice of St. Francis Inc.
- VITAS Healthcare Corporation of Florida
- Wuesthoff Health System Brevard Hospice & Palliative Care

SA 7A hospice admissions for CY 2020 are shown below:

**Hospice Admissions
Hospice Service Area 7A
CY 2020**

Hospice Provider	Admissions
Hospice of Health First Inc.	1,577
Hospice of St. Francis Inc.	1,360
*VITAS Healthcare Corporation of Florida	1,826
Wuesthoff Health System Brevard Hospice & Palliative Care	480
Total	5,243

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

Note - * Also serves an adjacent service area(s).

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

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Amedisys Hospice, LLC (CON application #10652) cites the projected need for a new hospice in SA 7A, and provides a 10-bulleted rationale for project approval listed on the application's pages 42 -44. Amedisys states being committed to serve the following populations with unmet needs:

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

Regarding unmet hospice need for persons with end-stage heart and/or pulmonary conditions – Amedisys discusses its Cardiac & Pulmonary Connections Program or CPC and data pertaining to the applicability of this program to enhance hospice care in Brevard County on CON application #10652 pages 20-24, 46, 81-83, 94, 98 and 101 in figures 4, 5, 9-14 and Exhibit 15.

Amedisys states "...the variance of Hospice Service Area 7A to Florida in terms of the percentage discharged to hospice, or the "Alternative P Value", is a key factor in understanding unmet needs. Positive variances indicate that hospice services are well utilized and that additional programs are needed. Concomitantly, negative variances of Service Area 7A to the State norms also represent unmet need in terms of lack of available and accessible hospice and palliative care services."

The reviewer notes that the applicant's positive and negative variance determinations identify unmet need. Amedisys uses the Agency's Hospital Inpatient Database File, for CY 2019, to indicate the following major observations of the data when comparing SA 7A to Florida overall:

- 6.02 percent of resident patients aged <65 years and discharged from a hospital with a diagnosis of Malignant Neoplasms in SA 7A were admitted to a hospice, compared to the state average of 6.89 percent - SA 7A's discharge rate to hospice was -14.6 percent lower than the state rate
- 9.04 percent resident patients aged 65+ years and discharged from a hospital with a diagnosis of Malignant Neoplasms in SA 7A were admitted to a hospice, compared to the state average of 12.26 percent -SA 7A's discharge rate to hospice was -35.6 percent lower than the state rate

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- 0.56 percent of resident patients aged <65 years and discharged from a hospital with a diagnosis of All Other in SA 7A were admitted to a hospice, compared to the state average of 0.66 percent - SA 7A's discharge rate to hospice was -17.6 percent lower than the state rate
- 3.02 percent of resident patients aged 65+ years and discharged from a hospital with a diagnosis of All Other in SA 7A were admitted to a hospice, compared to the state average of 4.78 percent -SA 7A's discharge rate to hospice was -58.4 percent lower than the state rate
- For all causes and age groups: SA 7A residents' discharge rate from hospital to hospice of 1.90 percent was -35.2 percent lower than the state average of 2.56 percent

Regarding unmet hospice need for persons with end-stage Alzheimer's/dementia conditions – Amedisys discusses its Alzheimer's/Dementia Program and data pertaining to the applicability of this program to enhance hospice care in Brevard County on CON application #10652 pages 24-27, 53, 54, 94, 98 and 101 with figures 9, 11, 12, 13, and 14 on the last three preceding pages.

Amedisys bullets seven data sources in reaching its determination of unmet hospice need in SA 7A regarding end-stage heart, end-stage pulmonary and end-stage Alzheimer's/dementia. Amedisys' need analysis identified particular hospice need in SA 7A, in addition to cancer/malignant neoplasms include:

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

Regarding unmet hospice need for veterans – Amedisys discusses participation in the We Honor Veterans Program, with a commitment to honor veterans at the end-of-life. Data pertaining to the applicability of this program to enhance hospice care for veterans is included in CON application #10652 pages 34-39, 47, and 111-114. Amedisys states that according to the National Center for Veteran Analysis and Statistics, "Geographic Distribution of VA Expenditures (GDX) FY 2019," April 2020, Florida ranks 1st among the 50 states and territories in

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terms of “Unique Patients” who are defined as patients who received treatment at a VA health care facility and has the 3rd largest veteran population. Further, according to the VA Allocation Resource Center the following data is provided for Florida and Brevard County (2019):

Area and Data Element	Unique Patients	Veteran Population
Florida		
Total	531,488	1,457,205
Percent	8.6%	7.6%
Rank	1	3
Brevard		
Total	25,739	65,261
Percent	4.8%	4.5%
Rank	5	7

Source: CON application #10652, page 108

Amedisys utilizes Florida AHCA Hospital Inpatient Data File (March 2021), for CY 2019, to indicate a rank order of hospital-to-hospice discharges in SA 7A and statewide, with “1” being the most frequent and “8” being the most infrequent, for all discharges and for discharges for the age 65+ population. According to these exhibits, the eight most frequent discharges referenced in descending order are:

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

The reviewer combines the “all ages” cohort exhibit and the age 65+ cohort. See the table below.

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**Summary of Discharges from Hospitals to Hospices for Residents of SA 7A and Florida
All Ages & Age 65+ by Disease Group/Condition
CY 2019**

All Ages						
Disease Group/ Condition	SA 7A			Florida		
	Rank	Discharges	% of Total Discharges	Rank	Discharges	% of Total Discharges
Chronic Kidney Disease	6	51	3.3%	6	2,461	3.3%
Debility	8	1	0.1%	8	86	0.1%
Heart Disease	2	208	13.3%	2	8,720	11.8%
Malignant Neoplasms	3	195	12.5%	3	8,131	11.0%
Mental Health	7	9	0.6%	7	367	0.5%
Neurological Disease	5	65	4.2%	5	4,191	5.7%
Pulmonary Disease	4	156	10.0%	4	5,352	7.2%
All Other	1	878	56.1%	1	44,837	60.5%
Total		15,878	100.0%	6	74,145	100.0%
Age 65+						
Disease Group/ Condition	SA 7A			Florida		
	Rank	Discharges	% of Total Discharges	Rank	Discharges	% of Total Discharges
Chronic Kidney Disease	6	42	3.3%	6	2,207	3.6%
Debility	8	1	0.1%	8	72	0.1%
Heart Disease	2	189	15.0%	2	7,806	12.8%
Malignant Neoplasms	3	135	10.7%	3	5,686	9.3%
Mental Health	7	8	0.6%	7	353	0.6%
Neurological Disease	5	56	4.4%	5	3,697	6.1%
Pulmonary Disease	4	131	10.4%	4	4,705	7.7%
All Other	1	698	55.4%	1	36,308	59.7%
Total		1,260	100.0%		60,834	100.0%

Source: CON application #10652, page 91, Exhibits 19 and 20 (combined)

Amedisys concludes that “The projected admissions... of 189 in Year 1 and 348 in Year 2 is within the projections of need determined by AHCA’s uniform need methodology and should not have a material impact on the existing hospice agencies in Service Area 7A.”

Halifax Hospice, Inc. (CON application #10653) identifies the following key factors as demonstration that Halifax is the best candidate to meet the needs of SA 7A:

- Halifax’s years of experience and expertise providing hospice services to adjacent SA 4B since 1979 and 7B since 2015
- Halifax’s current service area includes three counties (Volusia, Orange, Osceola) that border Brevard County. This will allow for ease of entry and a quick implementation benefiting Brevard residents

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- Existing Halifax Health partnership with Parrish Medical Center, enabling a quick implementation utilizing this relationship (Halifax has a support letter from George Mikitarian, President/CEO on behalf of North Brevard County Hospital District d/b/a Parrish Medical Center)
- Knowledge of marketplace and existing relationships in the community at medical, political, religious and non-profit levels¹
- Halifax's skill and expertise in innovative, quality hospice programs that distinguish it from other batched applicants
- Halifax's superior CAHPS scores compared to other applicants
- The ability to initiate hospice care and services within days of being approved
- The commitments that Halifax has made with this application to meet the specific needs of the subdistrict
- Regional reputation of Halifax as an industry leader of hospice services
- Awards received by Halifax and its staff
- Demonstrated financial feasibility of the proposed Halifax hospice application
- Halifax's track record of outcome driven hospice care
- Halifax is a non-profit, mission-driven organization, who invest all surplus back into the communities that we serve

Halifax contends that it will bring a different approach and range of services to Brevard County than are currently available. Halifax indicates having the resources and commitment to overcome barriers to hospice utilization that are currently present in SA 7A.

The four existing SA 7A providers office locations are provided on a map on page 23 of the application. Halifax explains that most of the providers are located in the central to southern portion of Brevard County and that research shows a great need for a presence and service in the central to northern part of the county. Halifax conditions its application on the development of a physical presence in Brevard County, whether it be a main office or a branch facility.

The reviewer notes that Halifax does not

- Share its research indicating a great need for a presence and service in the central to northern part of the county
- Offer letters of support that corroborate a great need for a presence and service in the central to northern part of the county
- Condition the development of a physical presence in Brevard County (see CON application #10653-Schedule C conditions)

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Halifax uses 2019 Health Planning and Development, LLC (CY 2019) to show where hospice patients are being served by the SA 7A hospice providers, SA 7A on average and Halifax Health Hospice on average (SAs 4B and 7B). The reviewer collapses the individual SA 7A hospice patient locations into the stated SA 7A average. See the table below.

**Average Percentage of Services Provided by SA 7A Hospices
CY 2019**

Hospice	SA	Private Home	Nursing Home	ALF	Hospice Residential Unit/Other	Freestanding Inpatient Hospice Facility	Hospital
Aggregated	7A	57.5%	13.75%	23.75%	1.5%	3.25%	0.25%
Halifax Health Hospice	4B/7B	47%	27%	20%	1%	5%	0%

Source: CON application #10653, page 24 (partially reproduced)

According to the applicant’s table, in CY 2019, Halifax hospice patients were served at their homes at the lowest percentage of any SA 7A hospice provider and Halifax hospice patients were served in nursing homes at the highest percentage of any SA 7A hospice provider.

Halifax explains that in response to the Agency’s fixed need pool determination for the need for an additional SA 7A program, it sees the specific need to plan, support and complement existing 7A hospice providers stating that 30 percent of Brevard residents hospital-based patients died without the support of palliative or hospice care compared to the Florida average of 30 percent.

Halifax uses the Agency’s Florida Population Estimates and Projections by AHCA District 2015 to 2030, published June 2019, September 2020 and February 2021 to determine population estimates from 2019 compared to 2023, by the under age 65 and the age 65+ cohorts (page 26 of the application). The reviewer confirms that this publication was issued in September 2020 but was not in June 2019 or in February 2021. However, the Agency’s Florida Need Projections for Hospice Programs publication was issued in February 2021 which triggered need for an additional hospice program in SA 7A. The reviewer reproduces a portion of the applicant’s exhibit below.

SA 7A/Brevard County

Hospice Patients 2019*	Estimated Hospice Patients 2023*	Percent Change
5,243	5,846	11.5%

Source: CON application #10653, page 26 (partially reproduced)

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The reviewer notes that Florida Need Projections for Hospice publication, issued February 2021, shows 5,243 admissions in CY 2020 and 5,846 projected admissions for the July 2022 planning horizon. The projections result in projected need for an additional hospice in SA 7A.

Regarding race and ethnicity, US Census Bureau from April 1, 2010 to July 2019, Brevard County’s population by race/ethnicity is shown in the table below.

	April 1, 2010 – July 1, 2019
White	83.2%
Black or African American	10.8%
American Indian and Alaskan Native	0.5%
Asian	2.6%
Native Hawaiian and other Pacific Islander	0.1%
Hispanic or Latino	10.9%
White alone, not Hispanic or Latino	73.8%
Two or more races	2.8%

Source: CON application #10653, page 27

Halifax provides various materials in Spanish (CON application #10635, Attachment Q). In addition, the reviewer notes CON application #10653, Attachment R – a November 16, 2013 letter of congratulations to Halifax Health-Hospice of Volusia/Flagler from then-Governor Rick Scott, on having received the La Santa Maria Award from the Volusia Hispanic Chamber of Commerce during the 2013 Columbus Caravel Awards Dinner and Gala.

Halifax comments that the Hispanic population in SA 7A is large and growing, asserting that Halifax intends to reach out to over 30 various multicultural and Hispanic churches, including several churches in the Melbourne and Palm Bay area. Halifax asserts an expectation to network with the Brevard Hispanic Center to align resources with those families most in need. Halifax will also network with local SA 7A spiritual support organizations, including chaplains, ministers, pastors, spiritual care volunteers and other spiritual advisors to help bolster awareness of the accessibility of its hospice services. Further, Hispanic organizations it indicates it will approach, include but not limited to:

- Brevard Hispanic Chamber of Commerce
- Hispanic American Professional & Business Women’s Association (one of the 12 Chamber of Commerce groups in the county)
- National Association of Hispanic Journalists
- Hispanic Office for Local Assistance

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There are no letters of support from any of the organizations or church/spiritual organizations/advisors cited above.

Halifax provides the age 65+ population percentages by race/ethnicity in SA 7A for July 1, 2019. See the exhibit below.

Age 65+ Population by Race for SA 7A

	Percent in 2019
Pacific Islander	0.1%
American Indian	0.5%
Two or more races	2.8%
Asian	2.6%
African American	10.8%
White	83.2%
Hispanic or Latino	10.9%
Total	100.0%

Source: CON application #10653, page 27 from US Census data July 1, 2019

The reviewer notes that the applicant’s two Brevard County population exhibits above indicate different populations but indicate identical or near-identical percentages. The reviewer notes that that exhibits are indicated to show the overall and Age 65+ population from April 1, 2010 compared to July 1, 2019. The reviewer generates the exhibit below in which the applicant indicates identical or near-identical percentages, from highest to lowest percentages:

Overall Population April 1, 2010 to July 1, 2019 and Age 65+ Population in 2019

	Overall Population April 1, 2010 to July 1, 2019 as a Percent	Age 65+ Population in 2019 as a Percent
Hispanic or Latino	10.9%	10.9%
Black/African American	10.8%	10.8%
Asian	2.6%	2.6%
American Indian/Alaskan Native	0.5%	0.5%
Native Hawaiian/Pacific Islander	0.1%	0.1%

Source: CON application #10653, page 27 (comparison of Halifax population exhibits)

Regarding veterans, Halifax states that Brevard County is home to a strong military influence and shares a very proud history of supporting active military and their families who are or have been stationed at Patrick Air Force Base, just north of South Patrick Shores, Florida. Halifax maintains that, “There are currently a significant number of residents who are facing end of life decisions.”

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According to Halifax, in 2019, 10.9 percent of the total veteran population was age 85+ and that by 2025, this will increase to 11.36 percent. Halifax states the use of VetPop, Veterans Administration, to indicate veteran age cohorts for each year from 2020 to 2025. The reviewer reproduces only the year 2020 and 2025 estimates (not including the years 2021, 2022, 2023 and 2024). See the partially reproduced exhibit below.

Veteran Population for SA 7A

	2020	2025
Veterans 65 and Under	31,804	27,440
Veterans 65+	27,637	26,178
Total SA 7A	59,441	53,618

Source: CON application #10653, page 28 (partially reproduced)

Halifax asserts that its existing Veterans Program would bring necessary services that care for and recognize the aging population of veterans and provides a narrative description of its services to veterans. Further, Halifax respectfully offers specially designed benefits for veterans and their families, including:

- Individualized care planning so that each so that each veteran and his caregivers will feel confident that his needs are being met
- Halifax ensured access to the veteran’s end-of-life benefits through partnerships that Halifax has established with local, state and federal agencies
- Receive specialized services based on the unique needs of veterans at end-of-life
- Each veteran is honored for his or her service with a pinning ceremony which includes receiving a commemorative pin and ceremonial certificate
- Halifax offers multiple events for veterans
- Allow veterans to take part in the veteran-to-veteran volunteer program

Halifax includes a chronology of its We Honor Veterans milestones to November 2020. The applicant references Con application #10653:

- Attachment N – We Honor Veterans
- Attachment O – Halifax Health Hospice Veteran Centric Care Policy

Halifax states it will target the local US Veterans Affairs Department, Veterans of Foreign Wars, Disabled American Veterans and Vietnam Veterans of Brevard organizations. The applicant does not include letters of support from any of the four veteran organizations bulleted above.

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Regarding deaths in SA 7A, Halifax states the use of the Florida Department of Health, Florida CHARTS, to provide three exhibits indicating deaths from 2015 to 2020 by age cohorts (under 65, 65+ and all ages, for SA 7A overall) and deaths from the same time frame based on ethnicity (Hispanic/non-Hispanic by age cohorts under 65 and 65+) and race (Black and White, again by age cohorts under 65 and 65+). The reviewer notes the incremental increase and percentage change from 2015 to 2020 for the following SA 7A age 65+ populations:

- Overall:
 - Age 65+ incremental increase of 1,106 residents
 - Percentage increase - 20.8 percent
- Hispanic:
 - Age 65+ incremental increase of 111 residents
 - Percentage increase – 63.4 percent
- Non-Hispanic:
 - Age 65+ incremental increase of 1,001 residents
 - Percentage increase – 19.5 percent
- African American
 - Age 65+ incremental increase of 132 residents
 - Percentage increase – 45.3 percent

CON application #10653 contends that clearly, Halifax's initiatives for multicultural and outreach, its bilingual materials and multicultural care team members will be of benefit to those residents living in Brevard County as these regions become more and more diverse in the future.

The reviewer notes that the applicant offers death counts in the past in SA 7A by age, ethnicity and race but no projections into the future (such as was provided regarding veteran residents in the area into 2025).

Regarding selected causes of death in SA 7A, the applicant again states the use of the Florida Department of Health, Florida CHARTS to indicate that between 2015 and 2019, the greatest percentage increases in deaths by diagnosis have been in Parkinson's Disease (29.4 percent), followed by stroke (14.4 percent) and heart disease (4.3 percent), while Alzheimer's Disease, Chronic Respiratory Disease and Diabetes have remained relatively stable and cancer rates actually having declined (-9.5 percent). See the exhibit below:

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**Selected Causes of Death in SA 7A
2017-2019**

	2015	2019	Incremental Change	Percent Change
Alzheimer’s Disease	180	186	6	0.3%
Cancer	1,704	1,672	(77)	(9.5)%
Chronic Respiratory Disease	448	487	39	0.8%
Diabetes	153	154	1	0%
Heart Disease	1,627	1,698	71	4.3%
Parkinson’s Disease	78	101	23	29.4%
Stroke	415	475	60	14.4%

Source: CON application #10653, page 30

Halifax explains having expertise to work with all patients who are suffering from any of these limiting conditions. A brief narrative about Halifax’s support of Parkinson’s Disease patients and particularly highlights the Parkinson Association of Greater Daytona Beach and the Flagler Parkinson’s Support Group is provided. Regarding historical utilization of hospice services in SA 7A and Florida, Halifax states use of Health Planning and Development LLC data to compare 10 hospitals it indicates served Brevard County residents in 2019. See the exhibit below.

Hospitals Serving Brevard County in 2019	Enrollees Died <= 6 MOS		
	% Direct to Hospice	% Died No Hospice	% READM in <= 30 Days
Holmes Regional Medical Center	20%	33%	29%
Rockledge Regional Medical Center	25%	31%	29%
Palm Bay Hospital	24%	37%	38%
Cape Canaveral Hospital	22%	27%	29%
Viera Hospital	17%	27%	36%
Parrish Medical Center	24%	27%	29%
Steward Melbourne Hospital	27%	29%	39%
AdventHealth Orlando	24%	33%	45%
Steward Sebastian River Medical Center	19%	30%	30%
Orlando Health Orlando Regional Medical Center	26%	26%	21%
Florida Hospital Average	24%	29%	30%

CON application #10653, page 31

Halifax indicates plans to focus its partner development with outlier hospitals (page 31 of the application):

- Discharging fewer patients home to hospice
 - Cape Canaveral, Viera Hospital, Steward Sebastian River Medical Center
- Discharging without hospice
 - Holmes Regional, Rockledge Regional, Palm Bay Hospital, AdventHealth Orlando, Steward Sebastian River Medical Center

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- Experiencing higher than state average readmission rates within 30 days
 - Palm Bay Hospital, Viera Hospital, Steward Melbourne Hospital, AdventHealth Orlando

The reviewer compared the stated outlier hospitals to the 10-hospital exhibit above and found them to be consistent with each other with the following exception:

- Discharging fewer patients to home to hospice
 - Holmes Regional Medical Center is at 20 percent compared to a statewide average of 24 percent

The reviewer notes that Halifax does not explain why Holmes Regional Medical Center was not listed as an outlier in discharging fewer patients home to hospice (compared to the state average) when Cape Canaveral Hospital, Viera Hospital and Steward Sebastian River Medical Center were listed as outliers.

Halifax provides a similar exhibit for Volusia County hospitals emphasizing that Halifax Health Medical Center has:

- The second highest discharges direct to hospice – Halifax exceeding the state average by six percent
- The lowest percentage of patients who died without hospice – Halifax seven percent better than the State average
- Readmission rates five percentage points lower/better than the state average

Halifax attributes its Volusia County success with partnerships within its healthcare system and the community and bullets four reasons for this accomplishment (page 32 of the application).

Concerning hospice penetration rates, Halifax contends that based on Medicare admission data SA 7A has an existing hospice penetration rate of 100 percent in 2019 compared to the state penetration rate >90 percent as a whole. Halifax states that hospice penetration rates in SA 7A increased in 2019 by three percent for the population under 65 which is a significant factor in the calculation of a fixed need of one new hospice program. Halifax asserts that while the specific reasons for this phenomenon are not known, Halifax will provide to SA 7A a robust outreach program and a commitment to serve all patients rather than selectively market to the more profitable Medicare patient population.

Halifax states that penetration rates are a measure of the percentage of deaths that are served by hospice providers and that further, the penetration rate can be calculated by based on reported hospice

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admissions and death data from Florida CHARTS. On page 32 of the application, Halifax offers an exhibit to reflect Medicare penetration for each county in Florida and states the use of 2019 Health Planning and Development, LLC data to indicate the following hospice penetration for Brevard County, by overall population, Hispanics and African Americans compared to the state average penetration rate. The reviewer notes the following stated hospice penetration rates in Brevard County in 2019:

- Overall:
 - 100 percent penetration with a statewide average of 90 percent
- Hispanics
 - 126 percent penetration with a statewide average of 104 percent
- African Americans
 - 99 percent penetration with a statewide average of 77 percent

The Agency notes that the applicant’s stated hospice penetration rate discussion comparing admissions and Medicare penetration in SA 7A and the state are inconsistent with the Agency’s fixed need methodology, promulgated in Rule 59C-1.0355(4)(a), Florida Administrative Code. Had the Agency’s fixed need pool calculations for SA 7A generated penetration rates described by Halifax, the need for an additional hospice program in SA 7A would not been triggered for the July 2022 hospice planning horizon.

Below is the applicant’s expected year one and year two admissions, average length of stay (ALOS), patient days and average daily census (ADC):

**SA 7A Projected Hospice Patients, ALOS and ADC
First Two Years**

	Year One	Year Two
Halifax Admissions	104	260
ALOS	70.0	70.0
Patient Days	7,330	18,250
ADC	20	50

CON application #10653, page 34

Halifax expects to have no material impact on existing hospice providers in SA 7A.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) notes that through AccentCare, Inc., it is affiliated with AccentCare Home Health of Melbourne, serving Brevard, Orange, Osceola and Seminole Counties. Further, the existing affiliate relationship provides a unique opportunity for it to reaffirm the

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commitment to caring for residents in their homes. According to Seasons, adding a hospice to the service area completes a continuum of care at home that creates efficiency and builds upon existing relationships that foster hospice enrollment and improves access.

Seasons states that with the announcement of need for an additional hospice program in SA 7A, it conducted a community based needs assessment to identify specific unmet needs throughout the service area. Below is the applicant's stated summary of the five major findings of the need assessment (pages vi and vii, 1-2 and 1-3 of the application). Seasons offers corresponding solutions for these findings.

- Although hospice admissions statewide were up five percent in 2020 over the prior year, hospice admissions in SA 7A declined
- The Brevard County population exhibits diversity, including Hispanics, African Americans, and Asians, representing 11.8 percent, 10 percent and 2.7 percent of the population, respectively. Growth rates for minorities far exceed that of the White population which grows at 3.9 percent over the next five years compared to Hispanics at 20.9 percent, Asians at 16.9 percent and African Americans at 7.3 percent
- SA 7A lacks a Pediatric Hospice & Palliative Care Program. Over half (55.6 percent) of all Brevard children that died in hospital, died in a hospital in Orange County, while 89.1 percent of all Brevard children discharged with home care, were discharged from a hospital outside the county.
- Over 24 percent of the Brevard County population is age 65+, this age cohort is expected to increase by over 20 percent within the next five years and Alzheimer's disease is the sixth leading cause of death in Brevard County
- Brevard County's homeless rate of 134.90 is higher than the statewide average of 127.90. Of the 815 homeless, 22.1 percent (180) are veterans, which is higher than the statewide rate of 8.6 percent.

The reviewer notes that Seasons states on the application's page 2-21 "Community Hospice of Brevard County has an active pediatric program" so it would not duplicate this service. However, there is no "Community Hospice of Brevard County", so this appears to be another error referencing SA 4A, which has "Community Hospice of Northeast Florida".

The reviewer also notes that CON application #10654 has the following statement "The Jacksonville area is also home to many veterans." on page viii which appears to be an error, since CON application #10654 applies to SA 7A. Seasons contends that should it be approved, SA 7A

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will gain a new, dedicated hospice program that focuses on the needs of the community to address the underlying challenges to improve hospice access and service.

Regarding population demographics and dynamics, Seasons utilizes the Agency’s Florida Population Estimates and Projections by AHCA District publication, issued September 2020 to reflect Brevard County and Florida population growth from 2020 to 2025 by the age cohorts of 0-17, 18-64 and 65+ (CON application #10654, page 1-3, Table 1-1). The applicant explains that its 2020-2025 estimates are at the July 1 mid-points for those years and that July 1, 2025 coincides with the end of the third year for the proposed project. Seasons Table 1-1 is summarized below:

- In 2020, overall, the service area had proportionately more residents age 65+ seniors (24.2 percent) than the state (rest of the state (20.5 percent)
- Over the next five years (2020-2025), SA 7A’s:
 - Age 0-17 population is expected to remain constant at 18.4 percent but this age cohort statewide is expected to decline (from 20.3 percent to 20.1 percent)
 - Age 65+ population is expected to increase by 3.3 percent (from 24.2 percent in 2020 to 27.5 percent in 2025) but this age cohort is expected to increase at a slower rate over the same time period (2.0 percent, from 20.5 percent in 2020 to 22.5 in 2025)

Seasons provides the following five-year population estimates to indicate population increases for the age 0-17 and 65+ cohorts in Brevard County and a decrease for the age 18-64 population.

**Five-Year Population Increase and Growth Rates by Age Cohort
SA 7A and Florida**

Age Cohort	Five Year Increase Brevard		Five Year Increase Florida	
	Number	Percent	Number	Percent
0-17	6,236	5.6%	284,146	6.5%
18-64	-917	-0.3%	496,412	3.9%
65+	29,528	20.2%	780,750	17.6%
Total	34,847	5.8%	1,561,308	7.2%

Source: CON application #10654, page 1-4, Table 1-2

Seasons states that the Brevard County overall population is expected to increase by 5.8 percent over the next five years, compared to 7.2 percent for the state overall, with seniors increasing by 20.2 percent, compared to 17.6 percent for the state.

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Seasons provides a one-page 2021 and 2026 Brevard County Population Estimates by ZIP Code and Age Cohort (CON application #10654, Tab 10, Exhibit 2). The reviewer notes that:

- The exhibit offers resident counts for 29 ZIP Codes and corresponding age cohorts for each and then Florida totals
- For 28 of the 29 listed ZIP Codes, the five-digit ZIP Code begins with “32”
- For one of the 29 listed ZIP Codes, the five-digit ZIP Code is “00042”
- The United States Postal Service (USPS) Look Up a ZIP Code™ website at <https://tools.usps.com/zip-code-lookup.htm?citybyzipcode> indicates that 00042 is not a valid ZIP Code
- Brevard County population estimates differ between Table 1-1 and Exhibit 2

Season states the use of Claritas in providing a colorized map to show the Brevard County 2021 population age 65+ by ZIP Code (CON application #10654, page 1-5, Figure 1-1). The reviewer notes that the figure indicates:

- Five population size groupings are identified
- Only one ZIP Code is indicated (32904)
- ZIP Code 32904 appears in the applicant’s Tab 10, Exhibit 2
- The United States Postal Service (USPS) Look Up a ZIP Code™ website at <https://tools.usps.com/zip-code-lookup.htm?citybyzipcode> indicates that the recommended city for ZIP Code 32904 is Melbourne, FL

The applicant provides the Brevard County and Florida inventory of ALF and SNF beds per thousand in the table below.

SA 7A ALFs and SNFs

Area	2020 Population 65+	ALF Beds	ALF Beds per 1,000 Age 65+	SNF Beds	SNF Beds per 1,000 Age 65+
Brevard County	143,776	3,826	27	2,810	20
Florida	4,371,061	112,158	26	84,946	20

Source: CON application #10654, page 1-6, Table 1-3 from Florida Population Estimates and Projections by AHCA District, September 2020 and www.FloridaHealthFinder.gov.

Seasons notes that Brevard County’s number of ALF and SNF beds compared to the State is “average”. The applicant asserts that through Seasons’ Partners in Care program, area ALF and SNF residents will benefit.

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SA 7A’s disparity of service among minorities and particularly among Hispanics is addressed. Seasons provides population estimates from 2021 to 2026 by racial/ethnic groups in Brevard County, and the distribution of these groups by percentage, all to determine the five-year growth rate. See the table below.

**SA 7A Population Growth by Race and Ethnicity
2021-2026**

Race Category	Total 2021 Population	2021 Percent	Total 2026 Population	2026 Percent	Five-Year Increase	Five-Year Growth Rate
White	493,484	80.5%	512,624	79.3%	19,140	3.9%
Black/African American	64,239	10.5%	68,913	10.7%	4,674	7.3%
Asian	16,587	2.7%	19,336	3.0%	2,749	16.6%
Indian/Alaskan	2,572	0.4%	2,796	0.4%	224	8.7%
Hawaiian/Pacific	648	0.1%	715	0.1%	67	10.3%
Other Races	14,697	2.4%	17,551	2.7%	2,854	19.4%
Two or more Races	21,145	3.4%	24,715	3.8%	3,570	16.9%
SA 7A Total	613,372	100.0%	646,650	100.0%	33,278	5.4%
Ethnic Category						
Hispanic	72,306	11.8%	87,382	13.5%	15,076	20.9%

Source: CON application #10654, page 1-7, Table 1-4 from ‘Claritas 2021 update’.

As shown above, minority populations are projected to have higher growth rates and increases proportionately than the white population for the five-year period. Seasons notes that:

- The largest minority group, Hispanics, are expected to increase by 15,076 or 20.9 percent
- The second largest minority, African Americans, are expected to increase by 4,674 or 7.3 percent
- Asians are expected to increase by 2,749 or 16.6 percent

Seasons comments that the above profile indicates diversity, that this diversity adds incentives to meet their needs and that Seasons’ Diversity Council taps into the growth trend and prepares to engage minorities to know how to best address concerns and meet their needs. Seasons discusses its U.S. based service to Hispanics (South Florida) to African Americans (Baltimore) and with regards to Asians its West Coast and mainland China operations. The applicant states it “is the only Western Hospice operating in Mainland China..”. Seasons contends that because it is an industry leader in serving minority populations, it is well positioned to meet the needs of SA 7A.

Regarding veterans in the service area, Seasons indicates that in 2020, Brevard County’s age 65+ veteran population (23.3 percent) was greater than Florida’s overall age 65+ veteran population (17.3 percent). See the table below.

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2020 Veteran Population and Percent of Total Population

County/Area	2020 Veterans 65+	2020 Total Veterans	2020 Population 65+	2020 Total Population	Veterans 65+ Percent of Population 65+	Total Veterans Percent of Total Population
Brevard	34,098	65,902	146,131	604,154	23.3%	10.9%
Florida	765,905	1,517,442	4,439,923	21,640,766	17.3%	7.0%

Source: CON application #10654, page 1-8, Table 1-5 from Florida Population Estimates and Projections and U. S. Department of Veterans Affairs @ http://www.va.gov/vetdata/veteran_population.asp.

Seasons emphasizes that its program in Pinellas County already has Level 5 status and that its newest program in Pasco County has achieved Level 4 after being licensed for only one year. The reviewer verifies that Seasons Hospice and Palliative Care of Pasco County, LLC was licensed effective April 14, 2020. Seasons lists its affiliates “We Honor Veterans star level” in Exhibit 5, Tab 10 of CON application #10654.

Seasons notes that the target population to be served are those persons who have one year or less to live as determined by a physician. FLHeathCharts.com data is used to provide (highest to lowest) resident death totals, death percentages and the percentage of potential hospice deaths in 2019, statewide (CON application #10654, page 1-9, Table 1-6). Seasons states that while conditions may change from year to year, with some causes of death being more or less prevalent than in other years or areas of the state, the top chronic conditions remain. The reviewer notes that the applicant’s Table 1-6 is not specific to SA 7A.

Seasons states having proven experience nationally and in Florida to establish successful new hospice programs in a variety of markets. Narrative descriptions of its experience is included in the application’s pages 1-10 through 1-15 under the following topics:

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

Seasons forecasts 205 admissions for a 3.5 percent year one market share and 385 admissions or a 6.5 percent year two SA 7A market share. See the table below.

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**Forecasted SA 7A Total & Seasons First Two Years
Hospice Admissions**

Cause of Death	Projected 7A Hospice Patients 7/22-6/23			Seasons Admissions 7/22-6/23 – Year 1 Market Share 3.5%		
	0-64	65+	Total	0-64	65+	Total
Cancer	358	1,232	1,90	13	43	56
Other	378	3,878	4,256	13	136	149
Total	736	5,110	5,846	26	179	205

Cause of Death	Projected 7A Hospice Patients 7/22-6/23			Seasons Admissions 7/23-6/24 – Year 2 Market Share 6.5%		
	0-64	65+	Total	0-64	65+	Total
Cancer	362	1,246	1,608	24	81	105
Other	382	3,922	4,304	25	255	280
Total	744	5,168	5,912	49	366	385

Source: CON application #10654, page 1-17, Table 1-7 (partially reproduced)

Seasons states that its forecast considers any temporary impact that COVID-19 may have had on the calculation and that the model produces results that reflect a reasonable expectation. As support for its projections, Seasons provides tables on the application’s pages 1-17 through 1-20 including:

- Seasons’ National Hospice Program Experience – First Two Years (Table 1-8)
- Recent Experience of Season’s Hospice Programs in Florida – First Two Years (Table 1-9)
- New Hospice Program in Florida, Entering Service Areas Having Less than One Million Persons – First Two Years (Table 1-10)

Seasons provides an impact analysis and expects to have no negative consequence on other existing hospice providers in SA 7A :

- 7A Projected Admissions Year One and Year Two (Figure 1-3)
- Seasons Hospice Impact on Existing Providers/First Two Years of Operation (Table 1-11)

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.**

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All applicants discuss serving populations they believe to be underserved or otherwise in need of target population hospice services.

Amedisys Hospice, LLC (CON application #10652) states a commitment to serve the following populations it identifies as having unmet need:

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

Halifax Hospice, Inc. (CON application #10653) states significant unmet hospice need in SA 7A for the following populations:

- Hispanic residents
- Veterans
- Patients in need of pre-hospice palliative care
- Grieving children
- Those who have suffered the loss of a family member due to a traumatic event
- Those in need of palliative care

The reviewer notes that Halifax offers no data or other corroboration supporting its contention there is unmet need for the grieving children population or a population suffering from loss of a family member due to a traumatic event.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) contends that an initial need assessment made in speaking with area residents backed by statistical analysis confirms the following populations with unmet needs:

- Terminally Ill Children
- Seniors and Disadvantaged Persons
- Homeless Population

Regarding terminally ill children, Seasons contends that none of the area hospice providers offer a dedicated palliative care program for pediatrics. Seasons provides Brevard County's death by various age cohorts from less than one year to age 15-19 by cause—the table below has the 10 listed causes of death.

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**Brevard County Pediatric Deaths by Age and Cause
2019**

Causes of Death	<1	1-4	5-9	10-14	15-19	Total
Total (All Causes)	29	5	0	4	13	51
Expected Deaths						
Cancer					1	1
Congenital Malformations	8					8
All Other Natural Causes	5	2		1		8
Total Expected Deaths	13	2	0	1	1	17

Source: CON application #10654, page 2-3, Table 2-1 (partially reproduced) from Florida Vital Statistics Annual Report 2019, Table D-11.

Seasons states that the CY 2019 AHCA Patient Discharge Data, indicates 12 pediatric patients ages 0-17 died in a hospital in Brevard County, while 33 were discharged to a cancer/children’s hospital. The applicant emphasizes that no pediatric patients were discharged to hospice. Further, half of these in-hospital deaths occurred in a hospital outside the county. Seasons contends that high numbers of children utilizing hospital services outside the county with critical needs indicates the need for a pediatric hospice program for those that qualify for hospice or palliative care. Seasons explains that while the number of deaths is relatively small, the impact on a family having a terminally child is significant, and the proposed Kangaroo Kids Pediatric Hospice & Palliative Care offers a choice to residents over existing hospital providers. Brochures on Seasons’ Kangaroo Kids Program, Camp Kangaroo and Florida’s CMS PIC-TFK program are include in Exhibit 7 in Tab 10 of the application.

Regarding seniors, Seasons reiterates its Table 1-1 (see items E.1.a. of this report). Seasons points out 133 ALFs and 21 SNFs in Brevard County and states that it reaches persons in these facilities. Seasons uses its own data to indicate its nationwide admissions and percent of admissions by location in 2019. See the table below.

National Seasons Admission by Location

Location	2019 Admissions	Percent
ALF	2,844	10.3%
Home	9,409	34.2%
Hospital	3,963	14.4%
Inpat. Hospice Facility	6,513	23.7%
NH LTC	4,520	16.4%
SNF	208	0.8%
Other	26	0.1%
Total	27,483	100.0%

Source: CON application #10654, page 2-6, Table 2-3

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Seasons provides a Florida Department of Health table of 2019 leading causes of death for Brevard County (CON application #10654, Tab 10, Exhibit 8). The reviewer notes that a brief review of the leading causes of death indicates that, in descending order, the 10 most frequently occurring causes were as follows:

- Heart disease
- Cancer
- Unintentional injury
- Chronic lower respiratory disease
- Stroke
- Alzheimer’s disease
- Diabetes
- Chronic liver disease and Cirrhosis
- Suicide
- Nephritis, Nephrotic Syndrome and Nephrosis

Regarding the homeless population, Seasons utilizes the Agency’s Florida Population Estimates and Projections by AHCA District publication, issued September 2020 and The Florida Council on Homelessness 2020 Annual Report; Table 7: Homeless Point of Time (PIT) Counts to reflect total homeless as well as veteran homeless data in Brevard County. See the table below.

**Homeless PIT Counts, Homeless Veterans, and Total Population
SA 7A and Florida
2020**

Area	2020 PIT Count*	Total Population	Homeless per 100,000	Homeless Veterans	Percent Veteran
SA 7A	815	604,154	134.90	180	22.1
Florida	27,679	21,640,766	127.90	2,376	8.6

Source: CON application #10654, page 2-8, Table 2-4 from Florida Population Estimates and Projections by AHCA District, September 2020 & The Florida Council on Homelessness 2020 Annual Report; Table 7: Homeless Point of Time (PIT) Counts

Note: *2019 counts substituted where 2020 counts were unavailable.

Seasons stresses that Brevard County has a higher homeless rate per 100,000 (134.9) compared to a statewide rate (127.9) and provides the Florida’s Council on Homelessness 2020 Annual Report (CON application #10654, Tab 10, Exhibit 9).

- (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.**

None of the applicants provide written agreements or “willingness discuss contracts” from SA 7A area hospitals or SNFs for the

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provision of the inpatient care component of their respective proposed hospice programs. The reviewer notes that Halifax has an affiliate hospital – Parrish Medical Center in SA 7A.

Amedisys Hospice, LLC (CON application #10652) states plans to contract with local hospitals, inpatient units, or SNFs throughout SA 7A, to provide inpatient care as necessary for patients with terminal diagnoses. Amedisys references its Attachment 21-General Inpatient Services Addendum with Hospitals and Nursing Homes.

Halifax Hospice, Inc. (CON application #10653) proposes to provide the inpatient care component of its new hospice program through contractual arrangements with existing health care facilities, including the acute care hospitals and SNFs in the subdistrict. Halifax maintains having currently been involved in discussions with hospital providers in SA 7A regarding an agreement to work together to ensure seamless transition from the hospital setting to hospice care, as well as the prevention of unnecessary readmissions of hospice patients under Halifax's care.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) states that it will provide inpatient hospice care through contractual arrangements with existing health care facilities and will ensure ready and convenient inpatient access to care when necessary. Seasons lists its SNF and hospital general inpatient hospice contracts in Florida SAs.

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

Amedisys Hospice, LLC (CON application #10652) maintains that Amedisys will not discriminate against any person on the basis of diagnosis/infectious disease, race, color, ancestry, national origin, sex, sexual orientation, religion, veteran status, disability, age, ability to pay, Do Not Resuscitate (DNR) status, disability or age in admission, treatment or participation in its programs, services and activities or in employment.

Amedisys states that it will admit patients who are hospice appropriate whether or not they have an identified caregiver and that the IDT will assist in identifying a caregiver and a reasonable plan for caregiver arrangement when appropriate. Further, it

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embraces the “Power of Yes”, a stated Open Access philosophy to admit all eligible patients who want to elect the hospice benefit.

Halifax Hospice, Inc. (CON application #10653) states it provides service to everyone who makes an inquiry, beginning with information, education, referral and counseling. Halifax states it admits all patients who qualify for hospice care within the license service area, including homeless persons, persons without primary caregivers and persons with HIV or AIDS.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) states that in addition to the homeless, it makes provisions to serve persons without a primary caregiver in recognition of its mandate No One Dies Alone (briefly described in item E.2.a. (5) of this report). Seasons notes that some persons will not have a designated person who can function as the primary caregiver. The hospice team leader identifies and directs safe and effective provision of hospice care in situations where the terminally ill patient requires assistance with self-care and skilled services. This care is provided in a location in accordance with the patient's wishes and the procedure for meeting the need for a designated caregiver follows the four-step process below:

1. A Comprehensive Patient and Family Assessment will be completed by the team social worker
2. If it is determined that the patient does not have an able and willing caregiver to assist with care in the patient's home, the patient may initially be able to care for himself. The Comprehensive Assessment will identify the level of independence and the patient's need for support will be regularly reassessed
3. If the patient is initially unable to meet their own needs for self-care and symptom management, the Interdisciplinary Team will identify “lack of a primary caregiver” as a problem and interventions will include:
 - a. The plan and frequency for reassessment of the patient's need for care assistance
 - b. A social worker assessment of the patient's ability and desire to pay independently for hired care givers
 - c. A discussion of anticipated care needs with the patient and collaboration on a plan to meet those future needs
4. As decline in functional ability develops with progressive disease, the type of assistance needed will be determined by the Interdisciplinary Team in collaboration with the patient and family (if involved) and the following potential solutions will be explored and implemented:

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- a. Friends, neighbors, and community members as a potential future support network. The hospice team will provide support, management, teaching, oversight and emergency intervention to this network if one is identified
- b. Placement in a group home, public housing or shelter
- c. Placement in a skilled facility
- d. Continuous care if pain and symptoms are unmanageable by arranged caregiver and the patient desires to remain at home
- e. Placement in a general inpatient bed when pain and symptoms are unmanageable at home

Persons with HIV/AIDS is an SA 7A population identified by Seasons as having unmet need. See the table below.

**HIV Prevalence in SA 7A
2019**

County/Area	Population	HIV Diagnosis		Persons with HIV		Age-Adjusted Deaths	
		Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000
Brevard	28,089	2	7.1	128	455.7	0	0.0
Florida	21,268,553	4,584	21.6	116,689	548.6	692	2.8

Source: CON application #10654, page 2-12, Table 2-5 from www.FLHealth.gov.

Seasons references CON application #10654, Tab 10, Exhibit 10, which includes three publications that relate to HIV/AIDS and issues pertaining to the LGBT community:

- Older Adults (Aged 50+) Living with an HIV Diagnosis in Florida (2018) – Florida Department of Health
- Persons with an HIV Diagnosis in Florida (2019) – Florida Department of Health
- Facts on LGBT Aging – SAGE and the National Resource Center on LGBT Aging

Seasons also points out that per Florida Department of Health data in its Exhibit 10, minorities are disproportionately affected by HIV/AIDS. In 2019:

- Blacks represented 38 percent of HIV diagnosis
- Hispanics represented 36 percent of HIV diagnosis
- Whites represented 24 percent of HIV diagnosis

The reviewer notes that while these percentages represent statewide averages, they are not necessarily reflective of percentages for minority/racial/ethnic groups in Brevard County.

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Seasons states having a variety of programs and services and training necessary to deliver care to a wide range of patients with competence and sensitivity and is committed to serving those with HIV/AIDS.

- (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 7A is comprised of a single county – Brevard County. Therefore, this Agency preference is not applicable for this co-batched review.

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

Amedisys Hospice, LLC (CON application #10652) restates its full non-discrimination policy (particularly emphasizing non-discrimination due to ability to pay) and the “Power of Yes” (Open Access philosophy).

Halifax Hospice, Inc. (CON application #10653) states providing a broad range of services that are not covered by private insurance, Medicaid or Medicare, and will continue to do so in the program proposed:

- Bereavement and grief support programs that are available to all service area residents, regardless of any relationship to Halifax patients
- Integrative and expressive therapies, including Equine Program, Pet Visitor Program, Message Therapy
- Supportive counseling or consultation with patients with patients or families addressing issues of serious illness, even if they do not qualify for hospice benefit
- Volunteers to provide respite for caregivers at home, assistance with errands and light housekeeping tasks
- Services to persons who have exhausted their insurance benefit
- Reflections social groups to address practical issues such as nutrition and budgeting
- New Beginnings support group for those coping with the death of a loved one
- Bridge4Hope support group for those who have lost a loved one to opioid overdose

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- Community memorial services
- Veteran recognition events
- Community education
- Employee programs

Seasons Hospice & Palliative Care of Brevard County, LLC

(CON application #10654) explains that a range of services allows for a variety of patients' needs to be met responsively, in keeping with its reputation as the "can do" hospice. Seasons lists core services (with narratives on pages 2-13 to 2-15) and additional services (with narratives on pages 2-16 to 2-24) available to all patients. Briefly summarized these include:

- **Call Center** - Seasons has the advantage of full integration with the Seasons Hospice & Palliative Care Call Center. The call center, staffed 24 hours a day, seven days a week with nurses and other professionals, integrates care team members and patients by accessing the patient's medical record. The success of the call center relies upon a fully integrated call record and the ability of employees to link up with their communication devices. Specifically, the tie in with *Homecare Homebase* allows care teams in the field to get access to the medical record and get in touch with all resources in real time
- **Services Mandated by Federal Regulations** - including the following care:
 - Routine
 - Respite
 - General Inpatient
 - Continuous
- **Music Therapy** - provides an option for pain management, stress relief, and generates positive reactions in patients and their families. Therapists are Board Certified Music Therapists (MT-BC). *Music Companion* is provided for patients who simply need entertaining beyond the MT-BC staff. Seasons lists 12 techniques and 20 goals of its Music Therapy program.
- **Leaving a Legacy** - assists patients in creating memories and tangible recordings, art works, journals, scrapbooks, memory bears, fingerprint necklaces, and other mementoes to assist the family with coping during bereavement
- **No One Dies Alone** - Seasons recognizes that the dying moment is truly profound for the patient and their family. The goal is to ensure every patient and their family have the support of Seasons throughout life's final transition, prevent unwanted hospitalizations, and ensure patients' wishes of dying at home (or within their established long-term care

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setting) are honored. Many patients will qualify for Continuous Care and are with Seasons nurses and aides until their last breath. However, if the patient does not meet the Medicare criteria for Continuous Care, Seasons Volunteer Vigils provide support with nurses and other members of the interdisciplinary group until the death occurs—the choice of privacy is always respected.

- **Namaste Care** - a dementia care program, designed by internationally recognized dementia expert, Joyce Simard (Namaste Care's author), uses multi-modal interventions to find human connectedness, decrease dementia-related symptoms, and enhance quality of life. Seasons is the only national hospice approved to implement Namaste Care and all staff are oriented by Joyce Simard through virtual and e-learning modules
- **Cardiac Care Program** - uses hospice physicians and cardiac trained hospice nurses to focus on providing the latest Heart Failure guideline-based therapies, along with education to provide support for patients and families in their home environment. The care team helps prevent unnecessary emergency department visits and hospital admissions by focusing on symptom control, functional status and quality of life.
- **Open Access** – a program that covers services such as ventilators at home so patients may die on the ventilator, radiation therapy and chemotherapy. Twelve specific medical interventions are listed. Open access also addresses patients with complex psychosocial needs. Seasons also cites seven benefits of the program.
- **Kangaroo Kids Pediatric Hospice and Palliative Care** - when a pediatric patient requires palliative as well as end-of-life care, Seasons reviews the care team staff and assembles a designated pediatric care team. The pediatric care team provides direct care to the pediatric patient, teaches the parents how to provide care at home, the regimen of care, and schedule for medicines and other services. Seasons states that Community Hospice of Brevard County has an active pediatric program, Community PedsCare, and that Seasons would not duplicate this service.

As previously stated, the licensed hospice programs in Brevard County are listed in items E.1.a. and E.3.a. of this report, with no listing of a Community Hospice of Brevard County in SA 7A. Additionally, in Seasons' response to item E.1.a. of this report,

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the third of Seasons' five bulleted major findings regarding need for a new hospice in SA 7A was:

- SA 7A lacks a Pediatric Hospice & Palliative Care Program. Over half (55.6 percent) of all Brevard children that died in hospital, died in a hospital in Orange County, while 89.1 percent of all Brevard children discharged with home care, were discharged from a hospital outside the county

The reviewer notes that according to the website [Community PedsCare® | Community Hospice & Palliative](#), SA 4A's Community Hospice of Northeast Florida, Inc., maintains a pediatric hospice program. The SA 7A reference appears to be in error.

- **Pharmacy Consultation** – regarding prescriptions is an important service that is available 24 hours a day, seven days a week for all nurses and physicians to assist in pharmacologic consultation
- **We Honor Veterans** - Seasons commits to serving veterans of the armed forces, as all Seasons hospice programs participate in the We Honor Veterans Program.
- **Palliative Care Program** – provides clinical symptom management for people living with an advanced illness and emotional support for their families and caregivers. This program treats all age groups, with a focus on the alleviation of symptoms to provide comfort care as well as meeting the emotional and spiritual needs of patients and families. Seasons bullets five characteristics that make this program different from hospice.
- **Designated Caregiver Program** – for all options, the patient makes the final decision (a description of the caregiving process in response to item E.2.a.(3) is in this report)
- **Cultural Inclusion Council (CIC)** - Seasons commits to serving patients and families from diverse backgrounds. The CIC was founded out of a desire to honor and respect the diverse communities that Seasons serves, and to address the disparities in access to hospice and palliative care.
- **Patient and Families Resource Hub** - an online resource that includes a 24-hour number where the community can speak directly to a Seasons team member for additional support

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

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

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

(a) Proposed staffing, including use of volunteers.

Amedisys Hospice, LLC (CON application #10652) in Schedule 6 indicates a total of 18.1 FTEs for year one (ending May 2023) and 36.9 FTEs for year two (ending May 2024). The applicant’s staffing pattern is shown below.

**Amedisys Hospice, LLC
CON application #10652
Staffing Pattern**

Position	Year One Ending May 2023	Year Two Ending May 2024
Administration		
Administrator/DOO	1.0	1.0
Director of Nursing/Clinical Manager	0.5	1.8
Admissions Director/Liaisons	2.4	3.0
Secretary/Business Office Spec	0.3	1.4
Other: Business Office Manager	1.0	1.0
Physicians		
Medical Director (contract)	0.1	0.4
Other: Nurse Practitioner	0.7	0.9
Nursing		
RNs	3.3	6.3
Nurses’ Aides	5.0	13.6
Other: RNs On-Call	0.6	2.5
Social Services		
Social Worker Director MSW/BSW	1.2	2.0
Activity Director/Volunteer Coord	0.8	1.0
Other: Bereavement & Chaplain	1.2	2.0
Grand Total	18.1	36.9

Source: CON application #10652, Schedule 6

Amedisys responded to volunteer services, volunteer coordinator, and bereavement volunteers in the application’s Project Summary. Volunteer coordinator and

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volunteers are also briefly discussed on page 134 of the application (see also) Attachment 14-Vounteers Policies and Operational Guidelines.

Schedule 6 notes indicate that therapy services will be contracted as clinically necessary for the patient in accordance with the plan of care and that additionally, and it anticipates partnering with Amedisys Home Health in Melbourne, Florida for these services.

Halifax Hospice, Inc. (CON application #10653): The applicant’s Schedule 6A indicates 14 FTEs for year one (ending 2022) and 22 FTEs for year two (ending 2023). The reviewer reproduces only the FTEs added pursuant to the proposed project below.

**Halifax Hospice, Inc.
CON application #10653
Staffing Pattern**

Position	Year One Ending 2022	Year Two Ending 2023
Administration		
Other: Non-Clinical	7	10
Nursing		
RNs	3	5
Nurses Aides	2	4
Ancillary		
Other: Social Worker/Chaplain	2	3
Grand Total	14	22

Source: CON application #10653, Schedule 6A

Halifax (CON application #10653, page 42) indicates that the schedule’s staffing ratios are in part based upon Halifax’s experience in hospice care in neighboring SAs 4B and 7B. Regarding volunteers, Halifax states it will recruit, train and use volunteer staff at approximately the same proportion as in its SA 4B and 7B operations.

Halifax further describes volunteers on page 18 of the application and indicates volunteers for the following programs:

- Bereavement (including in the Begin Again Children’s Grief Centers)
- Patient/family
- No One Dies Alone
- Veteran-to-veteran
- Pet therapy

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Halifax also includes CON application #10653, Attachment-P: Volunteer Services.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654): The applicant-generated Schedule 6 indicates 18.2 FTEs for year one (ending June 30, 2023) and 28.2 FTEs for year two (ending June 30, 2024). The applicant’s staffing pattern is shown below.

**Seasons Hospice & Palliative Care of Brevard County, LLC
CON application #10654
Staffing Pattern**

Position	Year One Ending 6/30/2023	Year Two Ending 6/30/2024
Administration		
Executive Director	1.0	1.0
Admissions Coordinator	--	1.0
Business Operations Manager	1.0	1.0
Business Development Staff	3.0	4.0
Team Director	1.0	1.0
Physicians		
Medical Director	0.0	0.0
Other: Physician Support	0.2	0.2
Nursing		
RNs	4.0	8.0
Hospice Aides	3.0	6.0
Social Services		
Chaplain	1.0	1.0
Social Worker	1.0	2.0
Volunteer Coordinator	1.0	1.0
Music Therapy	1.0	1.0
Team Assistant	1.0	1.0
Grand Total	18.2	28.2

Source: CON application #10654, Schedule 6A

Schedule 6 notes indicate that contracted positions include the medical director and positions associated with rehabilitative and palliative therapy services.

Seasons provides narrative descriptions of its volunteer services/programs (pages 2-25 through 2-30 of the application. Volunteer services/programs include:

- Pediatric and bereavement volunteers
- Direct Patient Care
- Volunteer Vigil
- Spiritual Presence
- Circle of Care
- Loyal Friends Pet Team
- Indirect Patient Care

(b) Expected sources of patient referrals.

Amedisys Hospice, LLC (CON application #10652) states that referrals will come from a wide variety of sources, including but not limited to:

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

Halifax Hospice, Inc. (CON application #10653) expects referrals from:

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

Halifax also states that patients and families may refer themselves, with the support and direction of an attending physician.

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Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) expects referrals from:

- Nursing homes
- Hospitals
- ALFs
- Home Health Agencies
- Health Maintenance Organizations
- Physicians
- Dialysis Centers
- Social Workers
- Home Health Organizations
- Churches
- Funeral Directors
- Social Services Organizations
- Families
- Individuals

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

The reviewer generates the table below to account for arithmetic calculation of the response of each co-batched applicant to item E.2.b.(1)(c) of this report as it relates to the percentage of Medicare admissions for year one and for year two for each co-batched applicant.

**Percentage of Medicare Admissions
Year One and Year Two**

CON Application #	Medicare Admissions as a Percentage of Total Admissions	
	Year One	Year Two
10652	92.06%	91.95%
10653	90.38%	90.00%
10654	93.66%	93.77%

Source: CON application #s 10652, 10653 and 10654

Therefore, based on the table above, the Agency concurs that **CON application #10653** projects the lowest Medicare admission percentage for year one and for year two of all the co-batched applicants.

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Amedisys Hospice, LLC (CON application #10652) provides the following projected number of admissions by payer source for the first two years of operations.

**Amedisys Hospice, LLC
CON application #10652
Year One and Year Two – Admissions by Payer**

Admissions by Payer	Year One		Year Two	
	Admissions	Percent	Admissions	Percent
Medicare	174	92.1%	320	92.0%
Medicaid	5	2.6%	10	2.9%
Private Ins.	5	2.6%	10	2.9%
Self-pay	1	0.5%	1	0.3%
Indigent	4	2.1%	7	2.0%
Total	189	100.0%	348	100.0%

CON application #10652, page 136

Halifax Hospice, Inc. (CON application #10653) provides the following projected number of admissions by payer source for the first two years of operations.

**Halifax Hospice, Inc.
CON application #10653
Year One and Year Two – Admissions by Payer**

	Year One	Year Two
Medicare	94	234
Medicaid	3	8
Commercial Insurance	4	10
Self-Pay	3	8
Total Admissions	104	260

Source: CON application #10653, page 43

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) provides the following projected number of admissions and patient days by payer source for the first two years of operations.

**Seasons Hospice & Palliative Care of Brevard County, LLC
CON application #10654
Year One and Year Two – Admissions and Patient Days by Payer**

Payer	Year One Admits	Year One Days	Year Two Admits	Year Two Days	Percent Days
Medicare	192	10,191	361	24,196	93.8%
Medicaid	7	369	13	877	3.4%
Insurance	2	109	4	258	1.0%
Self-Pay	4	196	7	464	1.8%
Total	205	10,865	385	25,795	100.0%

Source: CON application #10654, page 2-31, Table 2-6

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Seasons indicates that medically indigent days are included as part of the self-pay days and account for 1.5 percent of the amount in the table above.

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

Amedisys Hospice, LLC (CON application #10652) provides the following projected number of admissions by terminal illness for the first two years of operations.

**Amedisys Hospice, LLC
CON application #10652
Year One and Year Two – Admissions by Terminal Illness**

Admissions by Diagnosis	Year One		Year Two	
	Admissions	Percent	Admissions	Percent
Cancer	48	25.4%	88	25.4%
End Stage Pulmonary	25	13.2%	46	13.2%
End Stage Heart	33	17.5%	61	17.5%
Other	83	43.9%	153	44.0%
Total	189	100.0%	348	100.0%

CON application #10652, page 137

Amedisys states that these estimates are based on DOEA’s annual data reports and annual publications of the Hospice Demographics and Outreach Measures-2018.

Halifax Hospice, Inc. (CON application #10653) provides the following projected number of admissions by terminal illness for the first two years of operations.

**Halifax Hospice, Inc.
CON application #10653
Year One and Year Two – Admissions by Diagnosis**

	Year One	Year Two
Cancer Under 65	6	16
Cancer 65+	22	55
All Other Under 65	7	17
All Other 65+	69	172
Total Admissions	104	260

Source: CON application #10653, page 43

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) provides the following table to account for type of terminal illness for the first two years of operations.

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**Seasons Hospice & Palliative Care of Brevard County, LLC
CON application #10654
Year One and Year Two – Admissions by Disease Category**

Diagnosis	Year One Admits	Year Two Admits	Percent
Cardiovascular System	56	106	27.5%
Neoplasms (Cancer)	56	106	27.5%
Nervous System (incl. Alzheimer’s)	46	87	22.6%
Respiratory System	28	52	13.5%
Digestive System	5	10	2.6%
Endo, Nutrition/Metabolism	3	6	1.6%
Infectious and Parasitic	3	6	1.6%
Acute Respiratory Infections	2	4	1.0%
Injury & Poisoning, External Causes	2	3	0.8%
Genitourinary System	1	2	0.5%
Systems & Findings, Not Classified	0	1	0.3%
Total*	205	385	100.0%

Source: CON application #10654, page 2-31, Table 2-7

Seasons number above total for year one is 202 admissions and the arithmetic total for year two is 383 admissions. These differ from the applicant’s response to items E.2.b.(1)(c) and (e), which both indicated year one and year two admission totals of 205 and 385, respectively.

Seasons states its disease admission estimates are based on the website www.FLHealthCharts.com, which was previously discussed in response to item E.1.a. 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.**

Amedisys Hospice, LLC (CON application #10652) provides the following projected number of admissions by age cohort (under 65 or over 65) for the first two years of operations.

**Amedisys Hospice, LLC
CON application #10652
Year One and Year Two – Admissions by Age Cohort**

Admissions by Age Cohort	Year One		Year Two	
	Admissions	Percent	Admissions	Percent
Under 65	25	13.2%	45	12.9%
Over 65	164	86.8%	303	87.1%
Total	189	100.0%	348	100.0%

CON application #10652, page 137

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Halifax Hospice, Inc. (CON application #10653) states that the table provided in response to the previous criterion summarizes the projected admissions by age category and disease. The reviewer generates the following table, based on Halifax’s response to item E.2.b.(1)(d) of this report.

**Halifax Hospice, Inc.
CON application #10653
Year One and Year Two – Admissions by Age Cohort**

	Year One	Year Two
Under 65	13	33
65+	91	227
Total Admissions	104	260

Source: CON application #10653, page 43 (revised)

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) provides the following table to account for admissions by age cohorts.

**Seasons Hospice & Palliative Care of Brevard County, LLC
CON application #10654
Year One and Year Two – Admissions by Age Cohort**

Year	0-64	65+	Total
Year One : 7/22-6/23	26	179	205
Year Two : 7/23-6/24	49	336	385

Source: CON application #10654, page 2-32, Table 2-8

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

Amedisys Hospice, LLC (CON application #10652) offers the following list of hospice services provided by the hospice team, including volunteers:

- Routine Care
- Continuous care
- Skilled Nursing
- Hospice aide
- Social Services
- Physician and Medical Services
- Therapy Services
- Bereavement - grief and spiritual counseling
- Volunteer
- Social services
-

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Patient and family education

- Specialty Programs: End-Stage Dementia, Cardiac & Pulmonary Connection, Palliative Care, Trees in Memory

Amedisys states the following will be contractual:

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

Amedisys references the following sample addendum/agreement materials in CON application #10652:

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

Halifax Hospice, Inc. (CON application #10653) states that Halifax will provide all of its core services directly by staff and volunteers, including:

- Nursing services
- Social work services
- Spiritual services
- Dietary counseling
- Bereavement counseling services
- Home health aides
- Pharmacy services
- Supplied and durable medical equipment
- Homemaker and chore services
- Physician services
- Infusion therapy

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The following services may be provided by contractual agreement:

- Physical, occupational and speech therapy
- Patient transportation services
- Additional physical services as needed

Halifax maintains that other services that are needed on an occasional basis such as daycare, handyman services, alternative therapies or funeral ceremonies may be provided directly, if the requisite skills are available through Halifax staff or volunteers, or they may be purchased on an as needed basis from reputable providers.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) states that Seasons employees deliver the bulk of all hospice services with assistance of volunteers who augment and enhance the hospice's service lines. Seasons points out that contracted services must be specified in the plan of care and the majority of contracts are for physical, respiratory, speech and occupational therapists. Seasons states that other allied personnel include art therapists, massage therapists, and acupuncturists and other palliative care options.

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

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

As previously indicated in item E.2.a.(2) of this report, **none** of the co-batched applicants provide written agreements with any SA 7A area hospitals or SNFs for the provision of the inpatient care component of their respective proposed hospice programs through contractual arrangements and **none** demonstrated a more cost-efficient alternative.

Amedisys Hospice, LLC (CON application #10652) states that Amedisys will not construct a freestanding inpatient hospice but rather will enter into contractual agreements with hospitals, SNFs or hospice inpatient units to provide inpatient care to the residents of SA 7A.

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Amedisys again references its Attachment 21-General Inpatient Services Addendum with Hospitals and Nursing Homes.

Halifax Hospice, Inc. (CON application #10653)

maintains that Halifax will initially arrange for providing inpatient care through contractual arrangements with hospitals and nursing homes and hospice inpatients will be under the direct administration of the hospice, whether the inpatient facility is a nursing home or hospital. According to Halifax, the location will provide privacy, dignity, comfort, warmth and safety for the terminally ill patient and the family.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) states it will seek contracts with one or more hospitals or SNFs for the provision of general inpatient care and further states that this will occur prior to receiving its license. The applicant references a sample SNF contract (CON application #10646, Tab 10-Exhibit 14). This exhibit also includes the four-page Seasons Hospice Care to Residents in a Facility, dated March 20, 2020.

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

Amedisys Hospice, LLC (CON application #10652)

restates that Amedisys will enter into contractual agreements with hospitals, SNFs or hospice inpatient units to provide inpatient care to the residents of SA 7A.

Halifax Hospice, Inc. (CON application #10653) restates plans to contract for inpatient beds with existing providers in SA 7A.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) indicates it has no plans to construct or to operate a freestanding inpatient hospice facility during the first two years of operation. Seasons indicates it will be adding freestanding SA 7A inpatient facilities in the future.

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

Amedisys Hospice, LLC (CON application #10652)

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

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

Amedisys references its Attachment 6-General Inpatient Care Policy.

Halifax Hospice, Inc. (CON application #10653) indicates that inpatient care is dictated by a patient's medical need and if possible, symptoms are addressed in the patient's home environment but occasionally this is not possible due to the nature of the symptoms, the level of caregiving support available or patient/family wishes. Halifax explains that in addition to the general admission criteria, admission to a Halifax general inpatient bed is based on one or more of the following acute care admissions criteria:

- Pain control
- Symptom control
- Imminent death with symptoms necessitating frequent physician and nursing intervention

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- Medical-surgical procedures or therapies aimed at palliation or symptoms
- Family education needs necessary in order to follow the established plan of care at home
- Provision of a safe and supportive environment (this could be due to breakdown of the primary caregiver or their being incapable of continuing daily care in the home setting)

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) states assurance that this provision will be in a contracted hospital or nursing home that is a participant in Medicare or Medicaid and the inpatient bed will be used for pain control, symptom management, and respite purposes for the hospice patient. Seasons provides an eight-step process in determining, executing and monitoring/oversight of inpatient services (pages 2-35 through 2-37 of the application).

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

Amedisys Hospice, LLC (CON application #10652) explains that the applicant will admit patients who are hospice appropriate whether or not they have an identified caregiver at home. Per Amedisys, the IDT will develop a plan of care irrespective of the patient's primary caregivers and will assist in identifying a caregiver and a reasonable plan for caregiver arrangement when appropriate. According to Amedisys, "The Conditions of Participation (COPs) govern our industry and mandate a sea of sameness" (page 140 of the application).

Halifax Hospice, Inc. (CON application #10653) states serving patients without caregivers and works with patients to develop a plan to get patients the care they need when they can no longer care for themselves. Per Halifax, when a patient can no longer care for themselves, the plan of care requires a primary caregiver at the home or admission to a long-term care facility or an alternative place where the patient's safety can be secured.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) replicates in substantial part the step process in serving patients without primary caregiver from its item E.2.a. (3) response in this report.

(k) Arrangements for the provision of bereavement services.

Amedisys Hospice, LLC (CON application #10652) states that bereavement services start when someone is first admitted to its hospice program and will continue for 13 months after the patient has died. Amedisys also states recognition that grief is experienced differently by every person and Amedisys's commits to be sensitive to these differences and help patients and their family, friends and caregivers work within their own emotional, spiritual and social framework. Further, bereavement support services are provided to help people navigate their unique grief journey and may include, but are not limited to:

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

Amedisys states it serves as a bereavement resource to anyone in the local community who has also experienced the death of a loved one. Bereavement volunteers and services described on pages 30, 31 and 141-143 of the application include:

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

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Halifax Hospice, Inc. (CON application #10653) states having extensive policies and procedures in place for the provision of bereavement services and expects to continue similar services in Brevard County. Halifax explains that patient, caregiver and family are assessed for coping skills and bereavement risk factors periodically. Community services provided through Halifax's Bereavement Center include:

- Individual and family grief support
- Grief support for children
- Grief support groups
- School support groups
- Memorial services
- Community outreach
- Resource materials
- Referrals

Halifax CON application #10663's, Attachment J:

- Bereavement Services
- Assure Support Group
- Bridge4Hope Support Group
- Tender Paws-Pet Loss Support Group

CON application #10653, Attachment K is:

- BeginAgain Children's Grief Center

Grieving and support narrative was provided on the pages 12 - 5 of the application.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) states that bereavement services cover a variety of spiritual, emotional, religious and interpersonal interactions for the purpose of easing grief, sharing with empathy and assisting the bereaved with coping skills. Services may be up to one year and that clergy may be involved as well as volunteers and staff with training and experience to provide counseling and comfort. Seasons states having options that include hosting scheduled group meetings for those in grief to talk about their loss, the emotions they experience and the feelings that they have. One-on-one interactions with trained volunteers or a professional, depending upon the issues that may arise, is another option.

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

(1) Proposed community education activities concerning hospice programs.

Amedisys Hospice, LLC (CON application #10652)

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

Amedisys discusses specific community education activities including community:

- Expectations
- Communication and activities
- Events

Halifax Hospice, Inc. (CON application #10653) states having active and effective community outreach and education programs in SAs 4B and 7B, which are adjacent to Brevard County. Halifax expects to extend these programs quickly and efficiently to the adjacent 7A service area. Halifax states it performed outreach to the following types of groups and organizations:

- Senior centers
- Businesses
- Health fairs
- Churches/synagogues
- Schools
- Chambers of Commerce
- Community centers
- Libraries
- Hospitals
- Town halls
- Neighborhood groups
- SNFs and ALFs
- Non-profit organizations

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Halifax asserts plans to develop and implement programs focused on improving access to hospice services by those of Hispanic heritage in Brevard County and will reach groups traditionally underrepresented. Bilingual/Speaking staff will assist in these efforts.

Outreach to the Hispanic community is discussed (pages 19 and 20 of the application). Additionally, the applicant provides CON application #10653's Attachment Q: Hispanic Outreach Program and Attachment R which was discussed previously.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) states being committed to working with the local community-based organizations to reach seniors and the disadvantaged throughout the service area. Seasons Hospice Circle of Care program will ensure widespread community outreach to every municipality. Further, printed material, commercial spots on television and radio, newspaper and magazine articles, testimonials in person at service clubs, women's clubs, churches, synagogues, schools, community colleges, and university-all produce education; increase opportunities for volunteers, and function as outreach for those in need of hospice care.

Seasons discusses its website as a community education resource a toll-free phone number available 24 hours a day, seven days a week showing that hospice is there for each person who seeks it. Seasons also points out that management publishes education guides and brochures that are available free of charge and some can be downloaded or reviewed on computers or other devices. Seasons states it will use this type of outreach in SA 7A.

(m) Fundraising activities.

Amedisys Hospice, LLC (CON application #10652) maintains that all services, programs, and activities resulting from the proposed project will be directly funded by the operations of the proposed program in SA 7A. Amedisys also maintains that should additional capital be needed to fund the operations of the proposed hospice its parent will be financially supportive.

Amedisys discusses the Amedisys Foundation, which was founded in 2016 with the purpose of providing support team

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members and patients. Amedisys provides details regarding the “Amedisys Employees 1st Fund”, explaining that qualifying circumstances for accessing these funds include:

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

Amedisys also provides details regarding the “Amedisys Patients’ Special Needs Fund” – examples of qualified special needs requests include but are not limited to:

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

Halifax Hospice, Inc. (CON application #10653) states regularly receiving reimbursement through third party payers. Due to increased costs, the applicant states that the organization increasingly relies on donations to fully carry out its mission and vision and Halifax is an effective fund-raising organization.

Halifax explains that charitable contributions are used to provide care to patients with inadequate financial resources and to expand services in the community. The applicant also describes donor and fundraising sources.

Halifax’s CON application #10653, Attachment D includes:

- Ways to Donate
- Walk of Honor and Memorial Gardens
- Celebrate Your Legacy of Life
- Tree of Remembrance

Halifax also provides Attachment H: 2020 Community Benefits \$2.3 Million.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) states it has a number of specialized programs and services that are not part of the benefits of Medicare, Medicaid or insurance. Further, these programs are those that patients and their families need to have for palliative care during the end-of-life and that oftentimes, the cost of these services is covered by the efficiency generated by operations and offset by many hours of gratefully donated volunteer time.

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

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

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

Amedisys Hospice, LLC (CON application #10652) states that if approved, Amedisys Hospice, LLC will submit the required semi-annual reports to the Agency as required.

Halifax Hospice, Inc. (CON application #10653) states a commitment to providing semi-annual utilization reports as specified under the rule provision.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) states that Seasons' record in Florida as well as in other states shows conformity with the requirements for reporting services to the Agency pursuant to requirements in statute and rule.

3. Statutory Review Criteria

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

As 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 hospice program was published in SA 7A 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. See the table below.

**Hospice Admissions for Hospice Service Area 7A
CY 2016 – CY 2020**

CY	Admissions
2020	5,243
2019	5,252
2018	5,125
2017	5,016
2016	4,916

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued March 2017 – March 2019 and February 2021 and CY 2019’s unpublished admissions as reported by Florida Hospices.

As previously stated in item E.1.a of this report, SA 7A is currently served by the following providers:

- Hospice of Health First Inc.
- Hospice of St. Francis Inc.
- VITAS Healthcare Corporation of Florida
- Wuesthoff Health System Brevard Hospice & Palliative Care

Amedisys Hospice, LLC (CON application #10652): Regarding availability, the applicant again references the Agency’s Fixed Need Pool, published February 5, 2021 and its Exhibits 10 -13 (previously discussed). Amedisys emphasizes through approval of CON application #10652, residents of Brevard County will have enhanced access to the full post-acute continuum of care through Amedisys and its partners:

- Personal Care
- Home Health
- Palliative Care
- Hospice

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Regarding accessibility, the applicant states:

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

Amedisys again states its commitment to serve the following populations that the applicant identifies as having unmet hospice need in SA 7A:

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

Halifax Hospice, Inc. (CON application #10653) indicates that it is responding to a published fixed need and is seeking to address the entirety of the needs of the terminally ill population, regardless of age, race, gender, disability or income level.

Halifax contends that the specific groups to be served include:

- Hispanic population
- Veterans
- Residents 65 years and under with a life-limiting illness

The reviewer notes that while Halifax identifies growth in the number of deaths among African Americans (from 2015 to 2020) in Brevard County as having far outpaced the deaths of those considered white, it does not specially target this population as a population with unmet needs in its response to item E.2.a.(1) of this report. In item E.2.a.(1) of this report, Halifax identified the following populations as having unmet needs in SA 7A that Halifax is committed to serve:

- Hispanic residents
- Veterans
- Patients in need of pre-hospice palliative care
- Grieving children
- Those who have suffered the loss of a family member due to a traumatic event
- Those in need of palliative care

The reviewer notes that the populations that Halifax specifically targeted to serve differ between the applicant’s response to items E.3.a. and E.2.a.(1) of this report.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) reiterates that regarding access, the proposal improves availability of hospice care through outreach and education of gatekeepers and through building a strong workforce. Further, Seasons references its Cultural Counsel, indicating that this ensures cultural competence and sensitivity to minority's needs. Seasons maintain that minority representation of the governing board increases awareness and improves access to hospice care.

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

Concerning access, Seasons restates that establishing partnerships throughout the service area, contacts made through an initial needs assessment and through home health care affiliates within the service area, provided a framework for developing target programs and services. Seasons contends that this is evidenced in, "...the numerous letters of support from the area". Seasons letters from within SA 7A are addressed in item B of this report. Other matters of access discussed are financial, geographic and service (pages 3-4 and 3-5 of the application).

Regarding the extend of utilization, the CON application #10654 offers graphs reflecting annual hospice admission and trends, in SA 7A and for Seasons statewide, over the past few years:

- Historical SA 7A and Florida Deaths and Hospice Admissions (2016-2020) Compound Annual Growth Rate (2016-2019) and Most Recent Year Growth/page 3-6, Table 3-1
- SA 7A Hospice Admissions Growth, 5 Years/page 3-6, Figure 3-1
- Seasons Hospice & Palliative Care Admissions 5-Year Trend/page 3-7, Figure 3-2

Seasons notes these graphs reflect existing SA 7A hospice providers' admission trends and Seasons' progress in growing admissions. Seasons stresses that its ability to collaborate with its affiliate, AccentCare Home Health of Melbourne, will enable a seamless transition for those that require hospice care. Seasons contends that its proven programs and services increase enrollment, identify terminally ill patients sooner in the course of care, thereby increasing the penetration rate and access to quality of care. The applicant responds to the Health Care Access Criteria (pages 3-8 to 3-12 of the application).

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

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

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

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

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

Below is the Agency’s publicly available HQRP information for:

- Each of the eight consumer assessment measures
 - The statewide average for each assessment measure
 - The statewide overall average score (80 percent)
- Each co-batched applicant’s score for each assessment measure
 - Each co-batched applicant’s overall average score

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

Hospice	Willing to Recommend This Hospice	Communit. With Family	Getting Timely Help	Treating Patients with Respect	Emotional and Spiritual Support	Help for Pain and Symptom	Training Family to Care for Patient	Caregivers Rated the Hospice a 9 or 10	Average Score
Amedisys	82%	78%	77%	86%	89%	74%	71%	79%	80%
Halifax	89%	82%	81%	91%	91%	77%	72%	84%	83%
Seasons	74%	72%	70%	83%	84%	72%	65%	69%	74%
State Average	84%	78%	75%	88%	89%	73%	70%	80%	80%

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

The CAHPS® (Patients and Family Experience Measures-Consumer Assessment of Healthcare Provider and Systems) data above shows the following regarding overall scores of each co-batched hospice compared to the statewide average of 80 percent. Halifax has the highest overall average score (83 percent), Amedisys met the state’s overall 80 percent, with Seasons clearly below the average at 74 percent.

However, Amedisys contends it has improved its CAHPS quality scores and provided its Exhibit 29 updating its performance. The table below

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show Amedisys’ Florida affiliates as shown in the table above compared to its scores for the 12 months ending November 30, 2020.

**CAHPS®
Amedisys Florida Hospice Affiliates
January 1, 2018 – December 31, 2019 & 12 Months Ending November 30, 2020**

	Willing to Recommend This Hospice	Communit. With Family	Getting Timely Help	Treating Patients with Respect	Emotional and Spiritual Support	Help for Pain and Symptom	Training Family to Care for Patient	Caregivers Rated the Hospice a 9 or 10	Average Score
Jan 2018 – Dec 2019	82%	78%	77%	86%	89%	74%	71%	79%	80%
12 mos. end 11/30/20	84%	81%	73%	93%	94%	76%	77%	83%	82%

Source: <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx>
& CON application #10652, exhibit 29, page 163.

The reviewer notes that the composite average based on percent computes to 83 percent compared to the applicant’s 82 percent. Regardless, Amedisys indicates an overall improvement since taking over the three programs.

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

Hospice	Patients who got an assessment of all HIS quality measures	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
Amedisys	91.3%	99.6%	95.8%	98.6%	96.2%	99.4%	97.9%	93.0%
Halifax	99.3%	100.0%	99.8%	99.9%	99.7%	100.0%	99.4%	99.9%
Seasons	92.7%	99.9%	97.9%	98.5%	94.1%	98.7%	97.9%	97.9%
State Average	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 HIS–(Quality of Patient Care Measures-Hospice Item Set) data above shows how each co-batched applicant scored (compared to the statewide score) for each of eight measures. The Agency notes regarding the measure of patients who get an assessment of all HIS quality measures, the statewide score was 94.2 percent. Halifax had the highest of 99.3 percent while Seasons (92.7 percent) and Amedisys (91.3 percent) were below the state average.

However, Amedisys contends it has improved its HIS quality scores and provided its Exhibit 28 updating its performance. The table below as Amedisys’ Florida affiliates as shown in the table above compared to their reported scores for the 12 months ending March 31, 2021.

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HIS –(Quality of Patient Care Measures-Hospice Item Set) Amedisys Florida Hospice Affiliates CY 2019 & 12 Months Ending March 31, 2021

	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
CY 2019	91.3%	99.6%	95.8%	98.6%	96.2%	99.4%	97.9%	93.0%
12 mo. 3/31/21	98.8%	100.0%	99.7%	99.8%	99.6%	99.9%	99.4%	98.9%

Source: <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx> for CY 2019 and CON application #10652, Exhibit 28, page 161.

As shown above, Amedisys demonstrates marked improvement when comparing CY 2019’s performance to data it provides for the 12 months ending March 31, 2021.

Amedisys Hospice, LLC (CON application #10652) maintains that the parent, Amedisys, Inc. owns/operates a total of 514 care centers as follows:

- 320 Medicare-certified home health care centers
- 180 hospice care centers
- 14 personal care centers.

Further, Amedisys, Inc. has more than 29,000 hospitals and 78,000 physicians nationwide choosing Amedisys as its partner to provide post-acute care to patients.

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

- Vision – *Where We Want to Go*
We will lead the future of healthcare in the home - establishing ourselves as the premier choice for those requiring care and allowing our patients to age in place wherever they call home
- Mission – *Why We Are Here*
We honor those we serve with compassionate home health, hospice and personal care services that apply the highest quality clinical practices toward allowing our patients to maintain a sense of independence, quality of life and dignity
- Strategy – *How We Will Achieve Our Mission and Vision*
Our strategy is to become the best choice for care wherever our patients call home. We'll do that by excelling in clinical distinction; becoming an employer of choice; achieving operational excellence and efficiency - allowing Amedisys to make a difference in the lives of even more patients and their families.
- Values – *Who We Are and What We Stand For*
 - SERVICE - Remember why we are here

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- PASSION - Care and serve from the heart
- INTEGRITY - Do the right thing, always
- RESPECT - Communicate openly and honestly
- INNOVATION - Influence and embrace change
- TALENT - Invest in personal and professional growth

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

The applicant indicates it encounters:

1. Cases that are difficult, complex, or complicated.
When an easier answer would be to say "no," Amedisys always strives to accommodate weekend admissions and service to geographically remote parts of the service area
2. Cases that can be perceived as too expensive.
No admission decision should ever be based on a margin or a spreadsheet. It is based on the patient's needs and goals for care.
3. Cases that present something new that the staff hasn't encountered before. If we need to do training or staff development to provide exceptional care, we do that. But we don't say "no" just because we have not encountered something before. There will always be a first time.

In CON application #10652, based on Amedisys and Strategic Health Partners (SHP), “HQRP Analysis” for the 12 months ending March 31, 2021, Amedisys, Inc. provides:

- A comparison of its Amedisys’ Hospice Item Set (HIS) Quality Scores with National Benchmarks (page 161, Exhibit 28).
Amedisys maintains that:
 - Amedisys’ outcome measures compare favorably to other SHP clients nationally and CMS national averages
 - Amedisys quality measures for Amedisys’s three Florida hospices exceed both the national scores for other SHP clients and CMS national averages

Again, in CON application #10652, based on Amedisys and SHP “Real Time Satisfaction Survey Results: CAHPS Hospice,” data for the 12 months ending November 30, 2020, Amedisys provides:

- A comparison of its CAHPS Quality Score with National Benchmarks (page 163, Exhibit 29). Amedisys maintains that:
 - Amedisys hospices nationally outperformed national averages of other SHP clients and CMS national averages in all eight quality measures

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Amedisys concludes that since it took over the operations of its three Florida hospices it has improved their CAHPS and HIS quality performance. The reviewer has included portions of Amedisys' discussion above, not reproducing the applicant's entire tables. See the preceding tables on 77 and 78 of this report.

Amedisys discusses coordination of care, care planning, accreditations and 2019 awards-2020 awards yet to be released and cites the following goals of clinical excellence and safety management:

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

The applicant provides extensive listings/bullets of standards of practice and hospice key performance indicators (pages 175 -177 of the

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application). Certain key aspects that comprise the Amedisys Corporate Compliance Program are described including:

- Authority
- Responsibility
- Corporate Compliance Plan
- Standardization
- Education
- Monitoring
- Enforcement

Amedisys discusses its Executive/Corporate Compliance Committee, bulleting 13 corporate titles that are stated to comprise its membership. The purpose of the Amedisys Quality Assessment and Performance Improvement (QAPI) Program is to provide a comprehensive data-based program to continually assess and improve the quality of the processes that affect patient outcomes. Further, from “Board to Bedside”, the aim is providing patient centered care so that the end effect will be the highest quality of care and a high level of patient perception of care and services. Amedisys explains that defining patient and family needs, what is important and what matters, designing well defined processes to meet those needs and achieving outcomes that patients and families have identified as having value to them are the keys to its ability to achieve and maintain the best patient outcomes and financial viability.

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

- To assess the quality and appropriateness of all care, including general inpatient care, homecare, continuous care, respite care and care provided under arrangements
- To provide cost - efficient, quality health care services to the patients entrusted to our care
- To show measurable improvement in indicators that demonstrate an improvement in palliative outcomes and end-of-life support systems
- To evaluate the adequacy of clinical documentation utilizing the Clinical Review audit tool
- To measure, analyze and track quality indicators, including adverse events, hospice acquired pressures ulcers and infections

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- To collect data to monitor and benchmark, the effectiveness and safety of services and quality of care, as well as identify opportunities for improvement, and best practices
- To utilize patient/caregiver perception of care and satisfaction and develop hospice services that are perceived to be of high quality and value
- To utilize standard processes to provide effective, efficient and safe delivery of hospice care services by continually assessing processes of care, hospice services and operations
- Educate and involve the care center staff in the Quality Assessment and Performance Improvement process
- Monitor and evaluate compliance with ACHC standards, COPs, policies and procedures
- To conduct Performance Improvement Projects (PIP) when gaps are identified between current and desired status
- To conduct quarterly QAPI meetings and document activities and findings, including status of Performance Improvement Projects
- To evaluate on an annual basis

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

The reviewer notes that CON application #10652, Tab v – List of Attachments, includes an extensive total list of 31 attachments. Many of these attachments address issues of overall quality of care in the form of policies, guidelines or addendums, with many being Amedisys, Inc., publications. Some of these include:

- Attachment No. 3: ClearCare Centers Partnering with Amedisys, Inc.
- Attachment No. 4: Routine Hospice Care Policy
- Attachment No. 5: Continuous Care Policy
- Attachment No. 6: General Inpatient Care Policy
- Attachment No. 7: Inpatient Respite Care Policy
- Attachment No. 8: Physician Services Policies and Operational Guidelines
- Attachment No. 9: Nursing Services Policies and Operational Guidelines
- Attachment No. 10: Medical Social Services Policies and Operational Guidelines
- Attachment No. 11: Counseling Services Policies and Operational Guidelines
- Attachment No. 12: Amedisys, Inc. Policy on Hospice Aides

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- Attachment No. 13: Amedisys, Inc. Policy on Therapy Services
- Attachment No. 14: Volunteers Policies and Operational Guidelines
- Attachment No. 15: Policy and Guidelines for Pet/Companion Therapy-Preparing for Visit and Incident Reporting
- Attachment No. 16: We Honor Veterans Program
- Attachment No. 26: Amedisys, Inc. Policy on Hospice Plan of Care
- Attachment No. 27: Community Health Accreditation Partners (CHAP) Certificates of Accreditation for Compassionate Care Hospice of Central Florida, Compassionate Care Hospice of Miami Dade and the Florida Keys and Compassionate Care Hospice of Lake and Sumter
- Attachment No. 28: Amedisys, Inc. Policy on Patient and Family Rights and Responsibilities
- Attachment No. 29: Amedisys, Inc. Policy and Operational Guidelines on Admissions/Intake
- Attachment No. 30: Amedisys, Inc. Policy and Operational Guidelines on Quality Assessment and Performance Improvement (QAPI)

Amedisys Inc.'s three hospice affiliates had no substantiated complaints during the three-year period ending April 28, 2021.

Halifax Hospice, Inc. (CON application #10653) provides its hospice license (CON application #10653, Attachment C). Halifax provides its:

- Mission – To provide extraordinary, compassionate and professional end-of-life care
- Vision – Provide end-of-life care with compassion and dignity; where our employees feel loyalty and pride, and our shepherding of resources allows us to serve the community for generations to come
- Values
 - Integrity – To maintain the highest standards of behavior. This encompasses honesty, ethics and doing the right thing for the right reasons
 - Innovation – To explore new approaches to improving quality of life for all people and belief that Halifax's staff is capable of extraordinary creativity
 - Vision – Halifax is able and willing to look forward into the future and make decisions necessary to accomplish important goals
 - Superior Service – Halifax is committed to providing excellent service and compassionate care
 - Stewardship – Halifax is dedicated to responsible stewardship of Halifax Health Hospice's assets and financial resources, and to community service

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- Teamwork – Halifax has an abiding respect for others, and a sustaining commitment to work together. All of us can achieve more than any of us

The applicant bullets four goals for Halifax patients and bullets six goals for caregivers and families (pages 5 and 6 of the application).

Halifax states:

- Having a long and distinguished history of providing quality care to its patients
- Being a provider of Medicare and Medicaid benefits
- Membership in the National Hospice and Palliative Care Organization (the NHPCO) as well as the Florida Hospice and Palliative Care Association (the FHPCA)

Halifax's application indicates it offers hospice services to patients and families regardless of age, sex, race, religion, sexual preference, diagnosis, financial status or ability to pay. Halifax maintains serving hospice services in SA 4B's and 7A's counties and will similarly provide services throughout the entire geographic region of SA 7A.

Halifax states being in good standing the Centers for Medicare and Medicaid Services (CMS), operating in compliance with all federal, state and local statutes, regulations and ordinances and having operating policies, procedures, practices and protocols in place. Halifax maintains that these will be utilized to initiate services in the proposed program.

Halifax Health Hospice had no substantiated complaints during the three-year period ending April 28, 2021.

Seasons Hospice & Palliative Care of Brevard County, LLC

(CON application #10654) as stated previously is a newly formed entity with no operational history. Seasons explains that its recent merger with AccentCare expands its experience to include a variety of home-based health care options. Further, all of Seasons' hospice programs have a history of seeking Joint Commission accreditation, and AccentCare home health and hospice programs have a history of seeking CHAP accreditation. Seasons states its SA 7A program will seek JC accreditation.

Seasons Hospice mission and vision, as stated, are (page ii of the application):

- Mission
 - Honoring Life ~ Offering Hope
- Vision

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- Recognize that individuals and families are the true experts in their own care
- Support our staff so they can put our patients and families first
- Find creative solutions which add quality to life
- Strive for excellence beyond accepted standards
- Increase the community's awareness of hospice as part of the continuum of care

Per Seasons, its proud to be the “say yes” hospice, to bring innovative and creative solutions to find ways to improve end-of-life care. Seasons’ stated achievements over the years include:

- Founded in 1997
- Operates 31 Medicare-certified sites across 19 states
 - 27 of these 31 sites are Joint Commission accredited
- Ranked the 4th largest hospice company in the US²
- Operated 18 inpatient centers
- Admitted over 25,900 and cared for over 30,900 patients and families in 2019
- \$9 million charity care in 2019
- Not-for-profit Seasons Hospice Foundation founded in 2011
- Senior leadership team has over 250 years of combined hospice experience
- Utilizes the highest levels of technology available to the hospice industry with many custom proprietary solutions including
 - Electronic Medical Records in use for over 15 years
 - In-house 24/7 call center
 - Industry leading clinical programs
- Largest hospice employer of board-certified music therapists in the country

Seasons contends it brings the following advantages of quality and experience to the proposed project in SA 4A (page v of the application):

- National and Florida experience with the ability to quickly grow new programs
- Central management with proven policies, procedures and training
- Accreditation through The Joint Commission or CHAP
- Proven ability to improve
 - Hospice service by increasing admission for underserved populations

² LexisNexis® Risk Solutions website @ <https://risk.lexisnexis.com/insights-resources/research/top-100-hospice-and-home-health> confirms this.

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- Quality of hospice care available to the area with exceptional programs and services

Seasons restates that all of its hospice programs seek accreditation and maintain certifications to improve quality through additional education and implementation of best practices. Seasons provides the following notations:

- Seasons accreditation by the Joint Commission
- Seasons belongs to the NHPCO and the FHPCA
- Seasons is platinum certified by the Services and Advocacy for Gay Elders (SAGE)
- Seasons adheres to the National Ethics Committee following guidelines for promotions and publications in the exercise of the widest influence for good in daily service provision
- Seasons adheres to the Centers for Medicare and Medicaid Services' reporting requirements, including the:
 - Hospice Item Set
 - Consumer Assessment of Healthcare Providers and Systems

The applicant indicates that, "Seasons Northeast Florida commits to the following certifications." (CON application #10654, page 4-1). These five bulleted accreditations/certifications are listed above. The Agency notes that the applicant for CON application #10654 is Seasons Hospice & Palliative Care of Brevard County, LLC, while CON application #10642 is Seasons Hospice & Palliative Care of Northeast Florida, LLC., with both CON application #10642 and #10654 occurring in the same batching cycle.

Seasons maintains that the management company oversees compliance with federal and state reporting standards, accreditation of the hospices, billing to include Medicare and Medicaid recipients in addition to all other payers, data reporting and compliance monitoring, staff education and training, and employment. Seasons further maintains that Seasons invests in a compliance committee.

According to Seasons, its approach encompasses the ten components of quality in hospice care identified by the NHPCO's Quality and Standards Committee. The applicant lists and briefly describes these components on pages 4-2 and 4-3 of the application.

The Seasons Code of Conduct:

- Affirms and celebrates life and accepts death as a normal process
- Focuses care on pain and symptom management provided by an interdisciplinary team in collaboration with all other caregivers

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- Manages the care plan
- Provides a range of materials to professionals, patients, families, and interested persons about end-of-life care and the processes of death

Seasons has a core philosophy made manifest in the delivery of service and a code of conduct that emphasizes dignity in the treatment of employees and patients. Further that when put together, the result is better choices in all practices and enhanced patient care.

Seasons contends that the top two ranked factors that patients reported that lead to a loss of dignity - medical mismanagement and dying in pain – contrast with what the clinicians ranked as most likely to lead to loss of dignity: disrespectful treatment, not having wishes carried out, and losing ability to choose³. Seasons contends that its focus on the patient and its program strategy *Circle of Care* assure that every patient will have dignity throughout the end-of-life process, pain will be controlled and wishes will be met. Seasons Hospice *Circle of Care* diagram is on page 4-5, Figure 4-1 of the application. Seasons indicates proactive steps taken to ensure quality include phone calls to patients such as: team director welcome calls, *Circle of Care* calls by volunteers, quality leadership calls, and *Back to the Bedside* supervisory visits.

Seasons states plans to use the Checkster Pulse survey for employee satisfaction and includes it as Exhibit 16, Tab 10 of the application. Policies that Seasons proposes to implement to assure quality assessment and program improvement are in Tab 10-Exhibit 17:

- QAPI 501
- Sentinel Events 502
- Program Evaluation 612
- Equal Employment Opportunity 802

Seasons contends that attention to quality led by quality experts has reduced survey deficiencies, improved quality outcomes and greater patient and staff satisfaction. Seasons reiterates the following four major categories identified as programs that positively impact quality of life, with these being:

- EMR
- Call center integration with EMR
- Telemedicine access
- Specialized programs

³ Stated source is S P Vyjeyanthi, H C Kaermer, and A Noda, Stanford University. 2009. *Creation and the empirical validation of the dignity card-sort tool to assess factors influencing erosion of dignity at life's end*, **Journal of Palliative Medicine**, Dec 12(12): 1125-30.

The above programs were previously discussed in item E.2.a.(5) of this report.

As previously stated, Seasons provides hospice services in SAs 5A, 5B, 6A, 10 and 11. Agency records indicate that as of the three-year period ending April 28, 2021, Seasons hospice affiliates had one substantiated complaint with two categories cited – Quality of Care/Treatment and Resident/Patient/Client Rights.

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's parent company, Amedisys, Inc. and Subsidiaries, where the short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

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CON application #10652-Amedisys, Inc. and Subsidiaries

	Dec-20	Dec-19
Cash and Cash Equivalents	\$81,808,000	\$30,294,000
Current Assets	\$361,984,000	\$350,554,000
Total Assets	\$1,567,198,000	\$1,262,745,000
Current Liabilities	\$456,337,000	\$326,943,000
Total Liabilities	\$756,457,000	\$621,232,000
Net Assets	\$810,741,000	\$641,513,000
Total Revenues	\$2,071,519,000	\$1,955,633,000
Excess of Revenues Over Expenses	\$219,268,000	\$177,472,000
Cash Flow from Operations	\$288,952,000	\$202,000
Short-Term Analysis		
Current Ratio (CA/CL)	0.8	1.1
Cash Flow to Current Liabilities (CFO/CL)	63.32%	0.06%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	37.0%	45.9%
Total Margin (ER/TR)	10.58%	9.07%
Measure of Available Funding		
Working Capital	(\$94,353,000)	\$23,611,000

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$776,223, which consists entirely of this project. In addition, the applicant will have to finance a year one loss of \$463,289 .

The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. The applicant submitted a letter from the parent confirming funding. With \$81.8 million in cash and cash equivalents at fiscal year-end 2020, the parent has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

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Halifax Hospice, Inc. (CON application #10653):

CON application #10653-Halifax Hospice, Inc.

	Dec-20	Dec-19
Current Assets	\$89,771,000	\$81,087,000
Total Assets	\$114,533,000	\$104,719,000
Total Assets and Deferred Outflows	\$118,188,000	\$105,768,000
Current Liabilities	\$3,692,000	\$2,205,000
Total Liabilities	\$12,105,000	\$5,896,000
Total Liabilities and Deferred Inflows		\$5,926,000
Total Net Position	\$106,083,000	\$99,842,000
Total Liabilities, Deferred Inflows and Net Position	\$118,188,000	\$105,768,000
Total Revenues	\$45,921,000	\$47,339,000
Excess of Revenues Over Expenses	(\$74,000)	\$2,370,000
Cash Flow from Operations	\$825,000	\$2,567,000
Short-Term Analysis		
Current Ratio (CA/CL)	24.3	36.8
Cash Flow to Current Liabilities (CFO/CL)	22.35%	116.42%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	7.1%	3.5%
Total Margin (ER/TR)	-0.16%	5.01%
Measure of Available Funding		
Working Capital	\$86,079,000	\$78,882,000

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$175,000, which appears to be cost from Schedule 1 for this project. In addition, the applicant will have to finance a year-one loss of \$304,919.

The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand and operating cash flows. With \$825,000 in cash flows from operations and 8 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.

Seasons Hospice & Palliative Care of Brevard County, LLC

(CON application #10654): Below is an analysis of the audited financial statements for the applicant's parent company, Horizon

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

CON application #10654-Horizon Acquisition Co., and Subsidiaries

	Dec-20	Dec-19
Cash and Cash Equivalents	\$56,331,000	\$9,740,000
Current Assets	\$315,401,000	\$131,526,000
Total Assets	\$2,304,843,000	\$1,132,090,000
Current Liabilities	\$206,044,000	\$101,194,000
Total Liabilities	\$1,436,979,000	\$647,102,000
Net Assets	\$867,864,000	\$484,988,000
Total Revenues	\$949,710,000	\$885,524,000
Excess of Revenues Over Expenses	\$46,692,000	(\$22,221,000)
Cash Flow from Operations	\$15,554,000	(\$17,116,000)
Short-Term Analysis		
Current Ratio (CA/CL)	1.5	1.3
Cash Flow to Current Liabilities (CFO/CL)	7.55%	-16.91%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	141.8%	112.6%
Total Margin (ER/TR)	4.92%	-2.51%
Measure of Available Funding		
Working Capital	\$109,357,000	\$30,332,000

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$669,329, which consists entirely of this project. In addition, the applicant will have to finance a year one loss of \$460,433.

The applicant indicates on Schedule 3 of its application that it will fund the project and provided a company bank statement indicating a balance of \$2,000,000 as proof of funding for the project. In addition, the applicant submitted a letter of financial commitment from the CFO of Horizon Acquisition Co., the ultimate parent of the applicant committing funds to the project.

With \$56.3 million in cash and cash equivalents, and \$109.4 million in working capital at fiscal year-end 2020, the parent has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

d. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035 (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. A new hospice program in a service area with published need is more likely than not to be financially feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

The vast majority of hospice days are paid by Medicare (Medicaid is the next largest payer with similar reimbursement rates). As such, revenue is predictable by day and service type. Schedule 7 includes revenue by service type. We have divided the applicant's projected revenues by the estimated Medicare reimbursement rates for each level of service in year two to estimate the total patient days that would be generated by that level of revenue. The results were then compared to the applicant's estimated number of patient days. Calculated patient days that approximate the applicant's projected patient days are considered reasonable and support the applicant's assumptions of feasibility. Calculated patient days that vary widely from the applicant's projected patient days call into question the applicant's profitability assumptions and feasibility. The results of the calculations are summarized below.

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Amedisys Hospice, LLC (CON application #10652):

CON 10652	Amedisys Hospice, LLC				
Brevard					
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$133.81	0.9036	\$120.91	\$60.94	\$181.85
Routine Home Care 61+ days	\$105.76	0.9036	\$95.56	\$48.16	\$143.72
Continuous Home Care	\$959.31	0.9036	\$866.83	\$436.86	\$1,303.69
Inpatient Respite	\$256.46	0.9036	\$231.74	\$217.33	\$449.07
General Inpatient	\$653.70	0.9036	\$590.68	\$367.55	\$958.23
Year Two Calculation	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	1.101	\$200.30	\$1,355,961		6,770
Routine Home Care 61+ days	1.101	\$158.31	\$3,132,434		19,787
Continuous Home Care	1.101	\$1,435.96	\$76,042	24	53
Inpatient Respite	1.101	\$494.63	\$78,452		159
General Inpatient	1.101	\$1,055.45	\$348,670		330
		Total	\$4,991,559		27,099
			Days from Schedule 7		30,049
			Difference		2,950
			Percentage Difference		9.82%

As such, the applicant’s projected patient days are 9.82 percent or 2,950 days more than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a loss of \$463,289 in year one to and operating profit of \$665,967 in year two.

Conclusion:

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

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Halifax Hospice, Inc. (CON application #10653):

CON 10653	Halifax Hospice, Inc.				
Brevard					
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$133.81	0.9036	\$120.91	\$60.94	\$181.85
Routine Home Care 61+ days	\$105.76	0.9036	\$95.56	\$48.16	\$143.72
Continuous Home Care	\$959.31	0.9036	\$866.83	\$436.86	\$1,303.69
Inpatient Respite	\$256.46	0.9036	\$231.74	\$217.33	\$449.07
General Inpatient	\$653.70	0.9036	\$590.68	\$367.55	\$958.23
Year Two Calculation	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	\$197.44	\$1,115,438		5,650
Routine Home Care 61+ days	1.086	\$156.04	\$1,322,482		8,475
Continuous Home Care	1.086	\$1,415.44	\$0	0	0
Inpatient Respite	1.086	\$487.56	\$154,278		316
General Inpatient	1.086	\$1,040.37	\$1,713,377		1,647
		Total	\$4,305,575		16,088
			Days from Schedule 7		18,250
			Difference		2,162
			Percentage Difference		11.85%

As such, the applicant’s projected patient days are 11.85 percent or 2,162 days greater than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a loss of \$304,919 in year one to and operating profit of \$430,780 in year two.

Conclusion:

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

**Seasons Hospice & Palliative Care of Brevard County, LLC
(CON application #10654):**

CON 10654	Seasons Hospice and Palliative Care of Brevard, LLC				
Brevard					
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$133.81	0.9036	\$120.91	\$60.94	\$181.85
Routine Home Care 61+ days	\$105.76	0.9036	\$95.56	\$48.16	\$143.72
Continuous Home Care	\$959.31	0.9036	\$866.83	\$436.86	\$1,303.69
Inpatient Respite	\$256.46	0.9036	\$231.74	\$217.33	\$449.07
General Inpatient	\$653.70	0.9036	\$590.68	\$367.55	\$958.23
Year Two Calculation	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	1.101	\$200.30	\$1,527,399		7,626
Routine Home Care 61+ days	1.101	\$158.31	\$3,563,931		22,513
Continuous Home Care	1.101	\$1,435.96	\$1,211,532	24	844
Inpatient Respite	1.101	\$494.63	\$23,569		48
General Inpatient	1.101	\$1,055.45	\$523,587		496
		Total	\$6,850,018		31,526
			Days from Schedule 7		25,795
			Difference		-5,731
			Percentage Difference		-22.22%

As such, the applicant’s projected patient days are negative 22.22 percent or 5,731 days less than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a loss of \$460,433 in year one to and operating profit of \$1,157,559 in year two.

Conclusion:

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

- e. **Will the proposed project foster competition to promote quality and cost-effectiveness? ss. 408.035(7), Florida Statutes.**

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 (8), Florida Statutes; Ch. 59A-4, Florida Administrative Code.**

The projects do not involve 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. Therefore, the Agency would not impose a charity care or Medicaid patient day condition on an applicant.

Amedisys Hospice, LLC (CON application #10652) includes Amedisys, Inc.'s Policy on Indigent and Charity Care in the application's Attachment 22 and the applicant's parent audit addresses its provision of care to Medicaid patients. Schedule 7A indicates in both years one and two, total annual patient days will be attributed as follows:

- 0.3 percent self-pay
- 3.0 percent Medicaid
- 2.0 percent other indigent

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The applicant offers the following Medicaid/Medicaid HMO/Medicaid Managed Care and/or self-pay/charity care Schedule C-Condition #28:

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

Amedisys offers two other Schedule C financial conditions.

Halifax Hospice, Inc. (CON application #10653) states a history of providing health services to all patients that require hospice care, without regard to age, sex, race, ethnic group, diagnosis or ability to pay. The applicant explains that in 2020, Halifax provided over \$1.7 in uncompensated care to hospice patients. According to the applicant, this investment ranged between \$1.4 million \$3.0 million annually for the past 10 years.

The reviewer generated the following table upon perusal of CON application #10653, Attachment H: 2020 Community Benefits \$2.3 million.

Unfunded Cost of Community Programs (FY) 2020	
Uncompensated Care	\$1.7 million
Household Support	\$5 thousand
Palliative Care	\$100 thousand
Bereavement/Children’s Grief Programs	\$200 thousand
Veterans Recognition Program	\$15 thousand
Traumatic Loss Program	\$115 thousand
Family Caregiver Program	\$160 thousand
Community Benefit	\$2.3 Million

Source: CON application #10653, Attachment H

Halifax projects, in Schedule 7A of the application, for both year one and year two, total annual patient days will be attributed as follows:

- 3.0 percent self-pay
- 3.0 percent Medicaid

The reviewer notes that Halifax does not offer notes to its Schedule 7A to indicate if self-pay is synonymous with charity/unfunded care, in whole or in part. Halifax offers no Schedule C financial conditions.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) states that it has no operations and is a developmental stage enterprise that was established to respond to the published need for a hospice program in SA 7A. Seasons provides CY 2016 - 2018 payer information for four Seasons Florida hospice

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affiliates, in aggregate—Seasons Hospice & Palliative Care of Broward, Pinellas Southern Florida (Miami) and Tampa.

Season's historical contribution to Medicaid and uncompensated care in Florida highest-to-lowest Medicaid percentages and highest-to-lowest uncompensated care percentages during 2016 – 2018 were:

- Medicaid
 - 2.02 percent (in 2018)
 - 1.00 percent (in 2016)
- Uncompensated
 - 2.00 percent (in 2016)
 - 1.07 percent (in 2018)

Seasons previously stated that in 2019 it provided \$9 million in charity care. The project's year one and year two medically indigent days are included as part of the self-pay days and are to account for one percent of the total payer mix (196 self-pay year one and 462 year two or 1.8 percent of the total) and Medicaid is shown as 3.4 percent or 369 year one and 877 year two days represent deduction from revenue.

Schedule 7A of the application indicates that Seasons projects, total annual patient days, by percentage, as follows:

- Self-pay (year one) – 1.8 percent (broken down as follows)
 - 0.3 percent self-pay
 - 1.5 percent (charity/unfunded)
- Medicaid HMO (year one and year two)
 - 3.4 percent (year one and year two)

Seasons offers three Schedule C financial conditions.

F. SUMMARY

Amedisys Hospice, LLC (CON application #10652) is a for-profit newly formed Florida entity. Amedisys is an affiliate of and parented by Amedisys, Inc., which provides hospice services in SAs 3E, 6B and 11.

The applicant proposes \$776,223 in total project costs.

Pursuant to project approval, Amedisys offers a total of 28 Schedule C conditions.

Halifax Hospice, Inc. (CON application #10653) is a Florida not-for-profit corporation (the sole not-for-profit entity among the co-batched applicants), with Halifax Hospice, Inc., d/b/a Halifax Health Hospice,

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being a blended component unit of (parented by) Halifax Hospital Medical Center.

Halifax provides hospice services in SAs 4B and 7B. Both of these service areas are geographically adjacent/contiguous to SA 7A.

The applicant proposes \$187,625 in total project costs.

Pursuant to project approval, Halifax offers a total of five Schedule C conditions, listed on the “Conditions Predicated Upon Award” page of CON application #10653. A physical presence in the service area is another proposed condition.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) is a development stage for-profit Florida entity, and a Seasons Hospice & Palliative Care, Inc. affiliate. Seasons affiliates provide hospice services in Florida SAs 5A, 5B, 6A, 10 and 11 and 19 other states.

Seasons as of December 22, 2020, is wholly owned by AccentCare, Inc. Combined, Seasons and AccentCare have nearly 75 years of experience at 225 sites around the country. In this batching cycle, Seasons also proposes to establish a new hospice program in SA 4A.

The applicant proposes \$669,329 in total project costs.

Pursuant to project approval, Seasons offers 13 Schedule C conditions.

Need/Access:

The proposed projects are in response to the fixed need pool for a new hospice in SA 7A. Each applicant’s major argument(s) in support of need for their respective proposal is briefly summarized below.

Amedisys Hospice, LLC (CON application #10652) states plans to remedy/address the following unmet hospice need among the following populations in the service area that Amedisys believes is sufficient to grant project approval:

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

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The applicant forecasts 189 admissions in year one and 348 admissions in year two of operation.

Halifax Hospice, Inc. (CON application #10653) states plans to remedy/address the following unmet hospice need among the following populations in the service area that Halifax believes is sufficient to grant project approval:

- Hispanic population/residents
- Veterans
- Residents 65 years and under with a life-limiting illness
- Patients in need of pre-hospice palliative care
- Grieving children
- Those who have suffered the loss of a family member due to a traumatic event
- Those in need of palliative care

The applicant forecasts 104 admissions in year one and 260 admissions in year two of operation. Halifax projects the fewest year one and year two admission totals of the co-batched applicants.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) offers the following justification to warrant project approval:

- Although hospice admissions statewide were up five percent in 2020 over the prior year, hospice admissions in SA 7A declined
- The Brevard County population exhibits diversity, including Hispanics, African Americans, and Asians, representing 11.8 percent, 10 percent and 2.7 percent of the population, respectively. Growth rates for minorities far exceed that of the White population which grows at 3.9 percent over the next five years compared to Hispanics at 20.9 percent, Asians at 16.9 percent and African Americans at 7.3 percent
- SA 7A lacks a Pediatric Hospice & Palliative Care Program. Over half (55.6 percent) of all Brevard children that died in hospital, died in a hospital in Orange County, while 89.1 percent of all Brevard children discharged with home care, were discharged from a hospital outside the county
- Over 24 percent of the Brevard County population is age 65+, this age cohort is expected to increase by over 20 percent within the next five years and Alzheimer's disease is the sixth leading cause of death in Brevard County

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- Brevard County’s homeless rate of 134.90 is higher than the statewide average of 127.90. Of the 815 homeless, 22.1 percent (180) are veterans, which is higher than the statewide rate of 8.6 percent.

The applicant forecasts either 202 or 205 admissions in year one and either 383 or 385 admissions in year two of operation. Seasons projects the most year one and year two admission totals of the co-batched applicants.

Quality of Care:

Each co-batched applicant demonstrated the ability to provide quality care.

Amedisys hospice affiliates had no substantiated complaints from February 26, 2019 through April 28, 2021. Amedisys affiliates met the overall state average for CHAPs and was slightly below on the HIS “all seven assessed” measures. The applicant provided data indicating it was improving on these during the more recent surveys.

Halifax Hospice, Inc. had no substantiated complaints during the three-year period ending April 28, 2021. Halifax had above average ratings for CHAPs and HIS results.

Seasons Hospice & Palliative Care of Brevard County, LLC hospice affiliates had one substantiated complaint with two categories cited during the three-year period ending April 28, 2021. Seasons was below the state average for overall CHAPs and HIS results.

Financial Feasibility/Availability of Funds:

Applies to all applicants:

- Funding for this project and the entire capital budget should be available as needed
- Strictly, from a financial perspective, this project will not have a material impact on price-based competition
- This project appears to be financially feasible, although patient days, and thus revenue, may be overstated

Medicaid/Indigent/Charity Care:

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal

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Regulations 418.108). Hospice care also must be provided regardless of ability to pay and regardless of age, race, religion, sexual orientation, diagnosis, payer source or financial status.

Amedisys Hospice, LLC (CON application #10652) projects, for both year one and year two, total annual patient days as follows:

- 0.3 percent self-pay
- 3.0 percent Medicaid
- 2.0 percent other/indigent

As indicated in item E.3.g. of this report, pursuant to 42 Code of Federal Regulations 418.108, the Agency would not impose the applicant's proposed Schedule C-Condition #28.

Other financial commitments conditioned by this application in the applicant's Schedule C conditions include:

- Condition #9 - A Tuition Reimbursement Award of up to \$2,000 annually will be available to all eligible and approved full-time hospice employees.
- Condition #27 - Providing financial relief through the Amedisys Foundation to all eligible and approved employees and patients as follows:
 - For employees - a grant of up to \$2,500 due to unexpected emergencies such as natural disasters, serious illness or injury, funeral expenses, or extreme circumstances
 - For patients – up to \$500 for general bills and comfort items and up to \$1,500 for burial assistance

Halifax Hospice, Inc. (CON application #10653) projects for both years one and two, total annual patient days will be:

- 3.0 percent self-pay
- 3.0 percent Medicaid

Halifax offers no Schedule C financial conditions.

Seasons Hospice & Palliative Care of Brevard County, LLC (CON application #10654) proposes total annual patient days, by percentage, for year one and for year two, as follows:

- Self-pay (year one) – 1.8 percent (broken down as follows)
 - 0.3 percent self-pay
 - 1.5 percent (charity/unfunded)
- Medicaid HMO (year one and year two)
 - 3.4 percent (year one and year two)

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Financial commitments conditioned by this application in the applicant's Schedule C conditions include:

- Condition #6 – An annual investment of \$50,000 for three years as follows:
 - \$25,000 to Aging Matters in Brevard
 - \$25,000 to Brevard Alzheimer's Foundation
- Condition #7 - Initial funding of \$100,000 during the first three years (\$15,000 in year 1, \$30,000 in year 2, and \$55,000 in year 3) to the Brevard Homeless Coalition
- Condition #9 – Seasons donates \$25,000 per year to The Seasons Hospice Foundation restricted to:
 - Wish Fulfillment
 - Emergency Relief
 - Camp Kangaroo

G. RECOMMENDATION

Approve CON #10652 to establish a new hospice program in Service Area 7A. The total project cost is \$776,223.

CONDITIONS:

Clinical Programs and Related Services to Enhance Programmatic Access

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

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

- a. *Program policies and procedures and resumes/CVs of advanced nurse practitioners and the Program Medical Director.*
- b. *Calendar of Events and/or Meetings, letters of invitation, etc. for area cardiologists regarding the time and place of quarterly meetings.*
- c. *Confirmation of meetings or conference calls with staff of local hospitals to review the Program.*

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2. The Applicant will implement its End Stage program for Alzheimer's/Dementia upon licensure and commencement of operations.

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

- c. Program policies and procedures.*
- d. The number of patients served by disease condition.*

3. The Applicant will implement a Palliative program upon commencement of services in Year 1.

Measurement: Documentation will be included in the annual CON condition compliance report identifying the number of patients served.

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

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

- a. Program policies and procedures.*
- b. The number of patients and patient visits.*

5. The Applicant will implement its Sitting Vigil program, led by an Amedisys Volunteer Coordinator, upon licensure and commencement of operations so that "No One Dies Alone."

- a. Program policies and procedures.*
- b. The number of volunteers, patients and patient visits.*

Staffing and Staff Development

6. Registered Nurses (RNs) will be encouraged to become Certified Hospice and Palliative Nurse (CHPN) certified.

Measurement: Documentation will be included in the annual CON condition compliance report with the number and percent of supervisory RN's who are CHPN certified.

7. All Social Workers will have either a Master's Degree in Social Work (MSW) or be a Licensed Clinical Social Worker (LCSW) upon the date of hire or within six months of hire.

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Measurement: Documentation will be included in the annual CON condition compliance report with resumes/ CV's and/or licensure numbers and date of issuance.

8. Within Year 1 and thereafter, the Applicant commits to providing Continuing Education Units (CEU) offerings for **Amedisys-employed** registered nurses, licensed practical nurses, occupational therapists, physical therapists, and licensed social workers at no charge through the Applicant's CEU courses accredited by the American Nurses Credentialing Center, Florida State Board of Physical Therapy Association, American Occupational Therapy association, and the National Association of Social Workers.

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

- a. Policies and procedures.*
 - b. A list of the number of employees receiving CEU credits by skill position, the number of credits, and the accrediting agency.*
9. The Applicant will provide all eligible employees the opportunity to complete educational courses that will support the hospice's efforts of providing the highest level of quality care and achieve operational excellence. A Tuition Reimbursement Award of up to \$2,000 annually will be available to all eligible and approved full-time hospice employees. All eligible employees are not required to apply for financial assistance but have the opportunity available to them if they choose.

Measurement:

- d. The Human Resource Policy for Tuition Reimbursement will be provided in the annual compliance report.*
 - e. Documentation will be provided in the annual compliance report with the number of employees receiving the tuition reimbursement benefits, the amount received, current positions within the applicant's hospice, and the degree or training the employee is working towards.*
10. The Applicant will offer its LPN to RN Internship Program within one year of licensure and commencement of services.

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

- a. Policies and Procedures*
- b. A list of the number of enrolled LPNs in the program, if any.*

11. The Applicant will offer its CNA to LPN Internship Program within one year of licensure and commencement of services.

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

- a. Policies and Procedures
- b. A list of the number of enrolled CNAs in the program, if any.

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

Measurement: Documentation will be included in the annual CON condition compliance report identifying partnership outreach activities with local educational institutions.

Quality of Care

13. The Applicant will ensure each patient receives five Home Health Aide (HHA) or Certified Nursing Assistant (CNA) visits a week, provided this is acceptable to the IDG, patient, and family and is clinically appropriate as defined in the patient' plan of care.

Measurement: Documentation will be included in the annual CON condition compliance report identifying partnership outreach activities with local educational institutions.

14. The Applicant will provide a 24/7 telephone answering service for patients and families that is jointly operated by TeleMed, Inc. and Amedisys Triage Nurses.

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

- a. Program policies and procedures.
- b. Copies of publications and materials with information about the 24-hour service.
- f. A list of the number of calls by date.

15. Caregivers will utilize bedside Point of Care tablets in order to promote and document evidence of continuity and quality of care.

Measurement: Documentation will be provided in the annual compliance report with a list of purchased equipment.

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16. The Applicant has conditioned approval of this application on the provision it will become accredited by Community Health Accreditation Partner (CHAP) upon licensure and certification.

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

17. The Applicant will exceed the national average in the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Satisfaction Survey based on the most recent available data in terms of: (1) Getting timely help; (2) Rating of this hospice; and (3) Emotional and spiritual support.

Measurement: Documentation will be provided in the annual compliance report with the Applicant's ratings in comparison to the national averages.

18. The Applicant will exceed the national average in the Hospice Item Set (HIS) Survey based on the most recent available data in terms of (1) Patients receiving at least two hospice visits in the last three days of life from Registered Nurses or Social Workers and (2) Patients who got an assessment of all seven HIS quality measures at the beginning of hospice care to meet the HIS Comprehensive Assessment Measure requirements.

Measurement: Documentation will be provided in the annual compliance report with the Applicant's ratings in comparison to the national averages.

19. The Applicant will admit patients to hospice care within 24 hours of referral, provided all necessary supporting patient documentation is timely provided by the referral source.

Measurement: Documentation will be provided in the annual compliance report showcasing identifying the patient's time from referral to admission

20. The Applicant will collaborate and coordinate with local Hospital Systems to offer General Inpatient Care to the residents of Brevard County

Measurement: Documentation will be provided in the annual compliance report describing how General Inpatient Care is accessible to the Applicant's patients.

Community Education and Outreach

21. The Applicant will implement its "We Honor Veterans" program upon licensure and will be Level 3 certified within 18 months of operations.

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

- a. A list of Veterans Administration (VA) facilities visited by provider type, date, and contact person.*
- b. Examples of educational information and related materials for staff, patients, and families.*
- c. Copies of correspondence, as applicable, between the Applicant's Medical Director and the Medical Directors of the area's VA Hospitals regarding hospice services.*
- d. A list of veteran's organizations, clubs, and social organizations (e.g. Amvets, VFW, American Legion, etc.) visited or contacted by name, date, and contact person.*

22. The Applicant will also offer its Haircuts for Hospice services to veterans through local volunteers within 12 months of operations.

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

- a. Program policies and procedures.*
- b. The number of patients and treatments (e.g. haircuts, shampoos, and shaves).*

23. Within six months of commencement of operations, the Applicant will employ a Licensed Clinical Social Worker (LCSW) with specialty training in veteran care services.

Measurement: Documentation will be included in the annual CON condition compliance report with resumes/ CV's and/or licensure numbers and date of issuance.

24. The Applicant will implement a Comprehensive outreach program to Assisted Living Facilities (ALFs) and Skilled Nursing Facilities (SNFs) and will visit licensed ALF and SNF providers in the Hospice Service Area upon commencement of operations.

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

- a. A list of facilities visited by provider type, date, and contact person.*

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b. Examples of educational information and related materials for staff, residents or patients, and families.

25. The Applicant will implement its Trees in Memory program upon licensure and commencement of operations.

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

- a. Program policies and procedures.*
b. The number of trees planted in honor of patients deceased.

Finance Commitments to Enhance Financial Access

26. The Applicant will apply for participation in Florida's Medicaid program within nine months after receiving Medicare certification as a hospice provider.

Measurement: Documentation will be included in the annual CON condition report.

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

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

- a. Policies and procedures.*
b. A list of the employees and patients receiving financial assistance

28. The Applicant will provide a combination of at least 5% annually of total patient days to patients who are reimbursed under Traditional Medicaid, or Managed Medicaid, or Uncompensated care.

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

Deny CON #'s 10653 and 10654

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