

STATE AGENCY ACTION REPORT
ON APPLICATIONS FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

VITAS Healthcare Corporation of Florida/CON # 10655

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

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

2. Service District/Subdistrict

Service Area (SA) 8C – Glades, Hendry and Lee Counties

B. PUBLIC HEARING

No public hearing was requested or held regarding this project.

Letters of Support

VITAS includes 25 letters of support in CON application #10655 Volume One, Tabs 48 and 49. These letters are from health organizations, social service organizations, businesses, other entities and personal testimonials, within and in some cases outside SA 8C. “Letters and Stories from VITAS Patients and their Families” are in the application’s Tab 16.

VITAS provided excerpts from its support letters as corroborating evidence in the Not Normal & Special Circumstances existing in CON Action Number: 10655 SA 8C. These citations where are reproduced in the applicable portions of this report. Some quotations from letters in Volume One, Tab Two, Pages 31, 36 and 37 are stated below:

Savanna Lanza, Chief Executive Officer, National Kidney Foundation “The National Kidney Foundation of Florida and VITAS Healthcare have partnered together on several key programs which support the mission of NKFF, improving the lives of those patient suffering from chronic kidney

disease and end stage renal disease throughout the state of Florida. We are aware that through earlier intervention of these chronic kidney disease patients, VITAS Healthcare will be able to better assist the patients, their families, and the caregivers. With over 40 years experience, we have seen many patients who have benefited from better end of life care that is offered by VITAS Healthcare.”

Andy Lipman, MD, Hematologist Oncologist “My experience with Vitas hospice has been that they have been professional, caring and expert at providing end of life care for my patients along with providing support for families. I continue to seek care from all hospice providers in the counties in which I work and count Vitas among those high-quality hospice care providers.”

Dr. Christine Cauffield, CEO, LSF Health Systems “I am fortunate to sit on the Florida Council on Aging with a VITAS executive and have been so impressed with the breadth of services, including inpatient and specialized cardiac/CHF, COPD, Alzheimer's, and Veteran services they provide. Additionally, bereavement and spiritual support is offered, which is vital for family members and loved ones. VITAS is active in community outreach and education, and embraces the communities they serve with direct contributions to community programs and initiatives.”

Ray Carson, President &CEO, ALS Association “Our organization receives consistent feedback that the VITAS hospice programs are innovative in the services they provide to her patients and families. Because provides continuous care whenever it is needed, patients are able to remain at home with their loved ones during their final days, if they choose... The organization’s commitment to providing quality, compassionate care has made a difference in patients with ability to die with dignity and comfort. We believe that residents deserve more access to critical end-of-life care. We look forward to working with VITAS Healthcare in the community, should they be approved as a new hospice provider.”

Carol Work, RN Clinic Manager, Dialysis Center “Here in Hendry County, our resources are limited in every way. The Dialysis community and especially our patients are in need of services like VITAS would provide. “

Stephanie Mathews-Barashear DNP, AAPRN, MSN, AGNP-C “It is very important that individuals and their families have choices when seeking an organization to provide quality, compassionate care at the end of their lives so they may die with dignity and comfort. Currently there is no choice....Collaborating with VITAS Corporation to provide compassionate hospice in palliative care services for our residents at end-of-life is essential to meeting the demand of this region the region.”

Sandra Lesley Rowe, Lee County Resident-RN “...I have found Vitas to be an excellent hospice provider. One of the major differences between Vitas Healthcare and the competition within SW Florida is that Vitas will assist any person without looking at their payer source. I find Vitas will view patients individually and not and do not ever turn them away due to their inability to receive payment...”

Joanie McLean, BSW, MSW, Lee County Resident -Social Worker, Case Manager “Patients and families also have the benefit of their IPU to stabilize a patient and provide end-of-life care when needed. Their specialized programs for Cardiac, CHF, COPD, Alzheimer's, AIDS, and ALS have provided additional information and services to both patients and their caregivers. VITAS has an exceptional program to recognize Veterans and their time of service to our country which has been an added service to those receiving hospice services.”

Letter of opposition

Karl David Acuff, Counsel to Hope Hospice & Community Services, Inc. (SA 8C's sole hospice provider) submitted a letter dated April 28, 2021 in which he cites the zero fixed need pool and the community's not needing another hospice. The letter's Tabs A-D include 44 letters from the SA 8C community that cite the quality of care Hope provides and that there is no need for an additional hospice in the service area. These letters are from 18 local health care providers, eight community service providers, six local officials and 12 local residents.

The Agency independently received letters mirroring the above from Mitchell Wills, Chair of the Hendry County Board of County Commissioners and Ms. Michele Wasserlauf, Executive Director, The Terraces at Bonita Springs, a continuing care residential community.

C. PROJECT SUMMARY

VITAS Healthcare Corporation of Florida (CON application #10655), a for-profit entity referenced as VITAS, proposes to establish a new hospice program in SA 8C. VITAS's parent company is CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11.

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

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

The applicant proposes \$901,017 total project costs.

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

C.3 Special Programs:

1. VITAS End-Stage Renal Disease Program

In comparison to the state average, and the rest of Subdistrict 8C, Hendry County residents have a higher death rate from renal failure. In fact, the death rate in Hendry County is roughly twice that of the Florida average. Further, area hospitals are not admitting renal failure patients to hospice at a high rate, and the only existing provider in the service is serving very few patients with this disease.

- a. New ESRD Program: VITAS proposes to establish a new clinical program in Subdistrict 8C, specifically** Hendry County focused on specifically addressing the end-of-life needs of ESRD patients and increasing referrals to hospice for this disease group within the first two years of operation. This program will include ESRD related clinical elements similar to what is described in VITAS' other established disease specific programs.
- b. Provider Input:** VITAS will publicize and hold semi-annual meetings open to area nephrologists, their support staff, and other physician stakeholders. These meetings will be a forum to discuss VITAS' ERSD program and obtain feedback from physicians and other clinicians on how the program can best address them. These meetings will be held in a location convenient to Glades and Hendry County stakeholders.
- c. Training and Education Programs:** VITAS will develop training and education programs for its staff, area healthcare providers, and the community related to end-stage ESRD. Educational materials will be submitted as part of the annual CON condition compliance report.

- d. Community Support:** VITAS will provide donations to organizations that support community education and awareness of diabetes and ESRD for each of the first two years of operation including:
 - a.** \$10,000 annually to the American Diabetes Foundation (www.diabetes.org) for community education and awareness; and
 - b.** \$25,000 annually to the Nationally Kidney Foundation (www.kidneyfl.org) to support education on ESRD.

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

2. VITAS Liver Disease Program

Lee, Glades and Hendry Counties all have significantly higher death rates from liver disease than the state average, with Hendry County experiencing the highest death rate of the three counties.

- a. New Liver Disease ESRD Program:** VITAS proposes to establish a new program to address the hospice needs of patients with liver disease in each of the Subdistrict 8C counties. This program will include the clinical elements described in VITAS' other established disease specific programs. This condition will be measured by the provision of program component documentation to AHCA.
- b. Provider Input:** VITAS will publicize and hold semi-annual meetings open to area hepatologists, gastroenterologists, their support staff, and other physician stakeholders. These meetings will be a forum to discuss VITAS' Liver Disease program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them. These meetings will be held in a location convenient to Glades and Hendry County stakeholders. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- c. Training and Education Programs:** VITAS will develop training and education programs for its staff, area healthcare providers, and the community related to Liver Disease. Educational materials will be submitted as part of the annual CON condition compliance report.

- d. Community Support:** VITAS will provide donations to an organization that support community education and awareness of Liver Disease for each of the first two years of operation including:

\$25,000 annually to the American Liver Foundation (<https://liverfoundation.org>) to promote education and support services for the prevention and treatment of liver disease.

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

3. VITAS Pulmonary Care Program

In comparison to the state average, Hendry County residents have a higher percent of deaths attributable to chronic lower respiratory disease. The age group in part driving the need for an additional service area provider is the 65 and older population who are often Medicare patients. Among Medicare beneficiaries receiving care in Subdistrict 8C, three of the hospitals in the subdistrict are utilizing hospice for respiratory patients at less than the state average. Further, the average hospice length of stay for patients admitted to hospice from one of the hospitals in the subdistrict was less than the state average. These metrics can be indicators of late referrals and a need for patient and staff education. VITAS proposes to improve these metrics in the subdistrict by targeted, diagnosis-specific outreach to area practitioners, improved care for pulmonary patients and community education through its Pulmonary Care Program.

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

- a. Staff Training:** All nurses, physicians, social workers, and chaplains will complete training on care for patients with pulmonary diagnoses and their families within the first three months of their start date. Training will include at least three elements: 1) Education on Chronic Obstructive Pulmonary Disease; 2) Education on End Stage Pulmonary

Disease; and 3) Training on removal from mechanical ventilation. Documentation will be shown in a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON conditions compliance report.

- b. Respiratory Therapist:** VITAS will employ a respiratory therapist in Subdistrict 8C who will be based in the Hendry County area to be hired before the hospice begins operations. This therapist will provide patient care and serve as an educational resource to other hospice staff. The respiratory therapist will also educate health care providers and the community. Compliance with this condition will be documented by providing AHCA with the start data of the respiratory therapist.

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

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

Community Education: VITAS will publicize and hold semi-annual Ask the Doctor events open to the public. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice care, end-stage pulmonary disease, and caregiving and support for individuals with respiratory disease. These meetings will be held in a location convenient to Glades and

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

- c. Community Support:** VITAS will provide donations to an organization that support community education and awareness of Lung Disease for each of the first two years of operation including:

\$20,000 annually to the American Lung Foundation (www.lung.org) to promote education and support services for the prevention and treatment of lung-related disease.

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

4. VITAS Cardiac Care Program

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

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 8C. The program, described in Schedule B, improves end of life care for patients with cardiac diagnoses, by using the following elements:

- a. Staff Training:** All nurses, social workers, and chaplains will complete the training modules in the VITAS Cardiac Program Resource Manual (or its successor) within 3 months of their start date. Compliance with this condition will be documented by a log of employees' start dates and dates of

training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.

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

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

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

5. Alzheimer's and Dementia Education Support for Caregivers

There is a large and growing elderly population in Subdistrict 8C. Patients with dementia represent the fastest growing group of hospice users. According to the Alzheimer's Association, one in nine people aged 65 and older has Alzheimer's dementia. More specifically in Florida, the number of people aged 65 and older with dementia is expected to grow by 24.1 percent from 2020 to 2025. Specifically in Subdistrict 8C, Glades County has a higher death rate from Alzheimer's Disease than the state average. As a chronic and incurable disease, patients with Alzheimer's dementia represent a fast-growing group of hospice users. VITAS is committed to bringing the latest innovations in end-of-life care to

its patients and their caregivers. VITAS is also committed to providing patients' caregivers with support. VITAS conditions this application on three elements related to improving care and support for patients with Alzheimer's and their families:

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

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

- b. **Music Therapy:** It has been shown that Alzheimer's patients benefit from Music Therapy. VITAS conditions this application on hiring a Music Therapist who will be based in Hendry County to serve Glades and Hendry Counties. Compliance with this condition will be documented by providing AHCA with the start date of the Music Therapist.
- c. **Community Support:** VITAS will provide donations to an organization that support caregiver education and support for family member/caregivers to individuals with Alzheimer's Disease or dementia including for each of the first two years of operation including:
 - d. \$25,000 annually to the Alzheimer's Association, Florida Gulf Coast Chapter (www.alz.org.flgulfcoast) to promote caregiver education and support.

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

6. VITAS Sepsis Program

According to a study published in The Journal of the American Medical Association, 40 percent of sepsis deaths met hospice eligibility at time on hospital admission. Yet as it relates to Medicare beneficiaries treated in Subdistrict 8C, 3 of the hospitals in the subdistrict are discharging sepsis patients to hospice at rates that are less than the state average. Additionally, Sepsis, Medicare-insured patients receiving hospice services at hospitals in the subdistrict either in-hospital or post discharge, have shorter length of stays and higher readmission rates than the state average. Many healthcare providers miss the opportunity to recognize hospice eligibility for this disease demographic, and thus, additional education is needed. VITAS has developed a library of resources for healthcare professionals to better understand when to refer to hospice and what specific concerns they have with the value that VITAS can bring in the care model. These metrics can be improved by targeted, diagnosis-specific outreach to area hospitals and physicians through the VITAS Sepsis Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 8C. The program, described in Schedule B, improves end-of-life care for patients with cardiac diagnoses, by using the following elements:

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

operations. The presentation will focus on end of life care for patients with sepsis diagnoses. These events will be held in location convenient to Glades and Hendry County residents. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

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

7. Veterans Program

Veterans have unique end-of-life needs and benefit from specialized programming and care. Veterans comprise 19 percent of the population 65 and older overall in Subdistrict 8C and over 27 percent of the 65 and older population in Glades County. To meet the needs of this special population, VITAS will ensure programming and recognition for Veterans at end of life.

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

- c. We Honor Veterans:** VITAS conditions this application on the Subdistrict 8C program entering the We Honor Veteran program and achieving Level 4 commitment to the program within the first two years of operations. VITAS regularly participates in the We Honor Veterans Program, which is described in detail in Schedule B. Compliance will be documented by submitting the date the program becomes a recruit and the date it achieves Level 4 status in the annual condition compliance report.
- d. Veterans Liaison:** Lastly, VITAS conditions this application on providing a dedicated Veterans Liaison in Subdistrict 8C, who will be included in staffing model. Compliance with this condition will be documented by providing AHCA with the start date of the Veterans Liaison.

8. Bridging the Gap Program and Medical/Spiritual Toolkit

Among residents in Subdistrict 8C, Hispanic peoples are the largest marginalized population. This is especially true in Hendry County, when Hispanic peoples make up more than 56 percent of the population. Additionally, both Glades and Hendry Counties have large Black populations, 14 and 11 percent, respectively. However, as it relates to hospital discharges to hospice, Black and Hispanic residents are extremely underserved in the subdistrict. This indicates that Black and Hispanic patients in Subdistrict 8C are either not referred to hospice services or are refusing hospice care. Provider and community education can help increase hospice use rates.

- a. Bridging the Gap Training and Discussion:** VITAS has created a Bridging the Gap training and panel discussion for healthcare professionals and spiritual leaders on the needs of Blacks and Hispanic peoples at the end-of-life, and how to engage families in end of life discussions. This program is described in detail in Schedule B. VITAS conditions this application on offering the Bridging the Gap program in Subdistrict 8C during the first year of operations. Compliance will be documented by submitting a dated list of correspondence and offers to provide the program, a description of the training, and a list of attendees.
- b. Bridging the Gap Toolkit:** The Bridging the Gap Toolkit will also be offered to spiritual leaders to review evidence about preferences on end-of-life care and provide resources for end-of-life conversations including how to address a patient's

faith and how to engage a terminally ill patient's family to provide support. VITAS conditions this application on providing the toolkit to healthcare providers and pastors in Subdistrict 8C the first year it is available. Compliance will be documented by providing a copy of the materials and a list of people who received the toolkit in the annual condition compliance report.

- c. Community Support:** VITAS will provide donations to local organizations serving Hispanic populations including agricultural/migrant communities that promote academics, healthy communities, and engagement of Hispanic communities. This support will include for each of the first two years of operation including:
- \$20,000 annually to local organizations serving Hispanic populations including agricultural/migrant workers.

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

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

VITAS analysis has determined that there are 72 ALFs in Subdistrict 8C, of which 31 ALFs have less than 20 beds. These facilities typically focus on the needs of lower income individuals and those with mental and behavioral issues. VITAS has learned that the need among ALF patients includes Continuous Home Care, night and weekend admissions, and support therapies such as massage, music, and pet therapy. Hospice staff who receive ALF CORE Training will be better equipped to meet ALF residents' needs and partner with ALF staff. This training is described in detail in Schedule B.

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

- b. CORE Training for ALFs:** VITAS also conditions this application on sponsoring a CORE training program for area ALF staff during the first two years of operations. **Documentation of these meetings will be provided to AHCA as part of its CON condition compliance report.**

- c. CORE Training Financial Support:** VITAS will provide support for the CORE Training Program amounting to \$5,000 annually for the first two years operation to the Florida Assisted Living Association Foundation (www.fala.org) to sponsor and support CORE training programs in Subdistrict 8C. Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the annual CON condition compliance report.

10. Palliative Care Program and Resources

VITAS offers to all of its patients' options for palliative care, as this care is a vital component of high-quality, comprehensive hospice care. Healthcare providers, administrators, and physicians in Subdistrict 8C have indicated there is a need for improved access to these services. The palliative care services offered by VITAS are described in detail in Schedule B. It is important to note that not all patients who could benefit from palliative care are eligible for hospice care. In order to determine what services are appropriate for patients seeking hospice care, it is important to have detailed, open discussion with the patient and his or her family concerning end of life goals and advance care planning. To ensure Subdistrict 8C patients who would benefit from palliative care receive the services they need, VITAS conditions this application on:

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

- b. Bringing VITAS Palliative Care into 8C:** Because VITAS is committed to providing comprehensive care, for patients who are not ready or eligible for hospice care, VITAS Palliative Care, a VITAS-affiliated physician led consultative practice, will provide services to palliative care patients in Subdistrict 8C within the first two years of operations. VITAS will also provide a Nurse Practitioner to support this care. Compliance with this condition will be documented by a letter from Palliative Medical Associates stating the physicians initially providing services, the office location and the opening date. This will be submitted in the annual CON condition compliance report.
- c. Providing Services to Subdistrict 8C:** VITAS will bring palliative chemotherapy, inotrope drips, and radiation to manage patients' pain and symptoms, as appropriate. Compliance with this condition will be documented by a count of Subdistrict 8C patients that have received palliative chemotherapy, inotrope drips, and radiation. This will be submitted in the annual CON condition compliance report.

11. Provider Education and Training Programs

VITAS has spoken with numerous healthcare providers in Subdistrict 8C who indicate that there is a need for additional end-of-life care training of physicians, nurses, and social workers in the service area. The low hospice referral and use rates in the subdistrict, especially Glades and Hendry Counties, confirms this. Hospice education programs provide healthcare providers with vital information and tools to help appropriately identify patients that would qualify for and benefit from hospice care, thereby improving access to hospice care.

VITAS will offer an End of Life Nursing Education Consortium (ELNEC) training program within the first year of operation. VITAS will also offer an Education in Palliative and End of Life Care (EPEC) training program for physicians within the first year of operation. Lastly, VITAS commits to employing 8 Reps to educate Subdistrict 8C Health Professionals and Health Care Communities. Documentation of these meeting will be provided to AHCA as part of the annual CON condition compliance report.

12. Quality and Patient Satisfaction Program

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

- a. Performance Improvement Specialist:** VITAS conditions this application on hiring a full-time Performance Improvement Specialist in Subdistrict 8C within the first six months of operations. This position is dedicated to supporting quality and performance improvement programs for the hospice program in 8C. The Performance Improvement Specialist will perform ongoing quality assessment and monitoring and will collaborate with senior management to identify priorities for improvement. Additionally, the Performance Improvement Specialist will ensure hospice staff receive and remain current with the required training and in-service education. Compliance with this condition will be demonstrated by submitting the name and hire date of the Performance Improvement Specialist in the condition compliance report.
- b. Accreditation:** VITAS conditions this application on applying for either Community Health Accreditation Partner (CHAP) or Accreditation or The Joint Commission (TJC) Accreditation. This conditioned will be measured by providing AHCA with a copy of the accreditation certificate or like document from the accrediting body.

13. VITAS Staff Training and Qualification

Dedicated, experienced, and empathetic hospice staff are an important component to providing high-quality hospice care to patients and their families. VITAS is committed to ensuring all of its staff, including staff in Subdistrict 8C are well-trained to provide the best possible care. Accordingly, VITAS conditions this application on:

- a.** The Medical Director covering Subdistrict 8C will be board-certified in Hospice and Palliative Care medicine or obtain certification through the Hospice Medical Director Certification Board.

- b.** VITAS will provide a salary increase and will reimburse any testing fees for RNs, LPNs, home health aides, and social workers who are certified in Hospice and Palliative Care.
- c.** All employed Chaplains covering Subdistrict 8C will have a Master of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.
- d.** All social workers will have a master's level of education or Licensed Clinical Social Workers.

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

C.4 Other Conditions:

14. Hospice Office Locations

VITAS is committed to increasing hospice awareness and utilization in Subdistrict 8C particularly in underserved Glades and Hendry Counties. Hospice offices increase hospice visibility, and focused interaction with the community. VITAS recognizes there is not normal circumstance in these two counties as hospice use is low, and there is a significant outmigration or leakage to other service areas. These counties include a high percentage of marginalized populations (Hispanic, Black, and native American) as well as agricultural/migrant workers and low-income communities. As such, a physical presence in these communities is critical to ensuring outreach, education, and awareness. VITAS conditions this application on having two hospice offices. The initial office will be in Hendry County, and then an additional office will be located in Lee County opening in the first year. Compliance will be demonstrated by submission of the VITAS license with the office locations.

15. Mobile Hospice Education and Outreach Vehicle

VITAS will have a mobile hospice education van to be utilized for outreach to residents of Subdistrict 8C, particularly those living in rural areas of Glades and Hendry Counties. The vehicle will be available on a permanent basis. A log of trips made will be maintained to document the vehicle's usage, and appropriate data will be provided to AHCA in the annual CON condition compliance report.

16. VITAS Will Not Solicit Donations

The primary purpose of this project is to improve access to hospice care, not financial benefit. VITAS will not solicit charitable contributions from patients, families or friends relating to its services in Subdistrict 8C, nor will VITAS engage in fundraising events for its program. Any unsolicited donations received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community. Compliance will be provided in the annual CON conditions via an attestation and submission of a compliance report with a ledger showing any non-solicited amounts received and corresponding amounts provided to VITAS Community Connections.

17. Outreach and End of Life Education for 8C Residents Experiencing Homelessness, Food Insecurity and Limited Access to Healthcare

As discussed in detail in Schedule B, Subdistrict 8C has a large homeless population; the homeless population rate is significantly higher than the state average. Area residents also have seen a significant increase in the percent of individuals who are food insecurity 2019 to 2020, likely attributable to COVID-19. Further, Subdistrict 8C has a relatively large population with a household income of under \$35,000; this is particularly true in Glades and Hendry Counties, where more than 40 percent of each county's households bring in an income under \$35,000. VITAS is committed to caring for all patients, regardless of their socioeconomic status or where they call home. VITAS is also committed to providing resources that will improve quality of life and tools that will prove useful at the end-of-life whether or not an individual becomes a VITAS patient.

- a. Community Support:** VITAS conditions this application on providing assistance to the homeless and impoverished communities in 8C, with particular focus on Glades and Hendry County residents. Specifically, VITAS conditions this application on providing for the first two years of operation:

- A grant of \$40,000 per year to homeless assistance organizations such as the Heartland Coalition for the Homeless (www.heartlandhomeless.com), Lutheran Services of Florida (www.lsfnet.org) or similar organization that provide support to homeless populations specifically in Glades and Hendry Counties; and
- A grant of \$30,000 per year to food assistance organizations such as the Harry Chapin Food Bank, a Feeding America affiliate, and other local food distribution organization and food pantries (<https://harrychapinfoodbank.org/>) or similar organization that provide support to food insecure populations specifically in Glades and Henry Counties

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

18. Grief Support for Children

High-quality hospice care requires comprehensive services beyond hospice care including support services for children who may have a family member receiving hospice care. VITAS is committed to working with local community organizations to increase access to support services for children.

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

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

19. Educational Grant

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

- \$10,000 to Florida Gulf Coast University – Marieb College of Health & Human Services Department of Rehabilitation Sciences (PT, OT, and ST training) and Department of Social work (MSW Clinical and Medical) for scholarships, education, and workforce development; and
- \$15,000 to Florida Gulf Coast University – Marieb College of Nursing to support BSN, and BSN to Doctor of Nursing Practice programs.

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

20. Medicaid Manage Care Education

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

21. Services Beyond the Hospice Benefit

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

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

- Providing admissions in the evening and on weekends to address the need identified by hospitals and physicians in Subdistrict 8C, a service that is not routinely offered by other service area providers. Compliance will be measure by providing the number of admissions occurring after normal business hours and weekends.
- Offering a 24-hour call system called Telecare to provide caregivers with assurance and guidance and dispatch hospice staff when necessary. Compliance will be provided in the annual CON conditions via an attestation of the service's availability and the service's contact information.
- Providing services to address medically complex, high acuity services such as hi-flow oxygen, IV therapy, open Rx formulary, paracentesis, thoracentesis, palliative blood transfusions, palliative TPN inotropes. Compliance will be provided in the annual CON conditions via an attestation of the service's availability.
- Providing internships to area social workers, chaplains and MBA and MHA (Master of Healthcare Administration) students. Compliance with this condition will be provided as a list of the number and type of interns in 5B, their associated school and the length of their internship.
- Education for area healthcare providers including long-term care facility staff. VITAS conditions this application on offering monthly webinars that provide continuing education units to area healthcare providers. Documentation of these meetings will be provided to AHCA as part of annual CON condition compliance report.
- Providing a free prognostication tool through the VITAS app for all area physicians. Compliance with this condition will be evidenced by providing information on the application and copies of educational and marketing materials about the application distributed in Subdistrict 8C as part of the annual condition compliance report.

- Providing hospice staff with dashboard reports that summarize quality indicators from the Hospice Item Set (HIS) and CAHPS data to provide insight into performance at the hospice. Providing hospice staff with Discharge Scorecards that allow for benchmarking against the HIS measures. Compliance will be demonstrated by providing AHCA with an example of the dashboard and scorecard in the annual condition compliance report.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, upon identified need or request. Compliance with this condition will be evidenced by documenting the number of individuals receiving bereavement services more than a year after the death of a family member in each annual CON condition compliance report.
- Patients benefit from programs and activities that are not part of the traditional set of hospice services. VITAS conditions this application on providing the following non-core services:
 - a. Life Bio
 - b. We Honor Veterans Program
 - c. Lavender Touch Experience
 - d. Musical Memories
 - e. Paw Pals
 - f. Music therapy
 - g. Massage therapy
 - h. Specialty children's bereavement services

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

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

Specific to Condition #21 "Services Beyond the Hospice Benefit", the reviewer notes an apparent typographical error - "5B" should read "8C" in the portion below: "Providing internships to area social workers, chaplains and MBA and MHA (Master of Healthcare Administration) students. Compliance with this condition will be provided as a list of the number and type of interns in 5B, their associated school and the length of their internship."

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

Should the 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 applicant's proposed conditions are as 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." Also, any conditions proposed that are required hospice services would not require condition compliance reports. 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), applicable rules of the State of Florida and Chapter 59C-1, Florida Administrative Code. An approved CON does not guarantee licensure of the proposed project. Meeting the applicable licensure requirements and licensure of the proposed project is the sole responsibility of the applicant.

D. REVIEW PROCEDURE

The evaluation process is structured by the certificate of need review criteria found in Sections 408.035 and 408.037, Florida Statutes, rules of the State of Florida, and Chapter 59C-1, Florida Administrative Code.

These criteria form the basis for the goals of the review process. The goals represent desirable outcomes to be attained by successful applicants who demonstrate an overall compliance with the criteria. Analysis of an applicant's capability to undertake the proposed project successfully is conducted by evaluating the responses provided in the application and independent information gathered by the reviewer.

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

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

As such, the applicant is responsible for the representations in the application. This is attested to as part of the application in the certification of the applicant.

As part of the fact-finding, consultant Sarah Zimmerman analyzed the application in its entirety, with consultation from financial analyst Derron Hillman of the Bureau of Central Services, who evaluated the financial data.

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

The following indicate the level of conformity of the proposed project with the review criteria and application content requirements found in Sections 408.035 and 408.037, Florida Statutes and applicable rules of the State of Florida, Chapters 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 the Agency indicated zero net need in SA 8C for the July 2022 hospice planning horizon. The applicant is applying to establish a hospice program in the absence of published numeric need.

SA 8C is currently served solely by Hope Hospice and Community Services Inc., which reported 6,143 total hospice admissions in CY 2020.

The applicant submits that the Glades and Hendry Counties cannot be adequately served by Hope Hospice. Because the three SA counties have vastly different populations, demographics, chronic disease rates and geographic situations, these disparities demonstrate that there is a need. In rural Glade and Henry Counties this is because the:

- Population of Lee County is 58 times larger than Glades County and over 20 times larger than Hendry County.
- Deaths in Lee County are 56 times that of Glades County and over 23 times that of Hendry County.

VITAS states it will show that the single hospice provider, Hope Hospice and Community Services, Inc. (“Hope Hospice” or “HHCS) does not adequately meet the needs of these residents. The applicant contends that it estimates that 97 percent of Hope Hospice patients come from Lee County. Further, Hope is not meeting the needs of Glades and Henry County residents with 35 to 45 percent of Glades County and 25 to 35 percent of Hendry counties residents are being served outside of the 8C SA. Patients from Glades and Hendry Counties are forced to leave their home and community to receive services. This “outmigration” has previously been recognized by AHCA as Not Normal Circumstance.

VITAS also contends that Glades and Hendry residents who do receive care are getting this care in Hope’s inpatient facilities that are located in Lee County. This indicates that these residents are forced to leave their communities in their final days which VITAS concludes means Hope is not Glades and Hendry County residents needs. This is a not normal circumstance which VITAS will address.

VITAS believes that Hope Hospice’s reporting on its Semi-Annual Hospice Utilization Report is suspect in that the July 2022 Fixed Need Pool Calculation was showing a need for an additional program. Hope Hospice subsequently revised its reports increasing its admissions and eliminating the need. More details on this are provided on pages 145-150 of the application. VITAS suggests additional Not Normal Circumstances exist, due to these and additional reporting anomalies in the July and December 2020.

VITAS states its leadership and team members have developed relationships with community members and organizations, physicians, nursing homes (20 support letters from NHs), and assisted living facilities that have indicated their support for VITAS to establish a hospice in Subdistrict 8C. VITAS notes that it serves markets ‘nearby and adjacent’ to Hope’s Lee, Glades and Hendry and contends that it is the ‘only hospice company that is in the unique position to serve the

rural areas around Lake Okeechobee and save healthcare resources by doing so. These VITAS services areas/counties include 6B (Hardee and Highlands), 8B (Collier), 9B (Martin, Okeechobee and St. Lucie) and 9C (Palm Beach County).

VITAS has identified the following circumstances in the SA 8C which establish a Not Normal Circumstance and require the need for this application:

- Hope Hospice serves primarily Lee County residents.
- Glades and Hendry Counties have significantly lower hospice penetration rates than Lee County
- A large percentage of Glades and Hendry County residents in need of end-of-life care are leaving the SA to seek care from other providers, contributing to large outmigration percentages in each county.
- Most Glades and Hendry County patients are being admitted to inpatient hospice. All the existing SA 8C inpatient units are located in Lee County, requiring significant travel for these patients, as HHCS does not provide any significant amount of contiguous home care to enable residents of Glades and Hendry to be cared for in their own home.
- Hope Hospice does not provide any significant amount of contiguous home care to enable residents of Glades and Hendry to be cared for in their own home.
- Minority populations, including Asian, Black/African American, Native American, and Hispanic Communities are being underserved.
- Impoverished, food insecure, and homeless communities have little to no support/education/access to hospice services.
- Patients with non-cancer diagnosis such as pulmonary disease, cardiac disease, Alzheimer's disease, ESRD, Liver Cancer, and patients with sepsis are being served below the statewide average.
- High acuity patients in need of complex services and those needing admissions during evenings, weekends, or afterhours do not have options.

VITAS shares that its over 40 years of hospice service will enable it to meet these needs by fulfilling the Conditions that are listed above and the following additional services:

- 24/7 Telecare Program and access to admissions on evenings and weekends
- Assisted Living Facility Outreach Program
- Education Materials in different languages

- Clinical education programs for physicians, nurses, chaplains, HHA's and social workers
- Community education and outreach programs.
- Partnership with a local college for workforce development for physicians, nurses, and aides, including internship opportunities for college students.

VITAS cites its experience, quality of care, ability to quickly enter a new market, developing authentic community and provider relationships and meeting all in proposed conditions without impacting existing providers. Its proposed Hendry and Lee County locations will allow it to respond quickly. Restating that Hope primarily serves Lee County residents, VITAS indicates that it has a longer length of stay than Hope Hospice and the state average.

VITAS cites its community support letters from Hendry Regional Medical Center, Palms West Hospital and NCH Health System and Hendry County's two nursing homes – Clewiston Nursing and Rehabilitation Center, Orchid Cove at Labelle and Solaris Healthcare (Collier County SA 8B).

The applicant provides the following table to visualize the growing need as identified by the AHCA, February 2021 need publication. The unmet hospice need is shown across all categories: six percent shortfall in cancer patients under 65 years old (24 admissions), two percent shortfall in cancer patients aged 65 and older (26 admissions), 18 percent shortfall in non-cancer patients under 65 (66 admissions), and five percent shortfall in non-cancer patients over 65 (212 admissions). VITAS contends that the unmet need of 329 admissions as provided by the 2022 Planning Horizon is just shy of the 350-admission threshold required to establish a need in the area. The applicant states that the shortfalls along with the Not Normal Circumstances identified above, warrants the need for a new provider.

Exhibit 17
AHCA Need Publication Summary for Subdistrict 8C

Program	U65C⁽¹⁾	65C⁽²⁾	U65NC⁽³⁾	65NC⁽⁴⁾	Total
Hope Hospice and Community Services, Inc.	367	1,524	296	3,956	6,143
Subdistrict 8C Total	367	1,524	296	3,956	6,143
8C Projected Deaths 2022	462	1,635	1,460	5,178	8,736
Statewide Use Rate 7/2022-6/2023	0.847	0.948	0.248	0.805	0.741
Projected Hospice Need 2022	391	1,550	362	4,168	6,472
Current Utilization YE Dec 2020	367	1,524	296	3,956	6,143
Projected Hospice Need Jul 2022	391	1,550	362	4,168	6,472
Net Need	(24)	(26)	(66)	(212)	(329)
Percent Need (Shortfall of Existing Providers)	-6%	-2%	-18%	-5%	-5%

Source: CON application #10655, Volume One, Page 130, Exhibit 17

VITAS offers the following data from InfoMax to demonstrate and support the argument for Need. Exhibit 18 (CON application #10655, page 131) shows that Hope Hospice focuses its efforts in Lee County as nearly 97 percent of its patients come from this one county.

Exhibit 18
Estimated Total Patients Served by County - 2019

	2019 Medicare Patients	% of Medicare Admissions	Under 65	Over 65	Est. Total 2020
Glades	25	0.6%	5	33	38
Hendry	113	2.8%	20	144	164
Lee	3,885	96.6%	660	4,799	5,458
Total	4,023	100.0%	684	4,976	5,660

VITAS goes on to show Lee County with the penetration rate of 62 percent while Glades and Hendry is lower at 54 and 56 percent, thus supporting the need argument.

Exhibit 19
2019 Comparison of Medicare Hospice Use by County

	Medicare Deaths	Hospice Deaths	Hospice Penetration	County Rank
Lee	6,330	3,901	61.6%	16th
Glades	61	33	54.1%	49th
Hendry	243	136	56.0%	40th
Florida	167,240	99,393	59.4%	

Source: CON application #10655, Volume One, Page 131, Exhibits 18 and 19

Exhibit 20 supports VITAS by showing that in 2019 of the 4023 Medicare patients admitted, only 138 were from Glades or Hendry County. Importantly, 37.5 percent of Glades County Medicare patients and almost 33.9 percent of Hendry County Medicare patients were served by Florida providers other than Hope Hospice. In 2020 outmigration increased with 40 percent of Glades County Medicare patients, 25

percent of Hendry County Medicare patients and even 7.3 percent of Lee County Medicare patients leaving the county for services. VITAS contends that Hope Hospice is not serving these patients in SA 8C.

Exhibit 20
2019 & Q2 2020 Medicare Patient Leakage

2019				
	Hope	Other FL	FL Total	% FL Leakage
Glades	25	15	40	37.5%
Hendry	113	58	171	33.9%
Lee	3,885	249	4,134	6.0%
Total	4,023	322	4,345	7.4%
Q2 2020				
	Hope	Other FL	FL Total	% FL Leakage
Glades	27	18	45	40.0%
Hendry	117	39	156	25.0%
Lee	3,893	308	4,201	7.3%
Total	4,037	365	4,402	8.3%

Source: CON application #10655, Volume One, Page 132, Exhibit 20

Exhibits 21, 22, 23 and 24 below present Glades & Hendry County leakage to other providers in CY 2019 and CY 2020. VITAS contends that the need is supported by the fact that patients had to travel, causing significant hardship, and added stress associated with moving a loved one away from their home, community, and county to receive services.

Exhibit 21
Glades Leakage to Other Providers - 2019

Provider County	Provider Name
Palm Beach FL	Hospice of Palm Beach County Inc
Polk FL	Good Shepherd Hospice
Polk FL	Compassionate Care Hospice of Central Florida Inc
Brevard FL	Vitas Healthcare Corporation of Florida
Collier FL	Avow Hospice Inc
Lake FL	Cornerstone Hospice & Palliative Care Inc
Sarasota FL	Tidewell Hospice Inc

Exhibit 22
Glades Leakage to Other Providers - Q2 2020

Provider County	Provider Name
Palm Beach FL	Hospice of Palm Beach County Inc
Polk FL	Good Shepherd Hospice
Okeechobee FL	Hospice of Okeechobee Incorporated
Polk FL	Compassionate Care Hospice Of Central Florida Inc
Collier FL	Avow Hospice Inc
Sarasota FL	Tidewell Hospice Inc
St. Lucie FL	Hospice of The Treasure Coast Incorporated

Exhibit 23
Hendry Leakage to Other Providers - 2019

Provider County	Provider Name
Palm Beach FL	Hospice of Palm Beach County Inc
Brevard FL	Vitas Healthcare Corporation of Florida
Miami-Dade FL	Opus Care of South Florida
Okeechobee FL	Hospice of Okeechobee Incorporated
Polk FL	Compassionate Care Hospice of Central Florida Inc
Sarasota FL	Tidewell Hospice Inc
Collier FL	Avow Hospice Inc
Hillsborough FL	Lifepath Hospice
Miami-Dade FL	Seasons Hospice & Palliative Care of Southern Florida
Pasco FL	HPH Hospice
Polk FL	Good Shepherd Hospice

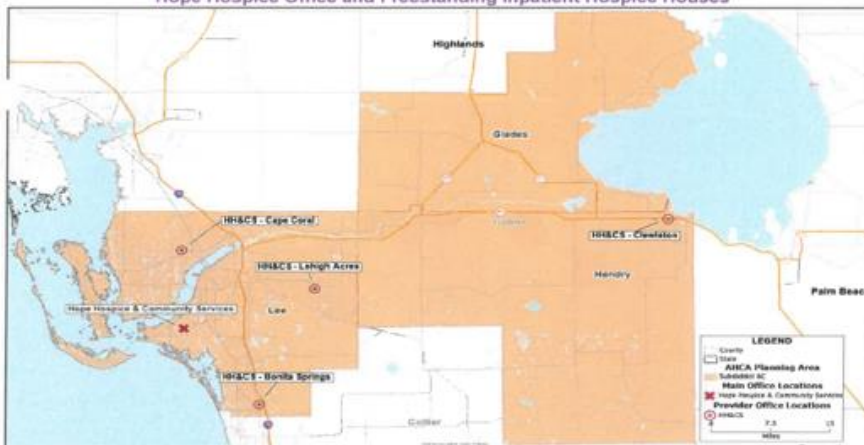
Exhibit 24
Hendry Leakage to Other Providers - Q2 2020

Provider County	Provider Name
Palm Beach FL	Hospice of Palm Beach County Inc
Brevard FL	Vitas Healthcare Corporation of Florida
Polk FL	Compassionate Care Hospice of Central Florida Inc
Sarasota FL	Tidewell Hospice Inc
Hillsborough FL	Lifepath Hospice
Marion FL	Hospice of Marion County Inc
Miami-Dade FL	Opus Care of South Florida
Miami-Dade FL	Seasons Hospice & Palliative Care of Southern Florida
Pasco FL	HPH Hospice
Polk FL	Good Shepherd Hospice

Source: CON application #10655, Volume One, Page 133 & 134, Exhibits 23 and 24

VITAS concludes that its approval will ensure that Glades and Hendry County patients have expanded access to care where they call home, and in their home counties. Further detail is provided to support VITAS contention that Glades and Hendry Counties are underserved by Hope Hospice. The first point being that SA 8C has five hospice offices four in Lee County with only one in Hendry and none in Glades (see exhibit 25 below).

Exhibit 25
Hope Hospice Office and Freestanding Inpatient Hospice Houses



Source: CON application #10655, Volume 1, Page 136, Exhibit 25

Exhibit 26 reflects that all the inpatient beds available to SA 8C are in Lee County and owned by Hope Hospice, creating the need for Hendry and Glades to leave their home and community.

Exhibit 26
Comparison of Freestanding Hospice Inpatient Beds per 100 Deaths

Hospice Service Area	County Deaths	Freestanding IP Hospice Beds	Beds per 100 Deaths
3D	3,174	48	1.5
8C	9,133	92	1.0
3A	7,209	64	0.9
5A	7,244	62	0.9
3B	6,126	48	0.8
3C	3,222	24	0.7
8A	3,626	27	0.7
9B	6,863	50	0.7
4B	9,859	66	0.7
7A	8,366	56	0.7
3E	7,549	48	0.6
8C	13,282	80	0.6
4A	16,072	88	0.5
6C	4,829	26	0.5
9A	2,380	12	0.5
8B	4,033	20	0.5
9C	17,214	74	0.4
8B	10,701	44	0.4
7C	4,008	16	0.4
6A	12,841	48	0.4
2B	4,518	12	0.3
8D	6,795	18	0.3
11	26,168	57	0.2
7B	12,828	20	0.2
1	9,113	-	-
2A	4,031	-	-
10	17,946	-	-
State Total	112,967	811	0.5

Source: CON application #10655, Volume One, Page 137, Exhibit 26

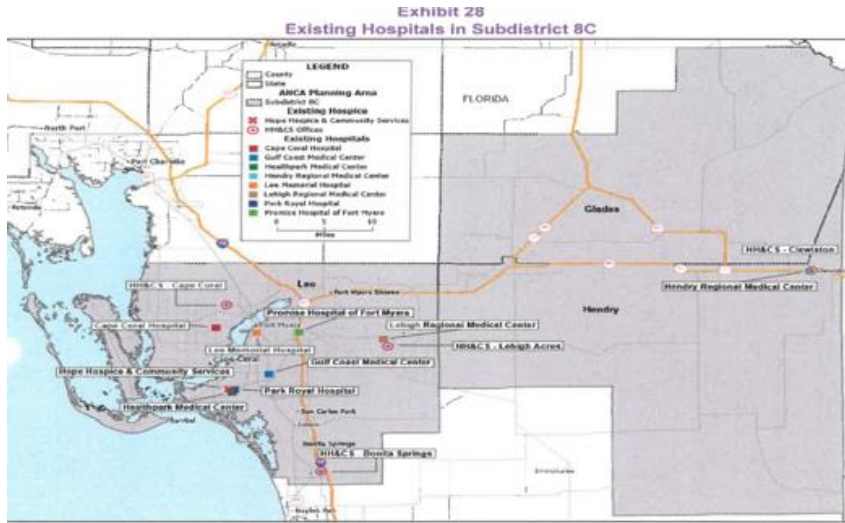
Exhibit 27 confirms that Hope Hospice provides almost four percent of care as general inpatient compares to VITAS’ 1.2 percent. With Hopes’ focus on inpatient care, it provided less than 1 percent of care as continuous home care from Q3 2019-Q2 2020 compared to VITAS’ nearly two percent.

Exhibit 27
Comparison of End-of-Life Care

	VITAS	Hope Hospice
Routine Home Care	96.71%	95.76%
General Inpatient	1.22%	3.67%
Respite Care	0.19%	0.54%
Continuous Home Care	1.88%	0.04%
Total	100.00%	100.00%

Source: CON application #10655, Volume 1, Page 138, Exhibit 27

The applicant provides Exhibit 28 below to show that all existing hospital providers in the SA overlaid with Hope’s existing office locations. There is only one office in Hendry and none in Glades.



Source: CON application #10655, Volume 1, Page 139, Exhibit 28

The discharge rate to inpatient units, according to AHCA’s Hospital’s Inpatient Database of the 17 Glades County patients, only 5 were discharged home. The facilities that these patients are being discharged and sent to inpatient units outside their home community with Palms West Hospital (outside SA 8C) discharging all and Gulf Coast and Lee Memorial discharging 75 percent. See Exhibit 29 below.

Exhibit 29
Hospital Discharges to Hospice for CY 2019 for Glades County

Hospital	Home Hospice	Inpatient Hospice	Total	% Discharged to Home Hospice
Cape Coral Hospital	-	-	-	0.0%
Gulf Coast Medical Center Lee Memorial Health System	1	3	4	25.0%
Lee Memorial Hospital	1	1	2	50.0%
Healthpark Medical Center	1	-	1	100.0%
NCH Healthcare System North Naples Hospital Campus	-	-	-	0.0%
Lehigh Regional Medical Center	-	1	1	0.0%
Naples Community Hospital	-	-	-	0.0%
Palms West Hospital	-	5	5	0.0%
Promise Hospital of Fort Myers	-	-	-	0.0%
Physicians Regional Medical Center - Pine Ridge	-	-	-	0.0%
H Lee Moffitt Cancer Center & Research Institute Hospital	-	-	-	0.0%
Landmark Hospital of Southwest Florida	-	1	1	0.0%
All Other	2	1	3	66.7%
Total	5	12	17	29.4%
Florida Total	28,444	45,059	73,503	38.7%

Source: CON application #10655, Volume 1, Page 140, Exhibit 29

Exhibit 30 mirrors similar findings with Hendry County patients in that 88 of 117 patients were discharged to inpatient units leaving only 29 patients transferred home for their end-of-life care. VITAS contends that these numbers show that Hendry County patients in need of hospice care are not being served in their home settings, or even within their own county.

Exhibit 30
Hospital Discharges to Hospice for CY 2019 for Hendry County

Hospital	Home Hospice	Inpatient Hospice	Total	% Discharged to Home Hospice
Cape Coral Hospital	-	1	1	0.0%
Gulf Coast Medical Center Lee Memorial Health System	9	15	24	37.5%
Lee Memorial Hospital	3	3	6	50.0%
Healthpark Medical Center	1	3	4	25.0%
NCH Healthcare System North Naples Hospital Campus	-	-	-	0.0%
Lehigh Regional Medical Center	2	15	17	11.8%
Naples Community Hospital	-	1	1	0.0%
Palms West Hospital	4	26	30	13.3%
Promise Hospital of Fort Myers	3	-	3	100.0%
Physicians Regional Medical Center - Pine Ridge	-	-	-	0.0%
H Lee Moffitt Cancer Center & Research Institute Hospital	-	-	-	0.0%
Landmark Hospital of Southwest Florida	-	-	-	0.0%
All Other	7	24	31	22.6%
Total	29	88	117	24.8%
Florida Total	28,444	45,059	73,503	38.7%

Source: CON application #10655, Volume One, Page 141, Exhibit 30

The applicant supplies Exhibit 31 to show that 28 percent of Lee County residents are discharged to home hospice compared to the statewide average of 39 percent.

Exhibit 31
Hospital Discharges to Hospice for CY 2019 for Lee County

Hospital	Home Hospice	Inpatient Hospice	Total	% Discharged to Home Hospice
Cape Coral Hospital	134	446	580	23.1%
Gulf Coast Medical Center Lee Memorial Health System	122	406	528	23.1%
Lee Memorial Hospital	127	349	476	26.7%
Healthpark Medical Center	122	242	364	33.5%
NCH Healthcare System North Naples Hospital Campus	46	55	101	45.5%
Lehigh Regional Medical Center	18	26	44	40.9%
Naples Community Hospital	17	43	60	28.3%
Palms West Hospital	-	3	3	0.0%
Promise Hospital of Fort Myers	11	8	19	57.9%
Physicians Regional Medical Center - Pine Ridge	5	16	21	23.8%
H Lee Moffitt Cancer Center & Research Institute Hospital	9	11	20	45.0%
Landmark Hospital of Southwest Florida	9	8	17	52.9%
All Other	21	36	57	36.8%
Total	641	1,649	2,290	28.0%
Florida Total	28,444	45,059	73,503	38.7%

Source: CON application #10655, Volume One, Page 142, Exhibit 31

VITAS further states its ability to better serve the SA 8C by providing Various educational tools such as CEU or CME credits to physicians via the VITAS Live Webinars containing subject matter such as:

- Hospice Basics
- End of Life Care
- Pain Management
- Hospice for Specific Diagnosis
- Hospice Eligibility

The applicant shares Exhibit 32 which demonstrates the total number of admissions. Applying these totals to the Agency’s need methodology, VITAS notes there is a deficit of 326 admissions, with shortfalls across all three counties.

Exhibit 32
Estimated Total Patients Served by County - 2020

	Q2 2020 Medicare Patients	% of Medicare Admissions	Under 65	Over 65	Est. Total 2020
Glades	27	0.7%	4	37	41
Hendry	117	2.9%	19	159	178
Lee	3,893	96.4%	639	5,285	5,924
Total	4,037	100.0%	663	5,480	6,143

Source: CON application #10655, Volume One, Page 143, Exhibit 32

Exhibit 33 provided by the applicant, demonstrates this projected shortfall.

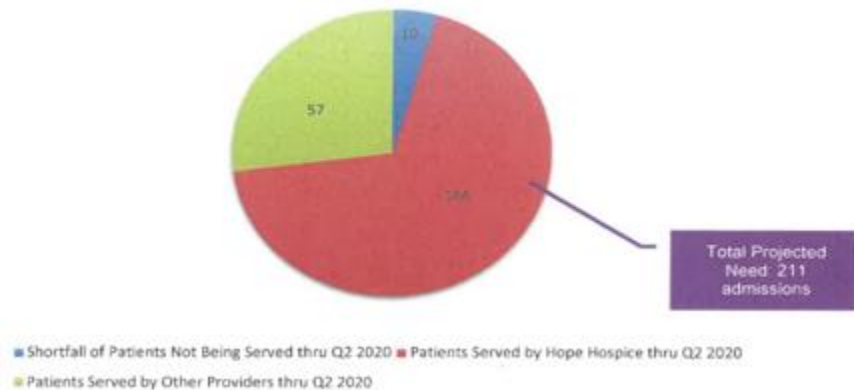
Exhibit 33
Projected Shortfall of Patients Served by Hope Hospice by County

	Cancer Under 65	Cancer 65 and Over	All Other Under 65	All Other 65 and Over	Total Projected 7/22-6/23 (HPH)	Current Hospice Patients 1/20-12/20 (HP)	Projected Minus Current	Percent Shortfall
	U65C x 0.847	65C x 0.948	U65NC x 0.248	65NC x 0.805				
Glades	4	25	8	53	90	41	49	54%
Hendry	17	50	24	138	229	178	51	22%
Lee	371	1,477	330	3,981	6,159	5,924	235	4%
Total	391	1,550	362	4,166	6,469	6,143	326	5%

Source: CON application #10655, Volume One, Page 144, Exhibit 33

VITAS submits Exhibition 34 to summarize the need in Glades and Hendry County based on Medicare Costs reports data and the projected need by county above. The applicant estimates that of the 319 total admissions that 211 Medicare admissions. HH has only served 144 Medicare patients, meaning 67 were services outside of SA 8C or not at all.

Exhibit 34
Glades & Hendry Hospice Need



Source: CON application #10655, Volume One, Page 145, Exhibit 34

VITAS further argues that Hope Hospice utilization reporting is suspect. Using the data collected by AHCA for the required calculation based on hospice utilization data for the 12 months ending December 2019, the applicant submits there is a need for 388 patients, which exceeds the minimum 350 required. During this 12-month period, HH “revised” periods ending June 2019 and December 2019 which had the effect of eliminating any published need. The applicant contends that the information AHCA uses for its Fixed Need Pool presentation, the monthly admissions, was also changed. With these revisions made, the altered data created a change for every month by varying amounts. VITAS further argues that the original data would have shown an unmet need resulting in a level allowing hospice providers to apply. The new report also includes an increase of 129 admissions, which comes unexplained. Please see Exhibits 35, 36 and 37 below:

Exhibit 35
AHCA Need Publication Summary for Subdistrict 8C - Original July 2020

Program	U65C ⁽¹⁾	65C ⁽²⁾	U65NC ⁽³⁾	65NC ⁽⁴⁾	Total
Hope Hospice And Community Services, Inc.	432	1,492	252	3,484	5,660
Subdistrict 8C Total	432	1,492	252	3,484	5,660
8C Projected Deaths 2021	477	1,620	1,537	4,936	8,570
Statewide Use Rate 7/2022-6/2023	0.865	0.974	0.239	0.75	0.707
Projected Hospice Need 2022	413	1,577	368	3,700	6,058
Current Utilization YE Dec 2019	432	1,492	252	3,484	5,660
Projected Hospice Need Jul 2022	413	1,577	368	3,700	6,058
Net Need	19	(85)	(116)	(216)	(398)
Percent Need (Shortfall of Existing Providers)	5%	-5%	-32%	-6%	-7%

Source: CON application #10655, Volume One, Page 146, Exhibit 35

Exhibit 36
Comparison of Variations in Hope Hospice Revised Reports and AHCA Fixed Need Pool Calculation July 2020

AHCA Fixed Need Pool Calculation

Hope Hospice Admissions	6-Mos End: 6/30/2019	6-Mos End: 12/31/2019	Total for YE 12/31/2019	Variance from Revised Reports
Cancer U65	202	230	432	-
Cancer 65+	703	789	1,492	46
Non-Cancer U65	114	138	252	24
Non-Cancer 65+	1,895	1,589	3,484	59
TOTAL	2,914	2,746	5,660	129

Hope Hospice Revised Reports

Hope Hospice Admissions	Revised Report for 6-Mos End: 6/30/2019	Revised Report for 6-Mos End: 12/31/2019	Total Revised Reports for YE 12/31/2019
Cancer U65	202	230	432
Cancer 65+	744	794	1,538
Non-Cancer U65	126	150	276
Non-Cancer 65+	1954	1589	3,543
TOTAL	3,026	2,763	5,789

Source: CON application #10655, Volume One, Page 147, Exhibit 36

Exhibit 37
Comparison of AHCA Fixed Need Pool and Hope Hospice Revised Reports

	Revised Report for 6-Mos End: 6/30/2019	Revised Report for 6-Mos End: 12/31/2019	Total Revised Reports for YE 12/31/2019	AHCA Fixed Need Pool July 2020	Variance
Jan	535		535	519	16
Feb	522		522	486	36
Mar	523		523	507	16
Apr	510		510	502	8
May	512		512	485	27
Jun	424		424	415	9
Jul		457	457	455	2
Aug		438	438	435	3
Sep		435	435	432	3
Oct		528	528	522	6
Nov		435	435	434	1
Dec		470	470	468	2
TOTAL	3,026	2,763	5,789	5,660	129

Source: CON application #10655, Volume One, Page 148, Exhibit 37

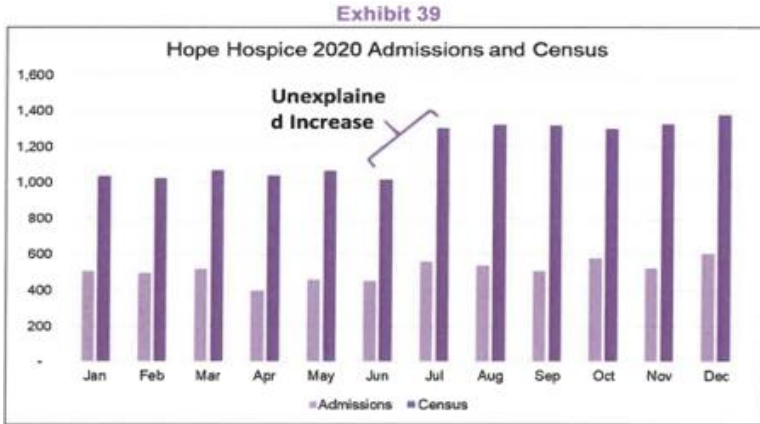
With Exhibit 38, VITAS provides data showing questionable reporting from Hope Hospice for Cancer Patients Aged 65 and Over (“65C”). While these rates do not change dramatically from year to year, the revised 2019 report from Hope Hospice results in an increase of 200 65C patients from CY2018 to CY2019 (1,336 to 1,538). Also noted was the increase in penetration rates from 90.1percentpercent in 2018 to 102.7 percent in 2019 suggesting there were 41 more cancer admissions than cancer deaths in 2019 as shown in Exhibit 38 below:

Exhibit 38
Comparison of 65+ Cancer Deaths and Admissions

	YE 12/31/18	YE 12/31/19	YE 12/31/20
Deaths	1,482	1,497	1,466
AHCA Fixed Need Pool	1,336	1,492	1,524
Semi-Annual Reports*	1,336	1,538	1,524
Death less Admissions	146	-41	-58
Penetration Rate Based on Revised Reports	90.1%	102.7%	104.0%

Source: CON application #10655, Volume One, Page 149, Exhibit 38

VITAS produces Exhibit 39 to show the “sudden and sustained increase” in monthly admissions and census for the CY 2020:



Source: CON application #10655, Volume One, Page 149, Exhibit 39

Again, the applicant provides data in Exhibit 40 below, to support the inconsistencies Hope Hospice is reporting. For the total days of care and monthly census levels, VITAS declares that the increase is mathematically unreasonable for the average census to exceed every month end census for the same period.

Exhibit 40
Comparison of Average Census to Monthly Census

	2019		2020	
	Jan-June	July-Dec	Jan-June	July-Dec
Jan	941		1,038	
Feb	1,019		1,027	
Mar	1,032		1,073	
Apr	1,012		1,044	
May	1,015		1,068	
Jun	996		1,020	
Jul		1,013		1,309
Aug		1,006		1,328
Sep		1,025		1,324
Oct		1,032		1,305
Nov		1,068		1,329
Dec		1,028		1,382
Average of Month				
End Census	1,003	1,029	1,045	1,330
Total Days of Care	189,265	190,087	195,418	227,650
Total Average ADC	1,046	1,033	1,074	1,237

Source: CON application #10655, Volume One, Page 150, Exhibit 40

VITAS asserts that these anomalies support the determination of a Not Normal Circumstance related to other high levels of underutilizing and leakage experienced by the residents of Glade and Hendry Counties.

VITAS discusses in the following the Demographic and Socioeconomic Analysis of SA 8C. Its finding is as follows:

SA 8C’s elderly population is large and growing.

VITAS provides more care to racial and ethnic minorities than both the statewide average and SA 8C’s only existing provider - Hope Hospice. The SA has a large Latino population, particularly in Hendry County which is being underserved by Hope.

Homelessness affects Glades County at a higher rate than the statewide average.

Glades and Hendry Counties are largely food impoverished and uneducated, with many residents unemployed and food insecure.

Each of the three counties in SA 8C have significantly more food deserts¹ than the state average.

There is a large Veteran population in SA 8C, especially in Glades County.

Exhibit 41 provides the population statistics by age group for the 2021-2026 time period. Showing the growth in the elderly population is significant because this population utilize hospice care at a higher rate than all other age groups. This increase supports the applicants’ case for expanded need of hospice services.

Exhibit 41
Subdistrict 8C Population by Age Group – 2021-2026

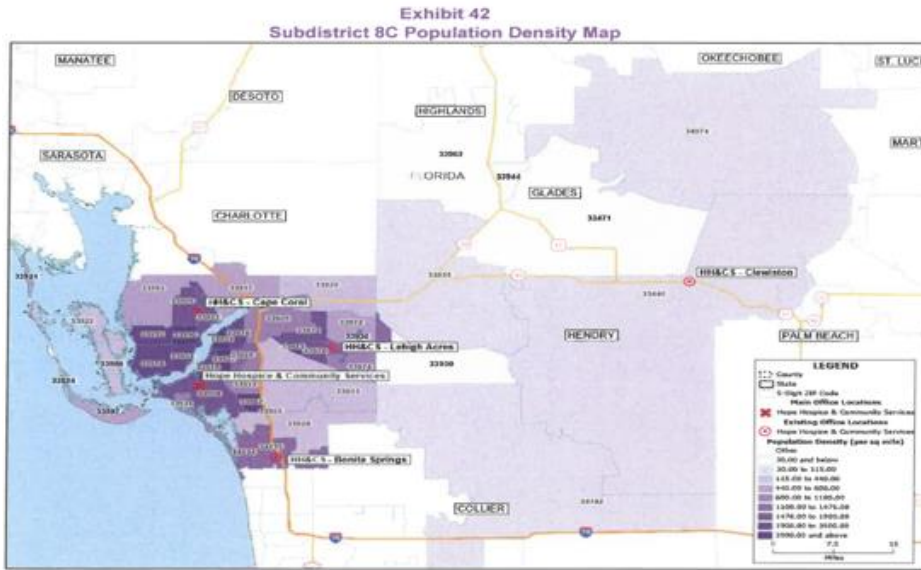
County	Under 65	65 and Older	Total Population	% 65 and Older
2021 Population				
Glades	9,904	3,386	13,290	25.5%
Hendry	34,983	5,953	40,936	14.5%
Lee	569,475	203,981	773,456	26.4%
Subdistrict 8C Total	614,362	213,320	827,682	25.8%
Florida	17,390,057	4,585,060	21,975,117	20.9%
2026 Population				
Glades	9,905	3,669	13,574	27.0%
Hendry	35,623	6,919	42,542	16.3%
Lee	613,289	239,497	852,786	28.1%
Subdistrict 8C Total	658,817	250,085	908,902	27.5%
Florida	18,096,781	5,383,058	23,479,839	22.9%
Percent Change 2021-2026				
Glades	0.0%	8.4%	2.1%	
Hendry	1.8%	16.2%	3.9%	
Lee	7.7%	17.4%	10.3%	
Subdistrict 8C Total	7.2%	17.2%	9.8%	
Florida	4.1%	17.4%	6.8%	

Source: CON application #10655, Volume One, Page 152, Exhibit 41

Exhibit 42 shows the population density of SA 8C with Lee County as the more densely populate. The applicant contends that Hope focuses nearly all its efforts servicing this area, leaving Glades and Hendry patients to

¹ VITAS states that a food desert is an urban area where at least 33 percent of the population live more than a mile from the closest large grocery store and a rural food desert area must have 33 percent living more than 10 miles from the closest large grocery store per <https://www.medicalnewstoday.com/articles/what-are-food-deserts#typical-populations>.

relocate for services. VITAS argues that the vastly different needs of these three counties will be better served with its “extensive experience” in serving both urban and rural areas.



Source: CON application #10655, Volume One, Page 153, Exhibit 42

Citing a study published in Gerontology and Geriatric Medicine, VITAS shows that Medicare spends about 20 percent more on the last year of life in Black and Hispanic communities. Exhibition 43 shows the population distribution by race in SA 8C. VITAS notes the significant American Indian population in Glades County and contends it will use its outreach to serve this population.

Exhibit 43
2021 Population by Race For Subdistrict 8C

	American Indian/ Alaskan Native	Asian	Black	Native Hawaiian/ Pacific Islander	Some Other Race	Two or More Races	Total Non- White	White	Grand Total
Glades	4.5%	0.7%	13.7%	0.1%	10.2%	2.1%	31.3%	68.7%	100.0%
Hendry	1.5%	0.8%	10.5%	0.1%	24.8%	3.0%	40.7%	59.3%	100.0%
Lee	0.4%	1.8%	8.7%	0.1%	6.2%	2.6%	19.7%	80.3%	100.0%
Subdistrict 8C Total	0.5%	1.7%	8.9%	0.1%	7.2%	2.6%	21.0%	79.0%	100.0%
Florida	0.4%	2.9%	16.3%	0.1%	4.6%	3.2%	27.5%	72.5%	100.0%

Source: CON application #10655, Volume One, Page 154, Exhibit 43

Exhibition 44 provides a breakdown of the percentage of admission by race. VITAS contends that the minority need in this SA is under met, with 92 percent of the admissions being white. Again, the applicant expresses it will expand access for the large minority populations throughout the SA 8C.

Exhibit 44
Percent of Admissions by Race/Ethnicity - 2018

	Statewide Average	VITAS	Hope Hospice
Asian	0.60%	0.77%	0.30%
Black	7.69%	11.85%	3.06%
Caucasian	68.77%	59.92%	92.15%
Hispanic	12.33%	25.42%	3.66%
Other	10.60%	2.04%	0.84%

Source: CON application #10655, Volume One, Page 155, Exhibit 44

Exhibition 45 provides the 2021 population by ethnicity for SA 8C. VITAS states that the nearly 60 percent of its total population being Latino, and nearly 30 percent of its elderly being Latino, Hendry County is significantly underserved. VITAS states that it serves a much higher percentage of Latinos and is dedicated to providing equitable access to care in this service area.

Exhibit 45
2021 Population by Ethnicity

	Total Population			
	Latino	Non-Latino	Total	% Latino
Glades	2,981	10,830	13,811	21.6%
Hendry	24,009	18,226	42,235	56.8%
Lee	184,099	601,178	785,277	23.4%
Subdistrict 8C Total	211,089	630,234	841,323	25.1%
Florida	6,058,067	15,850,215	21,908,282	27.7%
	65+ Population			
	Latino	Non-Latino	Total	% Latino
Glades	191	3,766	3,957	4.8%
Hendry	1,754	4,356	6,110	28.7%
Lee	17,179	217,498	234,677	7.3%
Subdistrict 8C Total	19,124	225,620	244,744	7.8%
Florida	775,163	3,949,281	4,724,444	16.4%

Source: CON application #10655, Volume One, Page 156, Exhibit 45

VITAS goes on to discuss its Minority Outreach Programs and its Bridging the Gap program and its effectiveness, if implemented in SA 8C. VITAS discusses its statistics on homelessness in District 8C with the presentation of Exhibit 46. See the table below.

Exhibit 46
2019-2020 Homelessness in Subdistrict 8C and Florida

	2019			2020		
	Homeless Persons	Population	Rate per 1,000	Homeless Persons	Population	Rate per 1,000
Glades County	34	13,145	2.59	34	13,230	2.57
Hendry County	45	40,217	1.12	45	40,594	1.11
Lee County	630	739,555	0.85	444	756,912	0.59
Subdistrict 8C Total	709	792,917	0.89	523	810,736	0.65
Florida	28,590	21,297,524	1.34	27,679	21,640,766	1.28

Source: CON application #10655, Volume One, Page 157, Exhibit 46

VITAS states it will offer a full range of hospice services to shelter residents and their caregivers along with tailored care according to the patient’s needs, including:

- Visits from social workers to help the patient learn the benefits they have and to connect the patient with the funding and area resources
- Grief support by VITAS chaplains and social workers for other residents and shelter staff
- Education of shelter staff on who to call if a hospice-enrolled resident has an exacerbation or needs immediate help
- Coordination with shelter staff to ensure safe, secure storage of a patient’s medication.

The applicant conditions this with #17 financially supporting this effort. VITAS demonstrates this need in Exhibits 47, 48 and 49.

Exhibit 47
Percent of Households with Income <\$35,000 in 8C (2021)

	Households <\$35K Income	Total Households	% Below \$35K Income
Glades County	5,781	13,886	41.6%
Hendry County	16,208	38,249	42.4%
Lee County	252,793	865,489	29.2%
Subdistrict 8C Total	274,782	917,624	29.9%
Florida	7,605,382	24,113,746	31.5%

Exhibit 48
Unemployment Rates by County

County	2019	2020
Glades	3.3%	4.2%
Hendry	4.8%	6.0%
Lee	2.6%	5.1%
Florida	2.9%	6.1%

Source: CON application #10655, Volume One, Page 158, Exhibit 47 and 48

Exhibit 49
Subdistrict 8C Rate of Food Insecurity and Poverty (2018) vs Projected Impact of Coronavirus (2020)

Area	Population (2018)	Population (2020)	Estimated Food Insecure Individuals: 2018	Estimated Food Insecure Individuals: 2020 Revised Projection	Food Insecurity Rate: 2018	Food Insecurity Rate: 2020 Revised Projection
Glades County	13,032	13,230	1,910	2,280	14.3%	17.1%
Hendry County	39,720	40,594	6,490	7,990	16.2%	19.9%
Lee County	719,214	756,912	85,980	114,600	12.0%	15.9%
Florida	20,932,893	21,640,766	2,768,480	3,631,510	13.0%	17.0%

Source: CON application #10655, Volume One, Page 159, Exhibit 49

These charts show the income disparities and the unemployment rates of the three counties compared to the statewide level in 2108 and projected Coronavirus pandemic food insecurity from 2018 to 2020.

VITAS employs dieticians whose responsibilities include:

1. Making home or inpatient visits to assess the nutritional needs of hospice patients and to plan a suitable diet consistent with the patient’s needs.

2. Providing an in-service education for members of the patient care team.
3. Teaching patients and families to prepare attractive meals.
4. Preparing a written plan of dietary care as part of the interdisciplinary plane of care: and
5. Meeting with the interdisciplinary team whenever needed, acting as a consultant to the patient/family.

VITAS submits Exhibit 50 to explain the different education levels within the SA, noting that Glades and Hendry Counties have much different education levels. The applicant contends that its “HELLO” program, Hospice Education and Low Literacy Outreach Program and mobile hospice education vehicle will address this with the residents of these counties. Additional information may be found in the applicant’s Tab 17.

Exhibit 50
Percent of Population 65+ by Educational Attainment for Subdistrict 8C

	High School or Higher	% of Population	Bachelor's or Higher	% of Population
Glades County	2,904	79.8%	548	15.1%
Hendry County	3,445	64.5%	566	10.6%
Lee County	186,524	90.0%	66,765	32.2%
Subdistrict 8C Total	192,873	89.2%	67,879	31.4%
Florida	3,589,416	85.4%	1,196,718	28.5%

Source: CON application #10655, Volume One, Page 161, Exhibit 50

VITAS discusses Exhibit 51 noting that 19 percent of the 65+ population is comprised of veterans and that population in Glades County is 27 percent, the highest in the state. VITAS contends that with its condition for SA 8C it will provide services to this growing population that is preferring to receive home hospice care. The applicant will implement the following and promises to ensure that veterans ’s veteran outreach programs:

- Participation in Veterans Administration’s We Honor Veterans Program
- Virtual Reality “Flightless” Visits to DC War Memorials
- Veterans Wall in Areas Assisted Living Facilities and Nursing Homes
- VITAS Veterans Benefit Assistance program

The reviewer notes VITAS ensures to provide a safe and comfortable environment that honors the patient and their families in as supportive environment as possible. The applicant provides excerpts from various community health needs assessments speaking to several of these demographic and socioeconomic findings in Tab 47.

Exhibit 51
Veterans 65 and Older in Subdistrict 8C

	Veterans 65 and Older	Total 65 and Older Population (U.S. Census Bureau)	As % of 65+ Population
Glades County	988	3,638	27.2%
Hendry County	897	5,345	16.8%
Lee County	39,112	207,169	18.9%
Subdistrict 8C Total	40,997	216,152	19.0%
Florida	778,519	4,205,428	18.5%

Source: CON application #10655, Volume One, Page 162, Exhibit 51

SA 8C Hospital Hospice Discharges by Race are provided VITAS’s Exhibit 52. The applicant that the Black and non-white populations are being discharged at a considerably lower percentage than the white residents of this area.

Exhibit 52
Subdistrict 8C Hospital Hospice Discharges by Race for CY 2019

	Discharges to Hospice	Total Hospital Discharges	% of Total Discharges to Hospice	% of Total Hospice Discharges	% of Population
White	2,227	67,405	3.3%	91.9%	79.3%
Black	130	6,265	2.1%	5.4%	8.9%
Other Non-White	46	1,978	2.3%	1.9%	11.8%
Unknown	21	728	2.9%	0.9%	0.0%
Total	2,424	76,376	3.2%	100.0%	100.0%

Source: CON application #10655, Volume One, Page 163, Exhibit 52

This is further displayed in VITAS’ Exhibit 53 which shows the disparities for the Hispanic population especially those in Hendry County where 56 percent of the SA is Hispanic yet only 25 patients in CY 2019 were discharged.

Exhibit 53
Hospital Discharges to Hospice by Ethnicity for CY 2019 for Subdistrict 8C

Ethnicity	Discharges to Hospice				Total Hospital Discharges	% of Total Discharges to Hospice	% of Total Hospice Discharges	% of Total Population
	Glades	Hendry	Lee	Subdistrict 8C Total				
Hispanic or Latino	1	25	164	190	10,006	1.9%	7.8%	24.3%
Non-Hispanic or Latino	16	92	2,110	2,218	65,913	3.4%	91.5%	75.7%
Unknown	0	0	16	16	457	3.5%	0.7%	0.0%
Total	17	117	2,290	2,424	76,376	3.2%	100.0%	100.0%

Source: CON application #10655, Volume One, Page 164, Exhibit 53

VITAS next presents Exhibit 54 - SA 8C Analysis of Hospice Census by Setting: 2020 comparing Hope Hospice and VITAS.

Exhibit 54
Subdistrict 8C - Analysis of Hospice Census by Setting: 2020

	Home	ALF	Hospice Residence	IP Hospice	Nursing Home	Hospital	Total
Existing Provider							
Hope Hospice	52.8%	22.9%	2.8%	4.0%	16.5%	1.0%	100.0%
Applicant							
VITAS	57.7%	24.8%	0.0%	0.4%	15.5%	1.7%	100.0%

Source: CON application #10655, Volume One, Page 165, Exhibit 54

VITAS contends that The Leading Causes of Death by County (percentages) – 2019 for SA 8C, Exhibit 55, presents the higher than state rate for several diseases.

Exhibit 55
Subdistrict 8C - Leading Causes of Death by County (Percentages) - 2019

Cause of Death	% of Glades Deaths	% of Hendry Deaths	% of Lee Deaths	% of Total Deaths	% of Florida Deaths
Malignant Neoplasm (Cancer)	23.9%	21.3%	24.1%	24.0%	22.0%
Heart Diseases	18.7%	27.4%	22.6%	22.7%	22.7%
Unintentional Injury	11.2%	7.6%	7.2%	7.3%	6.4%
Chronic Lower Respiratory Disease	4.5%	7.0%	5.5%	5.5%	5.8%
Cerebrovascular Diseases	6.0%	5.2%	5.3%	5.3%	6.7%
Alzheimers Disease	5.2%	1.8%	3.9%	3.8%	3.2%
Diabetes Mellitus	3.7%	3.3%	3.1%	3.1%	3.0%
Chronic Liver Disease & Cirrhosis	2.2%	1.8%	1.8%	1.8%	1.5%
Suicide	3.0%	2.7%	1.6%	1.7%	1.7%
Essen Hypertension & Hypertensive Renal Disease	1.5%	0.6%	1.6%	1.5%	1.3%
Parkinsons Disease	2.2%	0.6%	1.4%	1.4%	1.3%
Nephritis, Nephrotic Syndrome, Nephrosis	0.7%	2.4%	1.0%	1.1%	1.6%
Influenza & Pneumonia	1.5%	1.2%	1.0%	1.0%	1.3%
All Other	15.7%	17.0%	19.9%	19.7%	21.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Source: CON application #10655, Volume One, Page 166, Exhibit 55

Hendry County has a disproportional rate of twice that of the state rate for Renal Failure. Exhibit 56 and Exhibit 57 mirror the disproportionate death rates for these three counties.

Exhibit 56
2019 Non-Cancer Death Rates by County - Subdistrict 8C

Age Adjusted Death Rate				
Disease Category	Glades	Hendry	Lee	Florida
Coronary Heart Disease	63.0	122.1	76.6	88.6
COPD	22.8	53.1	26.4	36.1
Stroke	35.0	39.5	26.2	41.4
Diabetes	17.1	24.6	17.0	19.7
Alzheimer's Disease	25.4	13.9	18.2	18.8
Liver Disease	12.2	15.1	13.9	11.3
Renal Failure	8.3	18.5	5.3	9.9
Congestive Heart Failure	0.0	18.5	4.5	12.8
Parkinson's	11.1	4.8	6.5	7.9
All Causes	657.8	762.1	571.5	665.6

Source: CON application #10655, Volume One, Page 167, Exhibit 56

Exhibit 57
2019 - Comparative Age Adjusted County Death Rates in Subdistrict 8C

County	% of Death < Age 65	Total Age Adjusted Death Rate	Cancer Age Adjusted Death Rate
Glades	29.1	657.8	126.5
Hendry	34.0	762.1	160.3
Lee	21.4	571.5	129.7
Florida	24.2	665.6	142.8

Source: CON application #10655, Volume One, Page 167, Exhibit 57

VITAS' Exhibit 58 is shown to substantiate its ability to serve the more ERSD patients than Hope Hospice. VITAS conditions its response and notes its implementation of the ESRD Care program and that it will provide community support through donations and education.

Exhibit 58
Admissions by Diagnosis - 2018

	US Average	Statewide Average	VITAS (1)	VITAS (2)	VITAS (3)	Hope Hospice
End Stage Renal Disease	2.2%	2.3%	33.23%	27.29%	23.42%	2.86%
AIDS	0.0%	0.2%	0.30%	0.37%	0.23%	0.07%
End Stage Heart Disease	17.4%	18.5%	9.77%	10.19%	13.09%	21.57%
End Stage Pulmonary Disease	11.0%	11.5%	1.34%	0.00%	0.82%	9.33%
Cancer	29.6%	30.6%	15.02%	18.81%	18.86%	30.85%
Other	39.8%	36.9%	40.33%	43.35%	43.58%	35.31%
Total	100.0%	100.0%	100.00%	100.00%	100.00%	100.00%

Source: CON application #10655, Volume One, Page 168, Exhibit 58

With Exhibits 59-64, VITAS cites the need for these counties is not being met for patients with cardiac disease, pulmonary disease, Alzheimer's, and sepsis and contends this will change with the implementation of VITAS' End-Stage Renal Disease Program, Liver Disease Program, Pulmonary Care Program, Cardiac Care Program, Alzheimer's and Dementia Education and Support for Caregivers, and Sepsis Program along with will providing community support through donations and education. Reviewer notes Tabs 8,9, 23, and 24 for more information.

Exhibit 59

Glades County - Hospital Discharges to Hospice by MDC for CY 2019

MDC	MDC Description	Glades Discharges to Hospice	Total Discharges	% of Total Discharge to Hospice	% of Statewide Discharges to Hospice
18	Infectious and Parasitic DDs (Systemic or unspecified sites)	5	55	9.1%	8.1%
4	Diseases and Disorders of the Respiratory System	2	107	1.9%	4.9%
5	Diseases and Disorders of the Circulatory System	1	138	0.7%	2.5%
1	Diseases and Disorders of the Nervous System	3	64	4.7%	4.2%
6	Diseases and Disorders of the Digestive System	0	77	0.0%	2.1%
11	Diseases and Disorders of the Kidney And Urinary Tract	1	35	2.9%	3.3%
7	Diseases and Disorders of the Hepatobiliary System And Pancreas	1	24	4.2%	3.9%
8	Diseases and Disorders of the Musculoskeletal System And Connective Tissue	0	88	0.0%	1.0%
10	Diseases and Disorders of the Endocrine, Nutritional And Metabolic System	0	37	0.0%	2.0%
23	Factors Influencing Health Status and Other Contacts with Health Services	1	7	14.3%	12.3%
9	Diseases and Disorders of the Skin, Subcutaneous Tissue And Breast	1	27	3.7%	1.3%
17	Myeloproliferative DDs (Poorly Differentiated Neoplasms)	0	11	0.0%	5.9%
16	Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders	1	9	11.1%	2.3%
21	Injuries, Poison And Toxic Effect of Drugs	0	17	0.0%	1.4%
13	Diseases and Disorders of the Female Reproductive System	1	7	14.3%	1.4%
24	Multiple Significant Trauma	0	0	0.0%	2.5%
25	Human Immunodeficiency Virus Infection	0	1	0.0%	4.5%
3	Diseases and Disorders of the Ear, Nose, Mouth And Throat	0	7	0.0%	0.9%
12	Diseases and Disorders of the Male Reproductive System	0	2	0.0%	1.8%
Total		17	713	2.4%	

Source: CON application #10655, Volume One, Page 169, Exhibit 59

Exhibit 60

Hendry County - Hospital Discharges to Hospice by MDC for CY 2019

MDC	MDC Description	Hendry Discharges to Hospice	Total Discharges	% of Total Discharges to Hospice	% of Statewide Discharges to Hospice
18	Infectious and Parasitic DDs (Systemic or unspecified sites)	33	401	8.2%	8.1%
4	Diseases and Disorders of the Respiratory System	20	447	4.5%	4.9%
5	Diseases and Disorders of the Circulatory System	12	636	1.9%	2.5%
1	Diseases and Disorders of the Nervous System	7	300	2.3%	4.2%
6	Diseases and Disorders of the Digestive System	10	370	2.7%	2.1%
11	Diseases and Disorders of the Kidney And Urinary Tract	4	212	1.9%	3.3%
7	Diseases and Disorders of the Hepatobiliary System And Pancreas	9	191	4.7%	3.9%
8	Diseases and Disorders of the Musculoskeletal System And Connective Tissue	4	340	1.2%	1.0%
10	Diseases and Disorders of the Endocrine, Nutritional And Metabolic System	2	6	33.3%	2.0%
23	Factors Influencing Health Status and Other Contacts with Health Services	8	53	15.1%	12.3%
9	Diseases and Disorders of the Skin, Subcutaneous Tissue And Breast	1	114	0.9%	1.3%
17	Myeloproliferative DDs (Poorly Differentiated Neoplasms)	1	40	2.5%	5.9%
16	Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders	1	57	1.8%	2.3%
21	Injuries, Poison And Toxic Effect of Drugs	3	63	4.8%	1.4%
13	Diseases and Disorders of the Female Reproductive System	1	53	1.9%	1.4%
24	Multiple Significant Trauma	0	16	0.0%	2.5%
25	Human Immunodeficiency Virus Infection	0	5	0.0%	4.5%
3	Diseases and Disorders of the Ear, Nose, Mouth And Throat	0	62	0.0%	0.9%
12	Diseases and Disorders of the Male Reproductive System	0	14	0.0%	1.6%
Total		116	3,380	3.4%	

Source: CON application #10655, Volume One, Page 170, Exhibit 60

Exhibit 61

Lee County - Hospital Discharges to Hospice by MDC for CY 2019

MDC	MDC Description	Lee Discharges to Hospice	Total Discharges	% of Total Discharges to Hospice	% of Statewide Discharges to Hospice
18	Infectious and Parasitic DDs (Systemic or unspecified sites)	538	6,218	8.7%	8.1%
4	Diseases and Disorders of the Respiratory System	370	8,487	4.4%	4.9%
5	Diseases and Disorders of the Circulatory System	334	13,646	2.4%	2.5%
1	Diseases and Disorders of the Nervous System	252	5,871	4.3%	4.2%
6	Diseases and Disorders of the Digestive System	163	8,815	1.8%	2.1%
11	Diseases and Disorders of the Kidney And Urinary Tract	160	4,645	3.4%	3.3%
7	Diseases and Disorders of the Hepatobiliary System And Pancreas	125	3,253	3.8%	3.9%
8	Diseases and Disorders of the Musculoskeletal System And Connective Tissue	95	9,518	1.0%	1.0%
10	Diseases and Disorders of the Endocrine, Nutritional And Metabolic System	63	2,874	2.2%	2.0%
23	Factors Influencing Health Status and Other Contacts with Health Services	30	720	4.2%	12.3%
9	Diseases and Disorders of the Skin, Subcutaneous Tissue And Breast	35	2,070	1.7%	1.3%
17	Myeloproliferative DDs (Poorly Differentiated Neoplasms)	29	583	5.0%	5.9%
16	Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders	23	912	2.5%	2.3%
21	Injuries, Poison And Toxic Effect of Drugs	17	1,387	1.2%	1.4%
13	Diseases and Disorders of the Female Reproductive System	11	807	1.4%	1.4%
24	Multiple Significant Trauma	9	226	4.0%	2.5%
25	Human Immunodeficiency Virus Infection	5	98	5.2%	4.5%
3	Diseases and Disorders of the Ear, Nose, Mouth And Throat	4	620	0.6%	0.9%
12	Diseases and Disorders of the Male Reproductive System	2	271	0.7%	1.6%
Total		2,265	71,019	3.2%	

Source: CON application #10655, Volume One, Page 170, Exhibit 61

Exhibit 62

Cardiac Patients	Percentage of Population	Medicare Patients	Hospice Utilization %		Average Hospice Length of Stay (Days)		Readmission Rate (30 Day)		Mortality Rate (30 Day)
	This Facility	Annual Total	This Facility	State Average	This Facility	State Average	This Facility	State Average	This Facility
Lee Memorial Health System	26.5%	2,700	5.1%	6.7%	45	38	14.7%	20.5%	5.0%
Gulf Coast Medical Center	25.3%	1,898	5.4%	6.7%	28	38	13.4%	20.5%	6.2%

Exhibit 63

Respiratory Patients	Percentage of Population	Medicare Patients	Hospice Utilization %		Average Hospice Length of Stay (Days)		Readmission Rate (30 Day)		Mortality Rate (30 Day)
	This Facility	Annual Total	This Facility	State Average	This Facility	State Average	This Facility	State Average	This Facility
Lee Memorial Health System	9.4%	955	8.5%	10.5%	51	41	18.7%	21.6%	6.9%
Gulf Coast Medical Center	7.9%	591	8.7%	10.5%	36	41	19.9%	21.6%	7.5%
Cape Coral Hospital	11.0%	539	7.5%	10.5%	49	41	18.2%	21.6%	7.6%

Source: CON application #10655, Volume One, Page 171, Exhibit 62 and 63

Exhibit 64

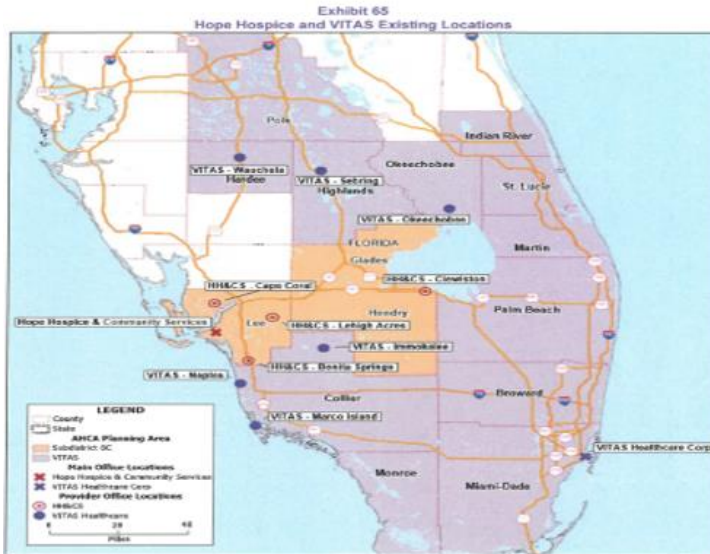
Sepsis Patients	Percentage of Population	Medicare Patients	Hospice Utilization %		Average Hospice Length of Stay (Days)		Readmission Rate (30 Day)		Mortality Rate (30 Day)
	This Facility	Annual Total	This Facility	State Average	This Facility	State Average	This Facility	State Average	This Facility
Lee Memorial Health System	8.6%	877	15.8%	17.7%	25	24	16.7%	19.3%	16.1%
Gulf Coast Medical Center	8.0%	603	15.3%	17.7%	29	24	16.8%	19.3%	13.9%
Prime Healthcare Services	23.7%	155	8.7%	17.7%	10	24	15.5%	19.3%	15.4%

Source: CON application #10655, Volume One, Page 172, Exhibit 64

VITAS summarizes that Hope Hospice, the only existing provider in SA 8C, is not serving Glades and Hendry County residents at the same rate that it is serving Lee County patients and that the Not Normal Need Circumstance is evident by the following:

- More than 96 percent of Hope Hospice’s admissions are Lee County residents.
- Glades and Hendry Counties have significantly lower hospice penetration rates than Lees County.
- More than 30 percent of Glades and Hendry residents in need of end-of-life care are leaving the SA to seek care from other providers,
- Of the Glades and Hendry County patients that Hope Hospice does serve, a vast majority of them are placed in one of the four Lee County IP hospice units operated by Hope
- Area hospitals are largely discharging Glades and Hendry County residents to an IP hospice unit rather than to home and are sending these patients to IP units in either Lee County or one outside the SA.

VITAS concludes that the current sole provider is not able to keep up with the growing hospice care needs of SA 8C. Minorities and patients with chronic conditions are being underserved. VITAS contends that because it operates in surrounding counties, it can quickly come to better serve these areas. VITAS Exhibit 65 is a map showing Hope and VITAS existing south Florida locations.



Source: CON application #10655, Volume One, Page 174, Exhibit 65

VITAS provides Exhibit 66 to show that it provided more Medicaid days in 2019 than Hope Hospice, making it a financially accessible option:

Exhibit 66
Percent of Days of Care by Payor

Provider	Medicare Days %	Medicaid Days %	Other Days %	Total Days %
VITAS	93.76%	3.48%	2.76%	100.00%
Hope Hospice	94.00%	2.08%	3.92%	100.00%
Florida Average	92.66%	3.01%	4.33%	100.00%
National Average	92.97%	2.85%	4.18%	100.00%

Source: CON application #10655, Volume One, Page 175, Exhibit 66

The applicant summarizes the SA projected deaths for SA 8C for each county. VITAS started with three years of actual historical data for the service area CY 2018-2020 including total deaths by age and diagnosis group, death rates by age and diagnosis group, and historical hospice admissions and penetration rates. VITAS conducted its analysis and projection at a county-by-county level to ensure that the needs for Glade and Hendry County patients were fully captured. Historical estimates of HH admissions from each county based on Medicare cost report data were previously presented and incorporated into the projected utilization as well.

First VITAS projected hospice deaths for calendar year 2021 through 2023 based on population growth by age group and historical death rates. To consider the impact of COVID-19 on death rates, CY 2021 was assumed to have had a death rate reflecting the average of 2019 and 2020 assuming that death rates will drop later in the 2021 as

vaccination rates increase. CY 2022 and 2023 were based on the average of historical 2019 reflecting pre-Covid time. The service area projected deaths are summarized below:

Projected Deaths - Service Area 8C

Population	Glades					Hendry					Lee				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Age Under 65 Years	9,860	9,887	9,904	9,913	9,924	34,565	34,811	34,983	35,143	35,292	547,950	559,290	569,475	579,274	588,745
Age 65 Years and Older	3,285	3,343	3,386	3,437	3,486	5,652	5,783	5,953	6,135	6,327	191,605	197,622	203,981	210,726	217,799
All Ages	13,145	13,230	13,290	13,350	13,410	40,217	40,594	40,936	41,278	41,619	739,555	756,912	773,456	790,000	806,544
Source: ANCA Need Publications, Spotlight Population															
Deaths	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Cancer Under 65	5	5	6	5	5	19	13	16	19	19	399	367	394	422	429
Cancer 65 and Over	27	26	27	28	29	51	36	45	55	57	1,419	1,404	1,480	1,561	1,613
Non-Cancer Under 65	34	36	35	34	34	93	110	102	95	95	1,210	1,545	1,415	1,279	1,300
Non-Cancer 65 and Over	68	84	78	71	72	166	213	197	180	186	4,507	5,297	5,133	4,957	5,123
Total	134	152	145	139	140	329	372	361	349	357	7,535	8,613	8,422	8,218	8,465
Source: Florida Charts															
Death Rates ⁽¹⁾	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Cancer Under 65	5.1	6.1	5.6	5.1	5.1	5.5	3.7	4.6	5.5	5.5	7.3	6.6	6.9	7.3	7.3
Cancer 65 and Over	82.2	77.8	80.0	82.2	82.2	90.2	62.3	76.2	90.2	90.2	74.1	71.0	72.6	74.1	74.1
Non-Cancer Under 65	34.5	36.4	35.4	34.5	34.5	26.9	31.6	29.3	26.9	26.9	22.1	27.6	24.9	22.1	22.1
Non-Cancer 65 and Over	207.0	251.3	229.1	207.0	207.0	293.7	368.3	331.0	293.7	293.7	235.2	268.0	251.6	235.2	235.2
Total	101.9	114.9	109.3	103.8	104.4	81.8	91.6	88.2	84.6	85.8	101.9	113.8	108.9	104.0	105.0

Source: CON application #10655, Volume One, Page 176.

VITAS also analyzed historical CY 2019-2020 penetration rates for each county in comparison to Florida actual 2019 rates pre-Covid, which by age group were 38.6 percent for under 65 and 79.8 percent for 65 and older. For Glades and Hendry Counties penetration rates were far below state average due to out migration and underservice. VITAS anticipates addressing both issues and has projected that Hendry County penetration rates will increase to statewide averages by 2023 and that Glade County will also increase dramatically but not yet achieve statewide averages by 2023. Lee County is projected to return to pre-Covid hospice penetration rates by 2023.

VITAS calculated the projected incremental admissions from 2019 pre-pandemic levels to identify the level of unmet need by county. Projected admissions were then adjusted to align with VITAS projected initiation of service with year one from 10/1/2021 to 9/30/2022 and year two 10/1/2022 -9/30/2023 1 Q from prior year and 3 Q from the next year.

VITAS projects to capture the majority of the incremental admissions in Glades and Hendry Counties as its presence and impact are anticipated to drive increased penetration rates. In Lee County, VITAS is projected to capture more than half of the incremental demand and achieve a total market share of approximately five percent and six percent in years one and two, respectively. This provides the opportunity for Hope to continue to grow as well. Based on these assumptions, VITAS expects to serve 323 patients in year one and 415 patients in year two.

Projected Hospice Admissions - Service Area 8C

	Glades					Hendry					Lee				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Penetration Rates ⁽¹⁾															
Age Under 65 Years	12.8%	9.5%	14.0%	20.5%	30.0%	17.9%	15.4%	19.3%	24.0%	30.0%	41.0%	33.4%	35.8%	38.3%	41.0%
Age 65 Years and Older	34.7%	33.6%	40.8%	49.5%	60.0%	66.4%	63.9%	68.8%	74.1%	79.8%	81.0%	78.9%	79.6%	80.3%	81.0%
All Ages	28.4%	27.0%	33.3%	41.3%	51.6%	49.8%	47.8%	52.5%	57.8%	63.9%	72.4%	68.8%	70.2%	71.6%	72.8%
Hospice Admissions															
Age Under 65 Years	5	4	8	8	12	20	19	23	27	34	660	639	647	652	709
Age 65 Years and Older	33	37	43	49	60	144	159	167	174	194	4,799	5,285	5,262	5,232	5,455
All Ages	38	41	48	57	72	164	178	190	202	228	5,459	5,924	5,909	5,883	6,164
Incremental From 2019 ⁽²⁾			10	19	34			26	38	64			450,0161	424	705
Project Years Ending 9/30				17	30				35	58				431	635
VITAS Projected Admissions				13	19				21	33				289	363

Source: CON application #10655, Volume One, Page 177

VITAS also took into consideration in these projections it's broad experience in initiating new hospice agencies in multiple service areas throughout Florida. Again, this approach was driven by the vastly different market dynamics and underserved Glades and Hendry Counties compared to Lee County. In Glades and Hendry Counties, VITAS market capture is driven by the need for VITAS to vastly increase the hospice penetration rates and keep hospice patients locally in their county, their community, and their home.

VITAS Projected Market Share

	Year 1	Year 2
Glades County	23%	26%
Hendry County	10%	14%
Lee County	5%	6%
Total Service Area 8C	5%	6%

Source: CON application #10655, Volume One, Page 177

VITAS will focus on serving Lee County patients earlier and in their home setting, providing competition to Hope Hospice's dominant market presence. VITAS projects to capture approximately five and six percent market share in Lee County in years one and two, respectively. The applicant contends its market capture is reasonable considering VITAS' most recent experience, including new agencies in SA 2A initiated in 2020- and SA 29B initiated in 2019. The following analysis demonstrates the market capture that VITAS was able to achieve and its most recent three start-ups. Glades County is similar to several of VITAS' existing service areas, like underserved rural counties including Okeechobee County, adjacent to service are 8C. Hendry County is underutilized as well and the projected experience in ramp up is expected to be more like the new programs in SA 3E and 2A, which include rural communities. Finally, Lee County projected utilization will be like VITAS' experience in SA 1. Reviewer notes Tab 21 for more information.

VITAS Recent Experience in New Markets

Service Area		Year 1	Year 2
Service Area 1 - Jan 2017 (3 Existing Providers)	VITAS	162	355
	Market	4,596	5,007
	Market Share	3.5%	7.1%
Service Area 3E - Jan 2018 (2 Existing Providers)	VITAS	401	802
	Market	4,466	4,831
	Market Share	9.0%	16.6%
Service Area 9B - Jul 2019 (3 Existing Providers)	VITAS	1,051	598
	Market	4,037	2,251
	Market Share	26.0%	26.6%
Service Area 2A - Jul 2019 (2 Existing Providers)	VITAS	115	
	Market	1,120	
	Market Share	10.3%	

*6 months of year 2

** 6 months of year 1

	Year 1	Year 2
Average Market Share	12.2%	16.8%

Source: CON application #10655, Volume One, Page 178

- b. Approval Under Special Circumstances. In the absence of numeric need shown under the formula in paragraph (4)(a), the applicant must demonstrate that circumstances exist to justify the approval of a new hospice. Chapter 59C-1.0355(4)(d), Florida Administrative Code.**

Evidence submitted by the applicant must document one or more of the following:

- 1. The specific terminally ill population is not being served.**
- 2. That a county or counties within the service area of a licensed program are not being served.**

VITAS indicates that this Certificate of Need (CON) application is submitted in direct response to the Not Normal & Special Circumstances that exist in Subdistrict 8C that have been identified by the applicant as underserved populations. The applicant restates the populations with unmet needs in service area 8C.

The applicant offered additional arguments in support of need for their respective projects which are briefly described/ summarized below: VITAS reiterated its understanding of the need in the SA. They have met with the following healthcare providers and community organizations:

Hospitals:

- Hendry Regional Medical Center
- Palms West Hospital
- NCH Health System

Nursing Homes:

- Clewiston Nursing and Rehabilitation Center (See Tab 48 for letters of support)
- Orchid Cove at Labelle (a.k.a. Oakbrook Health and Rehabilitation)
- Solaris Healthcare

Assisted Living:

- Atrium at Liberty Place
- Barrington Terrace

(Note there are no ALFs in Glades or Hendry Counties)

Physicians and Midlevel Practitioners:

- Andy Lipman, MD, Florida Cancer Specialists
- Martiza Samuel, MD (Belle Glade, FL)
- Allaix Philogene, MD (Belle Glade, FL)

Community organizations:

- ALS Association Florida Chapter
- National Kidney Foundation of Florida
- Valerie's House
- LSF Health Systems, Division of Lutheran Services

VITAS Community Meetings and Education Events:

- Sister Ann, Hospice Volunteer
- Desmond Harriet, Pastor
- April 2, 2021- Educational In-Service

The applicant presents a Table "Subdistrict 8C Summary of Needs and VITAS Response" on pages 10-14 of the application further detail VITAS response plan. VITAS provides a detailed narrative of its 40-year history providing various charts and maps to emphasize the size and expanse of its organization. The applicant states its mission as a growing family of hospice providing the highest quality human services, products and case management to terminally ill and other appropriate patients and their families with measurable advantages for the patient, the family, the medical community, the employees, and the stockholder. VITAS contends its fundamental values are improving the quality of life, empowerment, and personal dignity. These values, the say, are instilled in all its employees from the corporate office to the fields staff member. Its vision that for over 40 years, it has advocated for the rights of terminally ill patients and their families and believes that patients should be apprised of their clinical prognosis and be involved in the end-of life care decision making process.

The applicant discusses its Leadership and provisional programs that go beyond the core services required by state or federal government.

Agency Rule Criteria and Preferences

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

VITAS Healthcare Corporation of Florida (CON application #10655) is committed to serving all of SA 8C populations and has condition this application on providing special programs for each. The patient groups with the largest unmet need identified quantitatively or through local meetings include:

- Hendry and Glade County residents, who are either not being served, or are traveling into Lee County for IP hospice, or who are leaving the subdistrict altogether to receive care elsewhere.
- African American and Hispanic populations.
- Patients with ESRD, liver, respiratory, sepsis, cardiac, and Alzheimer's diagnosis near the end of life in SA 8C have met have unmet hospice needs.
- Patience especially in Glades and Hendry Counties who wish to receive hospice care at home.
- Patients requiring continuous care and high acuity services such as Hi-flow oxygen.
- Patient requiring admissions in the evenings and or on weekends.
- Patients residing in small, less than 20 bed ALFs.

VITAS contends having a track record of serving all patients regardless of race or ethnicity and additionally contends having various cultural and spiritual groups served by VITAS.

- (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.**

VITAS Healthcare Corporation of Florida (CON application #10655) states plans to partner with hospitals and SNFs to provide inpatient or respite care. VITAS references its Tabs 49-Letters of Support-from area nursing homes and assisted living facilities. VITAS references its Tab 48-Letters of Support for Inpatient Care. VITAS references its Tab 36-VITAS' Partnership of Care model.

VITAS provides many examples of how it is “the Right Choice” for SA 8C on pages 38 through 54. VITAS states that it does so by:

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

VITAS provides information on its Outreach Events and programs which are mentioned throughout the application.

VITAS provides data that they state show demonstrates they serve significantly more Black, Hispanic, and Asian patients by percentage than the state average. They also contend that the average length of stay is 119 days where the State average is 80 days.

- (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**

VITAS Healthcare Corporation of Florida (CON application #10655) states plans to serve all residents using all community and VITAS resources as necessary to provide a safe and comfortable environment to enable patients to remain in the least restrictive and most emotionally supportive environment possible. The applicant contends that terminally-ill patients with no at-home support will receive increased attention from the hospice staff and that every effort will be made to develop a caregiver network from among neighbors, nearby relatives and friends, faith community members and hospice volunteers to provide guidance, assistance and companionship to the patient within the patient’s or the caregiver’s home.

For patients without primary caregivers at home, the applicant asserts that if a patient lives alone and can care for himself/herself for the most part but does not have family or friends who live nearby, VITAS will assist the patient in developing a network to help the patient or will recommend that qualified adult sitter services be obtained, should that option not pose a financial hardship. In this way, the patient to remain in familiar surroundings.

VITAS states homelessness estimates, poverty rates and food insecurity in HSA 8C. VITAS restates that poverty rates and food insecurity in the area is higher than the state average. The reviewer notes that regarding the VITAS contention that the homelessness rate in HSA 8C is greater than in Florida overall, this was explained in Exhibit 46:

- In 2019
 - HSA 8C's overall homeless rate per 1,000 was .89
 - Florida's overall homeless rate per 1,000 was 1.34
- In 2019
 - HSA 8C's overall homeless rate per 1,000 was .65
 - Florida's overall homeless rate per 1,000 was 1.28

The applicant restates its plan to partner with community organizations to provide housing vouchers and improve access to shelter and food assistance. The applicant restates portions of its Schedule C Condition #17. VITAS contends it will tailor hospice care to patient's needs, including:

- Advanced Care Planning for residents of homeless shelters
- Visits from social workers to help the [patient learn the benefits they have and to connect the patient with the funding and area resources.
- Grief support by VITAS chaplains and social workers for other residents and shelter staff
- Education of shelter staff on who to call if a hospice-enrolled resident has an exacerbation or needs immediate help.
- Coordination with shelter staff to ensure safe, secure storage of a patient's medication.

Regarding patients with HIV and AIDS, the applicant comments that over time, HIV/AIDS patients have faced other more traditional causes of death. VITAS states that there have not been a large number of deaths attributable to HIV in HSA 8C in recent years – 15 in CY 2019. The applicant comments that, if approved, it will bring to HSA 8C the educational programs it has developed for health care professionals about HIV/AIDS, including symptoms of AIDS and the medications used to treat the disease. VITAS points to and the reviewer confirms VITAS publications in CON application #10655-Tab 38/Diagnosis-Specific Training Materials:

- Diabetes
- HIV and AIDS

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

SA 8C is comprised of three counties: Glades, Hendry and Lee. VITAS restates that while all counties in HSA are underserved, the three counties have vastly different populations, demographics, chronic disease rates and geographic situations. Because of these disparities, the need for rural Glade and Henry Counties in particular are extremely underserved. VITAS Concludes that their approval will ensure that Glades and Hendry County patient have expanded access to care where they call home, and in their home counties.

VITAS indicates that it will work with the area social, religious and community organizations to provide educational programming for area residents. VITAS points out that outreach content will focus not just on hospice care, but on issues relevant to all elderly residents. The applicant indicates that some content includes:

- Health fairs
- Educational events centered on Dispelling Hospice Myths
- VITAS-led book club to discuss books on end-of-life issues
- Caregiver support groups
- “Ask the Doctor” events
- Family nights at Nursing Homes
- Events in doctor office lobby to review Five Wishes.

VITAS applicant again discusses its continuing education programs for physicians and other health care practitioners and reference said programs in Tab 10. The applicant provides that its locations will improve access by hospice staff the underserved communities, the assisted living facility, hospitals, and nursing homes in the service area.

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

VITAS reiterates its conditions (see item C of this report). VITAS lists the stated provision of the following non-core services:

- Diagnostic Specific Programs
 - Includes Cardiac, Respiratory, Sepsis, Alzheimer's, New ESRD and Liver Disease programs
 - Specialized staff training on disease-specific care

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

The reviewer notes that some of these stated services are clearly represented in CON application #10655, Schedule 6A (ancillary and social services sections). The applicant notes it has received letters of support from healthcare providers, and institutions who endorse VITAS' expansion of hospice service to the service area.

VITAS previously referenced Tab 49-Letters of Support from area nursing homes and assisted living facilities and Tab 48-Letters of Support for Inpatient Care. Specific populations whose needs will be addressed are:

- Residents of Hendry and Glades
- African Americans
- Veterans
- Hispanic/Latino
- Patients with ESRD
- Patients with Liver Disease respiratory, sepsis, cardiac,
- Patients with Respiratory Disease
- Patients with Respiratory Disease
- Patients with Cardiac Disease
- Residents experiencing homelessness, food insecurity, and limited access to healthcare
- Patients with and Alzheimer's and dementia

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.
VITAS Healthcare Corporation of Florida (CON application #10655) - Schedule 6A indicates a total of 42.9 FTEs for year one (ending 9/2022) and 72.4 FTEs for year two (ending 9/2023). The applicant's staffing pattern is shown below:

**Exhibit 67
Service Area 8C
Proposed Staffing**

Position	Average Number of FTEs Year One	Average Number of FTEs Year Two
Administration (General Manger)	1.0	1.0
Director of Nursing (Team Director/PCA)	1.8	3.0
Admissions Dir/Hospice Reps & Community & ALF Liaisons/Account Coordinator/ Admissions RN	12.3	14.5
Bookkeeper (Business Manager)	1.0	1.0
Clerk/Receptionist/Secretary	3.8	4.0
Medical Records Clerk (PC Secretary)	1.2	2.0
CC Manager/CC Coordinator	0.3	0.8
Courier	0.4	0.6
Physicians		
Unit/Program Director (Medical Director)	1.0	1.0
Team Physicians	0.5	0.8
Nursing		
RNs (HC/IP/CC)	4.1	10.4
LPNs FT/PT/PD	1.6	6.7
Nurses' Aides (HC & CC FT, PT/PD, IP)	4.4	13.6
On-Call/NP 9per condition)	2.5	3.0
Ancillary		
Physical/Occupational Therapist	0.4	0.5
Speech Therapist	0.4	0.8
Music Therapist	0.6	0.7
Massage Therapist	0.4	0.7
Respiratory Therapist	0.5	0.8
Dietary		
Dietary Supervisor	0.5	0.5
Social Services		
Social Service Director (Social Worker)	1.2	2.0
Activity Director (Volunteer/Bereavement)	1.0	1.0
Chaplain	1.2	2.0
Performance Improvement Specialist (PIS)	1.0	1.0
Grand Total	42.9	72.4

Source: CON application #10655, Volume One, Page 189

Schedule 6A notes indicate that this staffing model was developed from experience of over 34 startup programs nationwide since 2000 and that the model was then adjusted for local needs, territory size and conditions set forth in the application. Further, volunteer staff hours will equal or exceed five percent of paid employee hours.

CON application #10655, Tab 25 includes VITAS - Volunteer Recruitment Brochure and volunteer services/programs.

(b) Expected sources of patient referrals.

VITAS Healthcare Corporation of Florida (CON application #10655) states hospice referrals will come from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates, and other health care providers, family members and the patients themselves.

VITAS states “As evidenced in the letters of support in Tab 49, community organizations, disease-specific organizations, nursing homes, and assisted living facilities have indicated their support for VITAS to establish a hospice in Subdistrict 8C. These are institutions and groups likely to provide referrals”

VITAS highlights its CON application #10655, Tab 18- Admissions Criteria & Application for Admission and discusses a free app available to Android and iPhones for physician and VITAS contact.

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

VITAS provides the following projected payer source for admissions by year.

**Exhibit 68
Projected Admissions by Payor for SA 8C**

Payer Source	Year 1 Admissions	Year 2 Admissions
Medicare	282	362
Medicaid	31	40
Indigent/Charity	4	5
Private Insurance/Self-Pay	6	7
Total Admissions	323	415

Source: CON application #10655, page 191, Exhibit 68

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

VITAS provides the following projected number of admissions by terminal illness for the first two years of operations.

Projected Admissions by Terminal Illness in SA 8C

Terminal Illness	Year One Admissions	Year Two Admissions
Cancer	53	59
HIV/AIDS	1	2
Respiratory	40	52
Cardiac	48	62
Alzheimer's/Dementia	46	59
Cerebrovascular/Stroke	53	68
ESRD/Renal Disease	16	21
Liver Disease	6	8
Other	59	75
Total*	322	406

Source: CON application #10655, page 192, Exhibit 69

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

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

Exhibit 70

Projected Admissions by Age Group for SA 8C

Age Group	Year One Admissions	Year Two Admissions
Under 65	44	58
Over 65	279	357
Total	323	415

Source: CON application #10655, page 193, Exhibit 70

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

VITAS states that core services include: physician services, nursing services, social work services, pastoral counseling and dietary counseling will be provided by VITAS staff. The applicant relays that in addition to core services, it will offer physical/occupational and speech therapy, and in addition, both pet visits and music therapy. VITAS points out it is expected staff will provide these services but that additionally, supplemental staff and volunteers will be utilized to provide these functions and massage therapy. Volunteers will be utilized for pet visits and music therapy.

(g) Proposed arrangements for providing inpatient care.

VITAS states that it seeks only to establish a new hospice program. The applicant indicates that it will establish inpatient agreements with existing hospitals and nursing home facilities. VITAS provides sample inpatient agreements in CON application #10655, Tab 40. VITAS references its Tab 48-Letters of Support for Inpatient Care.

The administrator and assistant director of nursing from Clewiston Nursing and Rehabilitation Center (Hendry County) express their willingness to partnering/entering into contractual agreement with VITAS Healthcare Corporation of Florida for an inpatient level of care, should CON application #10655 be approved.

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

VITAS restates the intent to establish inpatient agreements within the subdistrict and notes that the total number of inpatient bed days projected in year two is 2,502. VITAS maintains that inpatient beds will be contracted as needed and the exact number of beds has not been determined. The applicant indicates that since it will only pay for the bed-days used, the expense budget does not change with the number of beds under contract.

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

VITAS indicates that it will base inpatient admissions on a patient's physical condition, family caregiver capacity and patient wishes. The applicant affirms that inpatient episodes are for respite care or stays of duration (up to five days). VITAS maintains that patients will be admitted if they are experiencing pain or symptoms that cannot be managed adequately at home. VITAS indicates that this is often a temporary situation for which inpatient care is recommended to adjust the patient's medications and reassess/regulate services provided and that once stabilized, the patient can be discharged home.

VITAS comments that due to its “Comfort Care” services, medically appropriate patients can often avoid being admitted to inpatient units, allowing these patients to remain at home in their final days as opposed to dying in a hospital. VITAS reiterates its sample inpatient agreements (Tab 40 of the application).

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

VITAS indicates that if a patient lives alone and can care for him or herself but does not have family or friends who live nearby, VITAS will assist the patient in developing a network to help the patient or will recommend that qualified adult sitter services be obtained, should that option not pose a financial hardship. In this way, the patient can remain in familiar surroundings.

(k) Arrangements for the provision of bereavement services.

VITAS maintains that staff and volunteers provide grief support and bereavement services for survivors as needed and requested. VITAS indicates that bereavement services will be available upon admission. Bereavement support is available 24 hours a day, seven days a week with trained staff members on-call and accessible through a toll-free number. VITAS states having conditioned (Schedule C-Condition #20, eighth bullet) for the provision of bereavement services, including individual and group counseling, beyond one year, upon identified need or request.

VITAS offers narrative descriptions of numerous bereavement services/programs (pages 82- 86 of the application). Bereavement programs include:

- Grief support
- Home visits and calls
- Support groups
- Volunteer support
- Patient/family education materials
- Quarterly follow-up and correspondence
- Memorial gatherings
- Resources and referrals

- Staff bereavement support
- Community education
- Grief support for adolescents and violent deaths

Brief narratives are provided that describe the following:

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

VITAS offers Tab 26 for samples of its grief publications and bereavement newsletters.

(I) Proposed community education activities concerning hospice programs.

VITAS states that it will provide community education through these programs:

- Two hospice offices in the subdistrict in Hendry and Lee Counties.
- Eight Hospice Representatives committed to providing hospice outreach and education
- Advanced Care Planning for residents of homeless shelters
- Ask the Doctor events focused on Cardiac and Pulmonary diagnoses
- Hospice Education and Low Literacy Outreach (HELLO) program (Tab 17)
- *Bridging the Gap* Panel Discussion and Toolkit
- VITAS App, Tab 28

VITAS has participated in the following various community affairs projects (pages 196 and 197 of the application), with some of these programs including:

- Broward Homeless Partnership
- Florida Breast Cancer Coalition
- Project Yes
- Make-A-Wish Foundation
- Charity Challenge
- Children's Bereavement Center

- Adopt-A-Classroom
- Anti-Defamation League
- Coast Guard Foundation
- Community Partnership for the Homeless
- Elizabeth Glaser Pediatric AIDS Foundation
- Florida Immigrant Advocacy Center
- Foundation for Hospice in Sub-Saharan Africa (recently renamed Global Partners in Care)
- Goodwill Industries
- Foundation for Hospice
- The Duke Institute of Care at the End of Life
- Juvenile Diabetes
- Kristi House
- Miami Dade Community College
- People for the American Way Foundation
- NAACP
- National Conference of Communities and Justice
- People Acting for Community Together
- Sommerville Residence for the Homeless
- United Way Women's Fund
- Jewish Family Services
- American Heart Association

VITAS offers narrative descriptions of various outreach projects (pages 87-97 of the application):

- Outreach to African American Communities
- Outreach to Hispanic Communities
- Mobile Hospice Education Unit
- Veteran Outreach
 - We Honor Veterans Program
 - Virtual Reality Flightless Visits to DC War Memorials
 - Veterans Wall
 - Veterans Benefit Assistance Program
- VITAS App, Tab 30
- ALF Outreach Program
- Outreach to Cultural and Religious Groups
- 24/7 Telecare Program
 - VITAS App, Tab 30
- VITAS IT and Technology
 - VITAS App, Tab 18

(m) Fundraising activities.

VITAS states that it will not solicit charitable contributions from patients, family or friends relating to its services in SA 8C, nor will it engage in fundraising events for its program. VITAS contends that any unsolicited donations received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, assuring that all money goes back into the local community.

Regarding fundraising or the solicitation of donations, the reviewer notes CON application #10655, Schedule C-Condition #16.

- 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.**

VITAS states that it will comply with all reporting requirements, reporting results to the Agency or its designee, by the required timeframes.

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? [s. 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, zero need was published for a hospice program in Service Area 8C (Glades, Hendry and Lee Counties) for the July 2022 hospice planning horizon. However, the applicant indicates that Not Normal & Special Circumstances exist in SA 8C, constituting a net need for its proposed hospice program.

Hope Hospice and Community Services, Inc. is the service area's only hospice provider.

VITAS this application under a Not Normal Circumstance to address the "outmigration" of patients from Glades and Hendry Counties. As well as the needs of the terminally ill population, regardless of age, race, gender, disability, or income level. VITAS also maintains that specific groups to

be served including the African American and Hispanic populations, patients with ESRD and respiratory diagnosis, Veterans, and residents of all ages with a life-limiting diagnosis outside of Cancer.

- b. Does the applicant have a history of providing quality of care? Has the applicant demonstrated the ability to provide quality care? Is the applicant a Gold Seal Program nursing facility that is proposing to add beds to an existing nursing home? Please discuss your licensure history within and outside of Florida and discuss any accreditation(s) held. [s. 408.035(3) and (10), Florida Statutes]**

VITAS states that it has a long history of providing quality of care in Florida and across the country and complies with the Conditions of Participation for hospice providers under the Health Insurance for the Aged and Disabled Program (Title XVIII of the Social Security Act) and the Medicaid Program. Further, the new VITAS hospice program will seek accreditation by the Joint Commission or CHAP as part of the Medicare certification process.

VITAS discusses its Quality Assessment and Performance Improvement (QAPI) process. According to VITAS, the goals of its QAPI program are ongoing improvement of patient/family palliative outcomes, experience of care and overall hospice performance. A detailed discussion of VITAS' QAPI program can be found beginning on page 100 of this application.

Regarding pain management strategies, the reviewer notes the team has accurate, continuous information from the patients about their level of comfort and can address it by modifying interventions. Reviewer notes Tab 14 for more information. Reviewer notes Tab 43 for more information.

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

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

The timeframes for CAHPS® and HIS data are:

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

VITAS Healthcare Corporation of Florida's (three licensed programs combined) CAHPS data indicate 78 percent of the respondents were willing to recommend the hospice. VITAS had a 95.3 percent score for assessment in all seven HIS quality measures.

VITAS discusses QAPI program beginning on pages 100 and again on page 220 of this application.

VITAS sustains it will provide competence of administrative and clinical staff and conditions this application on:

- a. The Medical Director covering SA 8C will be Board-Certified in Hospice and Palliative Care
- b. VITAS will award a salary increase and will reimburse any testing fees for RNs, LPNs, home health aides, and social workers who become certified in Hospice and Palliative Care.
- c. All employed Chaplains covering SA 8C will have a Masters in Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.
- d. All social workers will be master's level or Licensed Clinical Social Workers.

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

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

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

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

Throughout its large footprint in Florida, VITAS provides complete hospice care including medication, equipment and supplies, expert nursing care, personal care, housekeeping assistance, emotional counseling, spiritual support, caregiver education and support, grief counseling, dietary, physical, occupational and speech therapy and volunteer support.

Its parent company tailors progress for specific needs for their patients and their families following the patient's death. They increase staff to meet seasonal peaks in the winter months. They are in a partnership with 13 universities and colleges to provide end of care curricular to health care students and new graduates.

VITAS states it has implemented its proprietary clinical information system the Vx at all hospitals and will be providing 24/7 Telecenters to make sure all direct patient care staff have the most recent, relevant data. Vx supplements medical records with these features:

- Patient Management
- Technical Support
- Patient Status Tracking
- Patient Level of Care and Care Setting Change History
- Referral Source Tracking
- Staff Management
- Patient Monitoring
- Automated Faxing through Event Triggers
- Outcome Management
- Telecare

The applicant again discusses and provides examples of its continuing education programs for physicians and other health care practitioners and reference said programs in Tab 10.

VITAS contends it delivers more complex therapies than other hospice providers citing the following examples:

- Intravenous therapies for pain management, hydration, and antibiotics
- Paracentesis and thoracentesis
- Chest tube/PluerX
- BiPAP, CPAP and Trilogy non-invasive insulation
- PEG-tube care
- Massage therapy
- Home discontinuation of mechanical ventilation withdraw
- Nephrostomy tube management
- Wound care
- Specialized Durable Medical Equipment (DME)
- PT, OT, and speech therapy
- Respiratory therapy, including High-flow O2
- Music therapy
- Inotropes and LVAC for cardiac patients
- Palliative chemotherapy and radiation
- Total parenteral nutrition
- Antibiotics
- Dialysis

VITAS conditioned this application on providing End of Life Nursing Education Consortium (ELNEC) and Education in Palliative, End-of-Life Care (EPEC) and Advanced Care Planning Ambassador training.

VITAS reiterates its Leadership in Quality Improvement. VITAS discusses awards it has won for the last three years. See Tab 5 for more information.

VITAS provides a detailed overview of its Emergency Response plans and its history with COVID 19 and natural disasters. Additional information can be found in Tabs 19 and 20 of this application.

The applicant reiterates its ability to meet the needs of these patients with support of its parent company and provides a map of its service locations and relationships.

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

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

Complaint Category	Number Substantiated
Quality of Care/Treatment	17
Resident/Patient/Client Rights	5
Administration/Personnel	2
Resident/Patient/Client Neglect	2
Misappropriation of Property	1

Source: Agency for Health Care Administration Complaint Records

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

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

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

Below is an analysis of the audited financial statements for the applicant, where the short term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

10655 - VITAS Healthcare Corporation of Florida

	Dec-19	Dec-18
Current Assets	\$56,480,038	\$43,242,171
Total Assets	\$768,780,476	\$624,834,529
Current Liabilities	\$45,687,952	\$27,610,029
Total Liabilities	\$73,424,071	\$28,778,779
Net Assets	\$695,356,405	\$596,055,750
Total Revenues	\$660,724,078	\$579,808,704
Excess of Revenues Over Expenses	\$131,873,014	\$105,606,604
Cash Flow from Operations	\$95,036,118	\$78,383,099
Short-Term Analysis		
Current Ratio (CA/CL)	1.2	1.6
Cash Flow to Current Liabilities (CFO/CL)	208.01%	283.89%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	4.0%	0.2%
Total Margin (ER/TR)	19.96%	18.21%
Measure of Available Funding		
Working Capital	\$10,792,086	\$15,632,142

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$19,918,276, which includes the CON currently under review, CON 10650, and current year capex for Florida only. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash from operations. With \$95.0 million in cash flows from operations for the year ending December 31, 2019, the applicant has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

d. Will the proposed project foster competition to promote quality and cost-effectiveness? [s. 408.035 (7), Florida Statutes]

Strictly, from a financial perspective, the type of price-based competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost-effectiveness through competition is typically achieved via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients

from competitors. Since Medicare and Medicaid are the primary payers in hospice, price-based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited.

Conclusion:

Strictly, from a financial perspective, this project will not have a material impact on price-based competition.

e. What is the immediate and long-term financial feasibility of the proposal? [s.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.

CON 10655	VITAS Healthcare Corporation of Florida				
Lee	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$133.81	0.9303	\$124.48	\$60.94	\$185.42
Routine Home Care 61+ days	\$105.76	0.9303	\$98.39	\$48.16	\$146.55
Continuous Home Care	\$959.31	0.9303	\$892.45	\$436.86	\$1,329.31
Inpatient Respite	\$256.46	0.9303	\$238.58	\$217.33	\$455.91
General Inpatient	\$653.70	0.9303	\$608.14	\$367.55	\$975.69
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year Two	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.079	\$199.99	\$1,770,462		8,853
Routine Home Care 61+ days	1.079	\$158.06	\$3,713,296		23,492
Continuous Home Care	1.079	\$1,433.76	\$863,311	17.5	439
Inpatient Respite	1.079	\$491.74	\$59,399		121
General Inpatient	1.079	\$1,052.35	\$2,062,655		1,960
		Total	\$8,469,123		34,865
			Days from Schedule 7		35,177
			Difference		312
			Percentage Difference		0.89%

As such, the applicant’s projected patient days are 0.89 percent or 312 days more than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$1,514,595 in year one to a net loss of \$487,649 in year two.

Conclusion:

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

- f. Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? [s. 408.035(8), Florida Statutes; 59A-4, Florida Administrative Code]**

There are no construction costs and methods associated with the project.

- 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? [s. 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.

VITAS details its historical provision of care to charity and Medicaid patients, stating it provided \$7.76 million in charity care to its patients in CY 2020. Further, VITAS pays five percent of the nursing home costs for its Medicaid patients. VITAS projects Medicaid/Medicaid HMO will account for 3.7 percent of year one and two annual patient days and that charity care will account for 1.2 percent of year one and 1.1 percent of year two patient days, respectively.

VITAS provides the following projected payer source for admissions.

Projected Admissions by Payor for SA 8C

Payer Source	Year One Admissions Ending (September 2022)	Year Two Admissions Ending (September 2023)
Medicare	282	362
Medicaid	31	40
Indigent/Charity	4	5
Private Insurance/Self-Pay	6	7
Total Admissions	323	415

Source: CON application #10655, page 191, Exhibit 68.

VITAS indicates that it does and will continue to admit patients to the program, regardless of their ability to pay.

F. SUMMARY

A hospice program net need of zero was published for a new hospice program in Hospice Service Area 8C. Therefore, the applicant is applying to establish a new hospice program in the absence of published numeric need.

VITAS Healthcare Corporation of Florida (CON application #10655) is a for-profit entity whose ultimate parent is CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11. VITAS also proposes to establish a new hospice program in SA 5B (Pinellas County) in this batching cycle. Hope Hospice and Community Services Inc. currently has a monopoly in that it is the sole hospice provider in SA 8C.

The applicant proposes \$901,017 in total project costs.

The applicant’s Schedule C includes 21 conditions.

Need/Access:

As stated above, the Agency's need methodology resulted in no numeric published need for a new program in Hospice Service Area 8C.

VITAS indicates that the following special circumstances exist to justify the approval of a new hospice program in the proposed area:

- Hope Hospice serves primarily Lee County residents.
- Glades and Hendry County have significantly lower hospice penetration rates than Lee County.
- A large percentage of Glades and Hendry County residents outmigrate for hospice services.
- Most Glades and Hendry County patients are being admitted to inpatient hospice. All the existing inpatient units are located in Lee County, requiring significant travel for these patients, as Hope does not provide any significant amount of contiguous home care to enable residents of Glades and Hendry to be cared for in their own home.
- Minority populations, including Asian, Black/African American., Native American, and Hispanic Communities are being underserved.
- Impoverished, food insecure, and homeless communities have little to no support/education/access to hospice services.
- Patients with non-cancer diagnosis such as pulmonary disease, cardiac disease, Alzheimer's disease, ESRD, Liver Cancer, and patients with sepsis are being served below the statewide average.
- High acuity patients in need of complex services and those needing admissions during evenings, weekends, or afterhours do not have options.
- VITAS estimates that more than 96 percent of Hope Hospice patients come from Lee County and that 35 to 45 percent of Glades County are being serviced outside of the 8C SA. Because of this, patients from Glades and Hendry Counties are forced to leave their home and community to receive services. This "outmigration" has previously recognized by AHCA as Not Normal Circumstance.
- VITAS believes that Hope Hospice's reporting on its Semi-Annual Hospice Utilization Report is suspect, showing a need for an additional hospice provider in the July 2022 AHCA's Fixed Need Pool Calculation. Subsequently, Hope revised its July 2019 and December 2019 reports increasing its admissions, raising further concern.

- VITAS states it has developed a wide range of support from nursing homes, ALFs hospitals and other community members and service providers that support VITAS' entry into SA 8C.
- VITAS expects 323 admissions in year one (2022) and 415 admissions in year two (2023).

CON application #10655 VITAS Healthcare Corporation of Florida on balance, satisfied the statutory and rule criteria for a new hospice provider in SA 8C – this included identifying the proposed populations that are being underserved for hospice, services proposed to make hospice accessible and available to underserved populations which will enhance access to hospice services to residents, proposing services to underserved counties in SA 8C and support for a second hospice provider.

Quality of Care:

VITAS offered evidence of its ability to provide quality care and describes its quality features to include/including:

- Two hospice offices in the subdistrict the first in Hendry and second in Lee County within one year of beginning operation.
- Eight Hospice Representatives committed to providing hospice outreach and education.
- Advanced Care Planning for residents of homeless shelters
- Ask the Doctor events focused on Cardiac and Pulmonary diagnoses
- Hospice Education and Low Literacy Outreach (HELLO) program
- *Bridging the Gap* Panel Discussion and Toolkit
- Development and maintenance of its QAPI Plan that is utilized by VITAS with:
 - QAPI lines of responsibility
 - QAPI Committee composition
 - QAPI Committee member responsibilities
- Implementation of a Performance Improvement Plan, with measurable objectives and time frames
- Continuing Education and In-Service Training
- CHAP Accreditation
- HIS (Seven Quality of Patient Care Measures-Hospice Item Set)

Financial Feasibility/Availability of Funds:

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

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.

However, the introduction of a new hospice in an area with only one provider gives patients a choice which promotes competition.

Medicaid/Indigent/Charity Care:

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal Regulations 418.108). Hospice care also must be provided regardless of ability to pay and regardless of age, race, religion, sexual orientation, diagnosis, payer source or financial status.

- VITAS documented its history of providing service to the Medicaid and medically indigent patients
- VITAS projects Medicaid/Medicaid HMO will account for 3.7 percent of year one and two annual patient days
- VITAS projects charity care will account for 1.2 percent of year one and 1.1 percent of year two patient days, respectively

G. RECOMMENDATION

Approve CON #10655 to establish a new hospice program in Service Area 8C. The total project cost is \$901,017.

CONDITIONS:

C.3 Special Programs:

1. VITAS End-Stage Renal Disease Program

In comparison to the state average, and the rest of Subdistrict 8C, Hendry County residents have a higher death rate from renal failure. In fact, the death rate in Hendry County is roughly twice that of the Florida average. Further, area hospitals are not admitting renal failure patients to hospice at a high rate, and the only existing provider in the service is serving very few patients with this disease.

- a. New ESRD Program: VITAS proposes to establish a new clinical program in Subdistrict 8C, specifically** Hendry County focused on specifically addressing the end-of-life needs of ESRD patients and increasing referrals to hospice for this disease group within the first two years of operation. This program will include ESRD related clinical elements similar to what is described in VITAS' other established disease specific programs.
- b. Provider Input:** VITAS will publicize and hold semi-annual meetings open to area nephrologists, their support staff, and other physician stakeholders. These meetings will be a forum to discuss VITAS' ERSD program and obtain feedback from physicians and other clinicians on how the program can best address them. These meetings will be held in a location convenient to Glades and Hendry County stakeholders.
- c. Training and Education Programs:** VITAS will develop training and education programs for its staff, area healthcare providers, and the community related to end-stage ESRD. Educational materials will be submitted as part of the annual CON condition compliance report.
- d. Community Support:** VITAS will provide donations to organizations that support community education and awareness of diabetes and ESRD for each of the first two years of operation including:
 - a.** \$10,000 annually to the American Diabetes Foundation (www.diabetes.org) for community education and awareness; and
 - b.** \$25,000 annually to the Nationally Kidney Foundation (www.kidneyfl.org) to support education on ESRD.

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

2. VITAS Liver Disease Program

Lee, Glades and Hendry Counties all have significantly higher death rates from liver disease than the state average, with Hendry County experiencing the highest death rate of the three counties.

- a. New Liver Disease ESRD Program:** VITAS proposes to establish a new program to address the hospice needs of patients with liver disease in each of the Subdistrict 8C counties. This program will include the clinical elements described in VITAS' other established disease specific programs. This condition will be measured by the provision of program component documentation to AHCA.

- b. Provider Input:** VITAS will publicize and hold semi-annual meetings open to area hepatologists, gastroenterologists, their support staff, and other physician stakeholders. These meetings will be a forum to discuss VITAS' Liver Disease program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them. These meetings will be held in a location convenient to Glades and Hendry County stakeholders. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

- c. Training and Education Programs:** VITAS will develop training and education programs for its staff, area healthcare providers, and the community related to Liver Disease. Educational materials will be submitted as part of the annual CON condition compliance report.

- d. Community Support:** VITAS will provide donations to an organization that support community education and awareness of Liver Disease for each of the first two years of operation including:
 - \$25,000 annually to the American Liver Foundation (<https://liverfoundation.org>) to promote education and support services for the prevention and treatment of liver disease.

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

3. VITAS Pulmonary Care Program

In comparison to the state average, Hendry County residents have a higher percent of deaths attributable to chronic lower respiratory disease. The age group in part driving the need for an additional service area provider is the 65 and older population who are often Medicare patients. Among Medicare beneficiaries receiving care in

Subdistrict 8C, three of the hospitals in the subdistrict are utilizing hospice for respiratory patients at less than the state average. Further, the average hospice length of stay for patients admitted to hospice from one of the hospitals in the subdistrict was less than the state average. These metrics can be indicators of late referrals and a need for patient and staff education. VITAS proposes to improve these metrics in the subdistrict by targeted, diagnosis-diagnosis- specific outreach to area practitioners, improved care for pulmonary patients and community education through its Pulmonary Care Program.

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

- a. **Staff Training:** All nurses, physicians, social workers, and chaplains will complete training on care for patients with pulmonary diagnoses and their families within the first three months of their start date. Training will include at least three elements: 1) Education on Chronic Obstructive Pulmonary Disease; 2) Education on End Stage Pulmonary Disease; and 3) Training on removal from mechanical ventilation. Documentation will be shown in a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON conditions compliance report.
 - b. **Respiratory Therapist:** VITAS will employ a respiratory therapist in Subdistrict 8C who will be based in the Hendry County area to be hired before the hospice begins operations. This therapist will provide patient care and serve as an educational resource to other hospice staff. The respiratory therapist will also educate health care providers and the community. Compliance with this condition will be documented by providing AHCA with the start data of the respiratory therapist.
- Provider Input:** VITAS will publicize and hold semi-annual meetings open to area pulmonologists, their support staff and other physician stakeholders. These meetings will be a forum to discuss VITAS' Pulmonary Care program and obtain feedback from physicians and other clinicians on

patients' needs and how the program can best address them. These meetings will be held in a location convenient to Glades and Hendry County stakeholders. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

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

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

- c. **Community Support:** VITAS will provide donations to an organization that support community education and awareness of Lung Disease for each of the first two years of operation including:

\$20,000 annually to the American Lung Foundation (www.lung.org) to promote education and support services for the prevention and treatment of lung-related disease.

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

4. VITAS Cardiac Care Program

Heart disease is a leading cause of death among Lee, Glades and Hendry County residents. Importantly, the age-adjusted death rate for coronary heart disease in Hendry County is significantly higher than the age-adjusted death rate for coronary heart disease in

Florida as a whole. The 65 and older population in the subdistrict is in part the driving need for an additional hospice care provider. Accordingly, data from Medicare Cost Reports indicate that two of the top hospitals in the subdistrict are utilizing hospice for cardiac patients less than the state average. Further, the average length of stay for patients admitted to hospice from one of the top hospitals was less than the state average. These statistics are indicators of late referrals and need for education. These metrics can be improved by targeted diagnosis-specific outreach to area practitioners, improved care for cardiac patients, and community education through the VITAS Cardiac Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 8C. The program, described in Schedule B, improves end of life care for patients with cardiac diagnoses, by using the following elements:

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

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

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

Community Education: VITAS will publicize and hold semi-annual Ask the Doctor events open to the public. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice

care, cardiac disease, and caregiving and support for individuals with cardiac disease. Such events will be held in location convenient to Glades and Hendry County residents. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

5. Alzheimer's and Dementia Education Support for Caregivers

There is a large and growing elderly population in Subdistrict 8C. Patients with dementia represent the fastest growing group of hospice users. According to the Alzheimer's Association, one in nine people aged 65 and older has Alzheimer's dementia. More specifically in Florida, the number of people aged 65 and older with dementia is expected to grow by 24.1 percent from 2020 to 2025. Specifically in Subdistrict 8C, Glades County has a higher death rate from Alzheimer's Disease than the state average. As a chronic and incurable disease, patients with Alzheimer's dementia represent a fast-growing group of hospice users. VITAS is committed to bringing the latest innovations in end-of-life care to its patients and their caregivers. VITAS is also committed to providing patients' caregivers with support. VITAS conditions this application on three elements related to improving care and support for patients with Alzheimer's and their families:

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

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

- b. Music Therapy:** It has been shown that Alzheimer’s patients benefit from Music Therapy. VITAS conditions this application on hiring a Music Therapist who will be based in Hendry County to serve Glades and Hendry Counties. Compliance with this condition will be documented by providing AHCA with the start date of the Music Therapist.
- c. Community Support:** VITAS will provide donations to an organization that support caregiver education and support for family member/caregivers to individuals with Alzheimer’s Disease or dementia including for each of the first two years of operation including:
 - d.** \$25,000 annually to the Alzheimer's Association, Florida Gulf Coast Chapter (www.alz.org.flgulfcoast) to promote caregiver education and support.

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

6. VITAS Sepsis Program

According to a study published in The Journal of the American Medical Association, 40 percent of sepsis deaths met hospice eligibility at time on hospital admission. Yet as it relates to Medicare beneficiaries treated in Subdistrict 8C, 3 of the hospitals in the subdistrict are discharging sepsis patients to hospice at rates that are less than the state average. Additionally, Sepsis, Medicare-insured patients receiving hospice services at hospitals in the subdistrict either in-hospital or post discharge, have shorter length of stays and higher readmission rates than the state average. Many healthcare providers miss the opportunity to recognize hospice eligibility for this disease demographic, and thus, additional education is needed. VITAS has developed a library of resources for healthcare professionals to better understand when to refer to hospice and what specific concerns they have with the value that VITAS can bring in the care model. These metrics can be improved by targeted, diagnosis-specific outreach to area hospitals and physicians through the VITAS Sepsis Care program.

VITAS makes it a condition of this application to provide this program to hospice patients in Subdistrict 8C. The program, described in Schedule B, improves end-of-life care for patients with cardiac diagnoses, by using the following elements:

- a. **Staff Training:** All nurses, social workers and chaplains will complete the training modules in the VITAS Sepsis Program Resource Manual within 3 months of their start date. Compliance with this condition will be documented by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- b. **Provider Input:** VITAS will publicize and hold meetings with hospital staff and physicians to serve as a forum to discuss VITAS' sepsis program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- c. **Healthcare Provider Education:** VITAS will offer an annual sepsis-related continuing education presentation to area health care providers for at least the first two years of operations. The presentation will focus on end of life care for patients with sepsis diagnoses. These events will be held in location convenient to Glades and Hendry County residents. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- d. **Community Education:** VITAS will publicize and hold semi-annual Ask the Doctor events open to the public. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice care, sepsis, and caregiving and support for individuals with sepsis. These events will be held in a location convenient to Glades and Hendry County residents. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

7. Veterans Program

Veterans have unique end-of-life needs and benefit from specialized programming and care. Veterans comprise 19 percent of the population 65 and older overall in Subdistrict 8C and over 27 percent of the 65 and older population in Glades County. To meet the needs of this special population, VITAS will ensure programming and recognition for Veterans at end of life.

- a. **Honor Flight Network:** VITAS conditions this application on providing virtual reality "flightless" visits for veterans who cannot participate in the Honor Flight Network trips to Washington D.C. but are interested in the program. This program is described in detail in Schedule B. Compliance will be documented by submitting a dated list of the names of patients who participate in the annual condition compliance report.
- b. **Veterans Wall:** VITAS also conditions this application on offering to install a Veterans Wall in at least three area assisted living facilities or nursing homes within the first two years of operations. The wall showcases a VITAS-provided photo plaque for each veteran resident, engraved with name and branch of service. The wall serves as a resource for the community and a location for veteran-specific events. Compliance will be documented by submitting dated correspondence to area assisted living facilities offering to sponsor and create the wall in the annual condition compliance report.
- c. **We Honor Veterans:** VITAS conditions this application on the Subdistrict 8C program entering the We Honor Veteran program and achieving Level 4 commitment to the program within the first two years of operations. VITAS regularly participates in the We Honor Veterans Program, which is described in detail in Schedule B. Compliance will be documented by submitting the date the program becomes a recruit and the date it achieves Level 4 status in the annual condition compliance report.
- d. **Veterans Liaison:** Lastly, VITAS conditions this application on providing a dedicated Veterans Liaison in Subdistrict 8C, who will be included in staffing model. Compliance with this condition will be documented by providing AHCA with the start date of the Veterans Liaison.

8. Bridging the Gap Program and Medical/Spiritual Toolkit

Among residents in Subdistrict 8C, Hispanic peoples are the largest marginalized population. This is especially true in Hendry County, when Hispanic peoples make up more than 56 percent of the population. Additionally, both Glades and Hendry Counties have large Black populations, 14 and 11 percent, respectively. However, as it relates to hospital discharges to hospice, Black and Hispanic residents are extremely underserved in the subdistrict.

This indicates that Black and Hispanic patients in Subdistrict 8C are either not referred to hospice services or are refusing hospice care. Provider and community education can help increase hospice use rates.

- a. **Bridging the Gap Training and Discussion:** VITAS has created a Bridging the Gap training and panel discussion for healthcare professionals and spiritual leaders on the needs of Blacks and Hispanic peoples at the end-of-life, and how to engage families in end of life discussions. This program is described in detail in Schedule B. VITAS conditions this application on offering the Bridging the Gap program in Subdistrict 8C during the first year of operations. Compliance will be documented by submitting a dated list of correspondence and offers to provide the program, a description of the training, and a list of attendees.
- b. **Bridging the Gap Toolkit:** The Bridging the Gap Toolkit will also be offered to spiritual leaders to review evidence about preferences on end-of-life care and provide resources for end-of-life conversations including how to address a patient's faith and how to engage a terminally ill patient's family to provide support. VITAS conditions this application on providing the toolkit to healthcare providers and pastors in Subdistrict 8C the first year it is available. Compliance will be documented by providing a copy of the materials and a list of people who received the toolkit in the annual condition compliance report.
- c. **Community Support:** VITAS will provide donations to local organizations serving Hispanic populations including agricultural/migrant communities that promote academics, healthy communities, and engagement of Hispanic communities. This support will include for each of the first two years of operation including:
 - \$20,000 annually to local organizations serving Hispanic populations including agricultural/migrant workers.

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

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

VITAS analysis has determined that there are 72 ALFs in Subdistrict 8C, of which 31 ALFs have less than 20 beds. These facilities typically focus on the needs of lower income individuals and those with mental and behavioral issues. VITAS has learned that the need among ALF patients includes Continuous Home Care, night and weekend admissions, and support therapies such as massage, music, and pet therapy. Hospice staff who receive ALF CORE Training will be better equipped to meet ALF residents' needs and partner with ALF staff. This training is described in detail in Schedule B.

- a. ALF CORE Staff Training:** VITAS conditions this application on having its Team Manager, social worker, and hospice representative complete ALF CORE Training within the first year of operations. Compliance with this condition will be documented by providing AHCA with the date the VITAS staff members received training as part of its CON condition compliance report.
- b. CORE Training for ALFs:** VITAS also conditions this application on sponsoring a CORE training program for area ALF staff during the first two years of operations.
Documentation of these meetings will be provided to AHCA as part of its CON condition compliance report.
- c. CORE Training Financial Support:** VITAS will provide support for the CORE Training Program amounting to \$5,000 annually for the first two years operation to the Florida Assisted Living Association Foundation (www.fala.org) to sponsor and support CORE training programs in Subdistrict 8C. Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the annual CON condition compliance report.

10. Palliative Care Program and Resources

VITAS offers to all of its patients' options for palliative care, as this care is a vital component of high-quality, comprehensive hospice care. Healthcare providers, administrators, and physicians in Subdistrict 8C have indicated there is a need for improved access to these services. The palliative care services offered by VITAS are described in detail in Schedule B. It is important to note that not

all patients who could benefit from palliative care are eligible for hospice care. In order to determine what services are appropriate for patients seeking hospice care, it is important to have detailed, open discussion with the patient and his or her family concerning end of life goals and advance care planning. To ensure Subdistrict 8C patients who would benefit from palliative care receive the services they need, VITAS conditions this application on:

- a. Engaging area residents with serious illness in advance care planning and goals of care conversations:** VITAS conditions this application on providing easy-to-understand documents and aides to facilitate decisions on care for serious illness. Additionally, VITAS will use the Five Wishes document and a wishes and values guide during advance care planning and goals of care conversations. Compliance with this condition will be documented by providing copies of these documents in the annual CON condition compliance report.
- b. Bringing VITAS Palliative Care into 8C:** Because VITAS is committed to providing comprehensive care, for patients who are not ready or eligible for hospice care, VITAS Palliative Care, a VITAS-affiliated physician led consultative practice, will provide services to palliative care patients in Subdistrict 8C within the first two years of operations. VITAS will also provide a Nurse Practitioner to support this care. Compliance with this condition will be documented by a letter from Palliative Medical Associates stating the physicians initially providing services, the office location and the opening date. This will be submitted in the annual CON condition compliance report.
- c. Providing Services to Subdistrict 8C:** VITAS will bring palliative chemotherapy, inotrope drips, and radiation to manage patients' pain and symptoms, as appropriate. Compliance with this condition will be documented by a count of Subdistrict 8C patients that have received palliative chemotherapy, inotrope drips, and radiation. This will be submitted in the annual CON condition compliance report.

11. Provider Education and Training Programs

VITAS has spoken with numerous healthcare providers in Subdistrict 8C who indicate that there is a need for additional end-of-life care training of physicians, nurses, and social workers in the service area. The low hospice referral and use rates in the

subdistrict, especially Glades and Hendry Counties, confirms this. Hospice education programs provide healthcare providers with vital information and tools to help appropriately identify patients that would qualify for and benefit from hospice care, thereby improving access to hospice care.

VITAS will offer an End of Life Nursing Education Consortium (ELNEC) training program within the first year of operation. VITAS will also offer an Education in Palliative and End of Life Care (EPEC) training program for physicians within the first year of operation. Lastly, VITAS commits to employing 8 Reps to educate Subdistrict 8C Health Professionals and Health Care Communities. Documentation of these meeting will be provided to AHCA as part of the annual CON condition compliance report.

12. Quality and Patient Satisfaction Program

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

- a. Performance Improvement Specialist:** VITAS conditions this application on hiring a full-time Performance Improvement Specialist in Subdistrict 8C within the first six months of operations. This position is dedicated to supporting quality and performance improvement programs for the hospice program in 8C. The Performance Improvement Specialist will perform ongoing quality assessment and monitoring and will collaborate with senior management to identify priorities for improvement. Additionally, the Performance Improvement Specialist will ensure hospice staff receive and remain current with the required training and in-service education. Compliance with this condition will be demonstrated by submitting the name and hire date of the Performance Improvement Specialist in the condition compliance report.

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

13. VITAS Staff Training and Qualification

Dedicated, experienced, and empathetic hospice staff are an important component to providing high-quality hospice care to patients and their families. VITAS is committed to ensuring all of its staff, including staff in Subdistrict 8C are well-trained to provide the best possible care. Accordingly, VITAS conditions this application on:

- a.** The Medical Director covering Subdistrict 8C will be board-certified in Hospice and Palliative Care medicine or obtain certification through the Hospice Medical Director Certification Board.
- b.** VITAS will provide a salary increase and will reimburse any testing fees for RNs, LPNs, home health aides, and social workers who are certified in Hospice and Palliative Care.
- c.** All employed Chaplains covering Subdistrict 8C will have a Master of Divinity or equivalent graduate degree from an accredited seminary or theological school required for chaplains.
- d.** All social workers will have a master's level of education or Licensed Clinical Social Workers.

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

C.4 Other Conditions:

14. Hospice Office Locations

VITAS is committed to increasing hospice awareness and utilization in Subdistrict 8C particularly in underserved Glades and Hendry Counties. Hospice offices increase hospice visibility, and focused interaction with the community. VITAS recognizes there is not normal circumstance in these two counties as hospice use is low, and there is a significant outmigration or leakage to

other service areas. These counties include a high percentage of marginalized populations (Hispanic, Black, and native American) as well as agricultural/migrant workers and low-income communities. As such, a physical presence in these communities is critical to ensuring outreach, education, and awareness. VITAS conditions this application on having two hospice offices. The initial office will be in Hendry County, and then an additional office will be located in Lee County opening in the first year. Compliance will be demonstrated by submission of the VITAS license with the office locations.

15. Mobile Hospice Education and Outreach Vehicle

VITAS will have a mobile hospice education van to be utilized for outreach to residents of Subdistrict 8C, particularly those living in rural areas of Glades and Hendry Counties. The vehicle will be available on a permanent basis. A log of trips made will be maintained to document the vehicle's usage, and appropriate data will be provided to AHCA in the annual CON condition compliance report.

16. VITAS Will Not Solicit Donations

The primary purpose of this project is to improve access to hospice care, not financial benefit. VITAS will not solicit charitable contributions from patients, families or friends relating to its services in Subdistrict 8C, nor will VITAS engage in fundraising events for its program. Any unsolicited donations received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community. Compliance will be provided in the annual CON conditions via an attestation and submission of a compliance report with a ledger showing any non-solicited amounts received and corresponding amounts provided to VITAS Community Connections.

17. Outreach and End of Life Education for 8C Residents Experiencing Homelessness, Food Insecurity and Limited Access to Healthcare

As discussed in detail in Schedule B, Subdistrict 8C has a large homeless population; the homeless population rate is significantly higher than the state average. Area residents also have seen a significant increase in the percent of individuals who are food insecurity 2019 to 2020, likely attributable to COVID-19. Further,

Subdistrict 8C has a relatively large population with a household income of under \$35,000; this is particularly true in Glades and Hendry Counties, where more than 40 percent of each county's households bring in an income under \$35,000. VITAS is committed to caring for all patients, regardless of their socioeconomic status or where they call home. VITAS is also committed to providing resources that will improve quality of life and tools that will prove useful at the end-of-life whether or not an individual becomes a VITAS patient.

- a. Community Support:** VITAS conditions this application on providing assistance to the homeless and impoverished communities in 8C, with particular focus on Glades and Hendry County residents. Specifically, VITAS conditions this application on providing for the first two years of operation:
- A grant of \$40,000 per year to homeless assistance organizations such as the Heartland Coalition for the Homeless (www.heartlandhomeless.com), Lutheran Services of Florida (www.lsfnet.org) or similar organization that provide support to homeless populations specifically in Glades and Hendry Counties; and
 - A grant of \$30,000 per year to food assistance organizations such as the Harry Chapin Food Bank, a Feeding America affiliate, and other local food distribution organization and food pantries (<https://harrychapinfoodbank.org/>) or similar organization that provide support to food insecure populations specifically in Glades and Henry Counties

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

18. Grief Support for Children

High-quality hospice care requires comprehensive services beyond hospice care including support services for children who may have a family member receiving hospice care. VITAS is committed to working with local community organizations to increase access to support services for children.

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

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

19. Educational Grant

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

- \$10,000 to Florida Gulf Coast University – Marieb College of Health & Human Services Department of Rehabilitation Sciences (PT, OT, and ST training) and Department of Social work (MSW Clinical and Medical) for scholarships, education, and workforce development; and
- \$15,000 to Florida Gulf Coast University – Marieb College of Nursing to support BSN, and BSN to Doctor of Nursing Practice programs.

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

20. Medicaid Manage Care Education

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

21. Services Beyond the Hospice Benefit

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

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

- Providing admissions in the evening and on weekends to address the need identified by hospitals and physicians in Subdistrict 8C, a service that is not routinely offered by other service area providers. Compliance will be measure by providing the number of admissions occurring after normal business hours and weekends.
- Offering a 24-hour call system called Telecare to provide caregivers with assurance and guidance and dispatch hospice staff when necessary. Compliance will be provided in the annual CON conditions via an attestation of the service's availability and the service's contact information.
- Providing services to address medically complex, high acuity services such as hi-flow oxygen, IV therapy, open Rx formulary, paracentesis, thoracentesis, palliative blood transfusions, palliative TPN inotropes. Compliance will be provided in the annual CON conditions via an attestation of the service's availability.
- Providing internships to area social workers, chaplains and MBA and MHA (Master of Healthcare Administration) students. Compliance with this condition will be provided as a list of the number and type of interns in 5B, their associated school and the length of their internship.
- Education for area healthcare providers including long-term care facility staff. VITAS conditions this application on offering monthly webinars that provide continuing education units to area healthcare providers. Documentation of these meetings will be provided to AHCA as part of annual CON condition compliance report.

- Providing a free prognostication tool through the VITAS app for all area physicians. Compliance with this condition will be evidenced by providing information on the application and copies of educational and marketing materials about the application distributed in Subdistrict 8C as part of the annual condition compliance report.
- Providing hospice staff with dashboard reports that summarize quality indicators from the Hospice Item Set (HIS) and CAHPS data to provide insight into performance at the hospice. Providing hospice staff with Discharge Scorecards that allow for benchmarking against the HIS measures. Compliance will be demonstrated by providing AHCA with an example of the dashboard and scorecard in the annual condition compliance report.
- VITAS will provide comprehensive bereavement services, including individual and group counseling beyond one year, upon identified need or request. Compliance with this condition will be evidenced by documenting the number of individuals receiving bereavement services more than a year after the death of a family member in each annual CON condition compliance report.
- Patients benefit from programs and activities that are not part of the traditional set of hospice services. VITAS conditions this application on providing the following non-core services:
 - a. Life Bio
 - b. We Honor Veterans Program
 - c. Lavender Touch Experience
 - d. Musical Memories
 - e. Paw Pals
 - f. Music therapy
 - g. Massage therapy
 - h. Specialty children's bereavement services

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

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

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 & Management Consultant Manager
Certificate of Need