

STATE AGENCY ACTION REPORT
ON APPLICATION FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Affinity Care of Charlotte and De Soto LLC/CON application #10714

5589 Marquesas Circle, Suite 202
Sarasota, Florida 34233

Authorized Representative: Patti Greenberg
Authorized Representative
(510) 499-9977

Florida Hospice, LLC /CON application #10715

5440 Corporate Drive, Suite 400
Troy, Michigan 48098

Authorized Representative: Justin DeWitte
Chief Executive Officer
(877) 421-0917

VITAS Healthcare Corporation of Florida/CON application #10716

11380 SW Village Pkwy, Suite 100
Port St. Lucie, Florida 34987

Authorized Representative: Patricia Husted
Authorized Representative
(772) 301-6529

2. Service District/Subdistrict

Service Area (SA) 8A (Charlotte and DeSoto Counties)

B. PUBLIC HEARING

No public hearing was requested or held.

Letters of Support

Affinity Care of Charlotte and De Soto LLC (CON application #10714)

provides 34 letters of support in the application's Tab 5. Seven were from outside the service area. Below is a complete list of the letters by the applicant's Tab 5 categories:

Skilled Nursing Facilities

- Alec Weitzel, Administrator, Signature Healthcare of Port Charlotte
- Jocelyn Wurster, NHA, Administrator, Douglas T. Jacobson State Veterans Nursing Home
- Jennifer Herrold, NHA, Administrator, DeSoto Health and Rehab
- Melissa Shepard, Administrator, Village Place Health and Rehabilitation Center
- Stan Weyer, Administrator Solaris Healthcare Charlotte Harbor
- Mathew Varghese, Owner, Port Charlotte Living Center (letter was not signed)
- Elizabeth Brust, NHA, Executive Director, Life Care Center of Punta Gorda
- Amanda Stacey, Case Manager, LPN, Port Charlotte Rehabilitation Center

Assisted Living Facilities, Home Care Agencies & Senior Organizations

- Tara Herrera, Partner and Executive Director, Arcadia Oaks Assisted Living
- Ronald Aylward, Administrator, and Dominic Marino, Assistant Administrator, Heritage Oaks of Englewood
- Kristopher Chana, CEO/Founder, and Rhonda Hall, Members Concierge, ActivAge Senior Care
- Tammy Tolley-Hunt, Executive Director, Brookdale Port Charlotte
- Kerrie Thacker, Owner/Administrator, Prestige Care Services
- Samantha Hersch, Owner and Operator, Kelly Wain, Director of Sales and Amanda Barton, Publisher and Team Leader, Seniors Blue Book Resources For Aging Well

Physicians, Nurses, and Health Departments

- Laurie Rolhoder, RN, Formerly with Douglas T. Jacobson State Veterans Nursing Home, and a Charlotte County resident
- Justin G. Thomas, D.O., Family Medicine Physician in Charlotte County
- Joseph Pepe, Ed. D., MSA, County Health Department Administrator, Florida Department of Health in Charlotte County (this letter was not signed)
- Penny Pringle, MSHS, BSN, RN, Interim Administrator, Florida Department of Health in DeSoto County

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Community Leaders and Elected Officials

- Senator Joe Gruters, 23rd District (Sarasota County & part of Charlotte County) and Chairman Florida Republican Party
- Dave Gammon, Director, Charlotte County Economic Development
- Shaddrick A. Haston, Esquire, Ullman Bursa Law, Current Board of Directors Member & Former CEO of the Florida Assisted Living Association

Affinity also had letters of support from

- Representative Michael J. Grant, Majority Leader, Florida House of Representatives District 75, Charlotte County and CFO Ambitrans Ambulance Service
- Michele Munzner, Case Manager and Social Worker DeSoto Memorial Hospital
- Dana Cukan, LPN, Former ALF Wellness Director in Sarasota County
- Jenna VanHatten, Health Care Director, Windsor of Venice, Sarasota County
- Richard Sharpe, RN, Clinical Liaison, Continuum Care of Sarasota Previously Admissions Nurse for Tidewell Hospice
- Marisa Dawson, RN, BS, JD, Triage Nurse, Continuum Care of Sarasota and former Tidewell Hospice employee
- Katie French, MSN, APRN, FNP-BC, Previously an RN with Tidewell Hospice
- Two family members of previous Tidewell patients, with the testimony of one also included

Affinity presents various excerpts from its letters of support on pages 122 and 125-145 of CON application #10714 and in additional information received separately by mail on April 27, 2022.

Tab 5 also includes a Memorandum of Understanding between Affinity and Village Place NH, LLC for the provision of leased space for an inpatient hospice unit (see Item E. 2. b. (2)).

Florida Hospice, LLC (CON application #10715) includes 22 letters (11 from outside the SA) in the application's Appendix A. Six of these from SA residents were also mailed to the Agency. The applicant's letters include:

Mark Wortley, CEO, Signature Healthcare on behalf of Signature Healthcare of Port Charlotte, writes "I have talked with the leadership of Florida Hospice regarding our interest in working with them to provide our Residents with high quality end of life care. We also want to expand into being able to offer GIP General Inpatient hospice services via a joint venture or similar structure between Florida Hospice and Signature

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Healthcare of Port Charlotte. The high acuity end of life care is much needed in the Port Charlotte community.”

Jaha Cummings, Councilman, City of Punta Gorda writes “Currently there is only one hospice program located in AHCA Hospice District 8A to serve the hospice needs of Charlotte and DeSoto County residents. The demographics and health status of this service area demonstrate considerable demand for hospice services. An additional hospice program is needed to improve competition and ensure adequate access to needed hospice services.” He also addresses population data, SA 8A’s rapid growth in the aging population, median household incomes, veterans and death rates.

He concludes with “I personally feel that Residential Hospice is uniquely and strategically positioned to support the hospice needs of Charlotte and DeSoto County residents. Additionally, I am confident that Residential Hospice is capable in terms of both scope and scale to perform the necessary outreach and education required to identify and enable access underserved patients.”

Appendix A also includes letters with the first three paragraphs stating their support for the applicant, Residential Hospice’s quality care and that “local hospice patients will benefit from their enhanced programs and services such as Music & Mediation Therapy, Massage & Aromatherapy, Pet Therapy, We Honor Veterans program, Legacy Projects and a variety of Bereavement Services to support families, teens, and children”. These also state that if the applicant is approved “we would be interested in referring our client to their services”. This letter was signed by:

- Dr. James S. Amontree, MD, Millennium Physician Group, Gastroenterologist, (Port Charlotte) and Kimberly Amontree, Vice Chair, Charlotte County School Board (jointly signing one letter)
- Julia Price, DPT, MBA, Director of Physician Outreach, ShorePoint Health - Port Charlotte
- Kim Devine, President, Partners In Development, Inc., Former Vice-Mayor, City of Punta Gorda
- Dawn Pudlin, CDP, General Manager, and Thomas Dean, CFP, and Susan Lynn Dean, RN with Comfort Keepers, a Home Health Agency serving Lee, Charlotte and Collier Counties
- J.H. (signature not legible), Punta Gorda Equality Member
- Patti Allen, VP Retail Operations, Fisherman’s Village (local resort)
- Kayla Harm, RN, Quality Medical Services Network, LLC

Jocelyn E. Wurster, NHA, Douglas T. Jacobsen State Veterans Nursing Home (120-beds, Charlotte County), cites the same factors as in the

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letter above but states that if the applicant is approved, “we would consider them for the care of our residents.”

Harry Bachman, 2nd Vice Commander, American Legion, Post 110 also cites the same factors in his letter but adds that, if the applicant is approved, “we would be interested in referring patients to them upon discharge from our facility.” The reviewer was unable to find a facility operated by the American Legion from which to discharge patients to hospice.

Vanessa Grant Oliver, Esq., CEO, Ambitrans Ambulance Company, cites the same factors except referring patients in her letter. She concludes by referring to the applicant “They have the experience to ensure the best interest of patients will be served regardless of race, ethnicity, gender, or ability to pay”.

VITAS Healthcare Corporation of Florida (CON application #10716):

Tab 17 includes “Letters and Stories from VITAS Patients and Their Families” with 97 comments (on 28 pages), listed as “Florida Reviews January 2021 – March 2022” that indicate a first name and a first letter of last name from patients/families who have received services from VITAS in Florida. This section also contains an “End of Life Wishes” story about VITAS employees bestowing kindness on a dying child.

VITAS’s Tab 49 includes a letter from Stan Weyer, NHA Administrator of Solaris Healthcare Charlotte Harbor (180-bed community nursing home in Port Charlotte) indicating willingness to contract with VITAS for inpatient hospice care.

The application’s Tab 50 includes letters of support from:

- Dr. Ernesto Rodriguez-Valdez, Millennium Physician Group, DeSoto County, states there is a “lack of understanding in the community about hospice services, especially with our Hispanic residents” and that “VITAS is committed to providing community outreach and education...including holding meetings in Spanish and distributing printed material in English and Spanish”.
- Michele Munzner, DSW, LSW, ACM-SW, states she is a social worker at DeSoto Memorial Hospital, and “too often we see hospice patients discharged to a local hospice house with short length of stays”. She also states there is a “definite need for a (hospice) provider who can offer (and stand by their commitment) continuous care for our high acuity patients” with “complex modalities specifically for high flow oxygen, wound vac and physical therapy”. She cites VITAS outreach conducted in other areas of the state and her belief that VITAS’ “expertise will be invaluable to our residents”.

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- Angela Melvin, Founder and CEO of Valerie’s House cites her organization’s relationship with VITAS since 2017 in Collier County and states “There is very little that VITAS would not do for the grieving children of Valerie’s House”. She states Valerie’s House also serves Charlotte and DeSoto counties and these counties “are in need of more resources and VITAS Healthcare can help meet that need”.
- Reverend Michael C. Loomis, 1st United Methodist Church, Charlotte County, cites his experience with VITAS and states “the need for choices for quality healthcare is critical.”
- Debbie Wertz, Executive Director, DeSoto County Chamber of Commerce, cites nine factors that support VITAS’s application and concludes “We highly recommend” that it is approved.
- VITAS also includes letters from Bishop Ken Carter of the Florida Conference of the United Methodist Church, Dr. Iva E. Carruthers, General Secretary of the Samuel DeWitt Proctor Conference, Inc., Blake Smith MSN, RN, President of the American Association for Men in Nursing, Ottamissiah Moore, BS, RN, President of the National Alliance of Wound Care and Ostomy and Dr. Martha A. Dawson President/CEO of the National Black Nurses Association citing their positive experience with VITAS.
- Three letters of support are from VITAS employees who also reside in the subdistrict.

VITAS presents excerpts of its support letters on pages 37, 38, 49, 50, 77, 79, and 94 of the application.

The reviewer notes several writers provide support for more than one applicant.

Letter of Opposition:

Empath Tidewell Hospice, Inc., the SA’s sole (not-for profit) hospice provider since October 21, 2005, submitted opposition in the form of a 37-page letter received by the Agency on April 27, 2022. The letter’s Attachment A includes seven letters of support for Tidewell, four in opposition to another provider for the SA.

Empath Tidewell Hospice, Inc.’s opposition cites the absence of numeric need and contends that “the applicants bear the heavy burden of demonstrating ‘special circumstances’ which justify approval” of their projects. Empath Tidewell Hospice, Inc.’s background of serving Charlotte and DeSoto County residents and summary of its hospice services including services outside the Medicare benefit are discussed on pages 3 – 6.

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Data is provided documenting Empath Tidewell Hospice, Inc.'s service provision Charlotte and DeSoto County residents. Empath Tidewell Hospice, Inc. argues that there has been no numeric need in more than 25 years and that its 8A admissions outpace population growth for the area. Empath Tidewell Hospice, Inc. contends that its extensive programming for patients suffering from a wide range of terminal illnesses is effective at reaching all age cohorts and disease categories. Empath Tidewell Hospice, Inc. states that based on HealthPivots DataLab data considering Medicare Hospice patients that it has served the second highest total volume in the state while only serving four counties statewide.

Empath Tidewell Hospice, Inc. asserts that according to Medicare claims data for October 2020 through September 2021, Tidewell serves patients in a more diverse array of settings than VITAS in Florida, as well as the only related entity to Affinity (Continuum of Snohomish) and the Florida Hospice-related entities in Illinois, Michigan, and Pennsylvania for which there is Medicare claims data.

Empath Tidewell Hospice, Inc. addressed quality of care on pages 15 – 17, indicating it provides high quality care. CAHPS scores were cited and Empath Tidewell Hospice, Inc. indicates rating of the hospice and willing to recommend are considered overall quality scores for hospice providers. Empath Tidewell Hospice, Inc. notes it scored 90 percent on “willingness to recommend” this hospice and it was 13th highest for percent of survey participants rating its program a ‘9’ or ‘10’ during the January 1, 2018 – December 31, 2019, CAHPS review period.

A comparison of the applicants CAHPS scores on the above was provided on page 16. Empath Tidewell Hospice, Inc. cites that its scores exceed the scores for the applicants currently seeking to offer hospice services in Hospice Service Area 8A. Empath Tidewell, Inc. argues that it provides superior quality compared to at least two of the applicants in the Batching Cycle and specifically that approval of VITAS or Florida Hospice would not offer increased quality hospice services to residents of Charlotte and DeSoto Counties. Additionally, Empath Tidewell, Inc. offers that because Affinity and its related entities do not have a history of CAHPS scores reporting, it is unreasonable to assume that approval of Affinity would offer increased quality services.

Empath Tidewell Hospice, Inc.'s opposition letter includes excerpts from its Attachment A letters on pages 17-20. These writers cite the services Empath Tidewell provides for the community and a common theme in many is that an additional hospice would not “benefit our community or is needed at this time”.

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Empath Tidewell Hospice, Inc. concludes there are no data points or statistics to support need for another hospice program in SA 8A. Stated reasons supporting its conclusion are reproduced verbatim below:

- ✓ There is no numerical need for an additional hospice program in the area;
- ✓ In fact, the numerical need is negative, meaning that
- ✓ Tidewell's hospice admissions already exceed the projected hospice admissions for the horizon year;
- ✓ The hospice penetration rate for Hospice Service Area 8A is routinely one of the highest in the state out of 27 hospice service areas, and is currently just slightly below the highest-ranking area statewide (71.6 in 8A compared to 79.7 in 3E);
- ✓ Tidewell provides high quality hospice care, and the proposed applicants do not offer increased quality for hospice patients in Charlotte and DeSoto Counties;
- ✓ Tidewell has community support and received both letters of support for its continued service to Hospice Service Area 8A, as well as opposition letters against the approval of another hospice program in the area;
- ✓ Tidewell serves patients across all service settings, including home, nursing homes/SNFs, hospice/inpatient facilities and assisted living facilities;
- ✓ Tidewell serves patients with terminal illnesses, including patients across a wide variety of disease categories;
- ✓ Tidewell provides a higher level of service intensity than the competing applicants' related entities; and
- ✓ Hospice Service Area 8A residents with Medicare seek hospice care within the area at a high rate — levels of outmigration to other Florida providers are very low.

The reviewer notes that among the seven support letters included in Attachment A, there were letters from the same Administrator or facility for Affinity Care of Charlotte and De Soto LLC (CON application #10714):

- Alec Weitzel, Administrator, Signature Healthcare of Port Charlotte
- Jennifer Herrold, NHA, Administrator, DeSoto Health and Rehab
- Heritage Oaks of Englewood

C. PROJECT SUMMARY

The applicants propose to establish a new hospice program in SA 8A in the absence of published need.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) referenced as Affinity Care, or the applicant, is a developmental stage affiliate of Continuum Care Hospice and Affinity Health Management. Collectively, the organization operates seven affiliate hospice programs across five states including Florida, New Jersey, Ohio, Virginia, and Washington.

Affinity has three Florida licensed hospice affiliates - Continuum Care of Sarasota LLC (SA 8D), Continuum Care of Broward LLC (SA 10) and Continuum Care of Miami-Dade LLC (SA 11). Another affiliate - Affinity Care of Manatee County has an approved CON (#10651) pending licensure.

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

Total project cost, which includes equipment, project development and start-up cost is \$324,060.

Pursuant to project approval, Affinity Care of Charlotte and De Soto LLC offers the following Schedule C conditions:

Quality and Patient Satisfaction Initiatives and Programming, Beyond the Hospice Benefit

- 1.** The Applicant will offer a personal emergency response indicator such as Life Alert, to every patient at home.
- 2.** The Applicant will provide triage coverage 24 hours a day, 7 days a week, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients).
- 3.** The Applicant will have a designated Quality Director to conduct quality assessments, monitoring, and report all issues to senior management.
- 4.** The Applicant will become accredited by CHAP once certified. This will be measured by the Applicant's submission of its accreditation certificate to AHCA upon receipt.
- 5.** The Applicant will have a confidential compliance hotline available for its employees who may have concerns with state or Medicare regulations and/or standards of conduct. The hotline, available 24 hours a day, 7 days a week, will maintain anonymity upon request.

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6. The Applicant will implement its Virtual Reality Program upon licensure of its program. It will be made available to all eligible Affinity Charlotte DeSoto patients.
7. The Applicant will implement its Music Therapy Program upon licensure of its program. It will staff a minimum of one Board Certified Music Therapist. It will be made available to all eligible Affinity Charlotte DeSoto patients.
8. The Applicant will implement its Equine Therapy Program upon Medicare certification of its program. It will be made available to all eligible Affinity Charlotte DeSoto patients who are physically able to make the trip to the stable partner.
9. The Applicant will assure each patient has 5 to 7 Home Health Aide visits per week, provided this is acceptable to the IDT, patient and family.
10. The Applicant will assure each patient has a minimum of 2 RN visits per week, provided this is acceptable to the IDT, patient and family.
11. Affinity Care commits to increasing visit frequency during the final weeks of life to provide support. The Applicant will utilize Muse Healthcare Analytics to assist in identifying patients who are entering their final days of life.
12. The Applicant will seek to respond to all referrals within one hour, initiate the assessment process within two hours, and expedite admission to the hospice subject to having a physician order in hand and the patient/family selecting the hospice option.

Clinical Specialty Programs

13. **Enhance Hospice Utilization for Hispanic and Black Minorities**
 - The Applicant will establish a physical presence, an office, in DeSoto County during the first year of operation to enhance access and availability of end of life care for the Hispanic and Black minority cohorts in this County representing 45 percent of that county's total population. The main office will be in Charlotte County which will be surveyed for licensure, with the DeSoto County office to open by the end of the first quarter.
 - The Applicant's hospice care team will be representative of the minority community and bilingual. This team will include, at a minimum, a nurse, social worker and chaplain.
 - A designated community relations representative will be appointed to take the lead on minority outreach initiatives whereby this individual will regularly meet with hospice appropriate patients and answer any and all questions they or their caregivers may have about hospice and Affinity Care to optimize early enrollment in hospice to enhance quality of life

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for terminal patients while reducing unnecessary hospitalizations.

- The Applicant will work with community organizations and healthcare providers throughout the Service Area to sponsor quarterly community education events and workshops regarding the benefits of hospice services, including an explanation of the hospice benefit available under Medicare, the interdisciplinary team approach to care for patients in hospice, and the ways in which hospice can meet the physical, emotional, and spiritual needs of Jewish patient and the patient's family at the end of life.
- The Applicant will assure hospice services are available to minority patients and their families including but not limited to 24/7 triage coverage, physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients); and availability of palliative care programs for minority patients that are in need of support but do not presently meet the requirements for admission to hospice care.
- The Applicant will become Medicaid certified so that it may accept any hospice patients, including those on Medicaid.
- The Applicant will develop a bereavement program specifically designed to address the needs of the minority patients, families, caregivers and those who are in need of grief support regardless if they are associated with hospice services.
- The Applicant will work with Rendever, its Virtual Reality designer, to create a special virtual reality platform for the Hispanic population that honors their history and provides to "travel" to significant sites and experiences throughout the world.
- The Applicant will partner with DeSoto Memorial Hospital, DeSoto Health and Rehab, and Arcadia Oaks Assisted Living to increase awareness of hospice services. A community relations representative will regularly be on site at these facilities to meet with hospice appropriate patients and answer any and all questions they or their caregivers may have about hospice and Affinity Charlotte DeSoto to optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary re-hospitalizations.
- The Applicant will partner with existing community organizations and resources that service underserved Hispanic and Black communities throughout the Service Area such as but not limited to federally qualified health clinics, local churches and community centers, to educate on the benefits of hospice.

14. EMS Community Paramedic Program

- The Applicant will develop and initiate a community paramedic program in coordination with local EMS providers, during year two. This will initially commence in DeSoto County given the rural nature of the county, its socioeconomic status and more limited access to healthcare resources.
- The Applicant will provide funding to local EMS providers for community paramedics, beginning in year two.
- The Applicant will provide education and training of community paramedics on the program and criteria.

15. Affinity Alzheimer's and Dementia Care

- The Applicant has will implement the Affinity Alzheimer's and Dementia Care program which was designed to bring the latest innovations in end-of-life care to Alzheimer's and dementia patients and their caregivers.
- All staff will be required to complete 2.5 hours of Continuing Education Units (CEU's) covering evidence-based protocols for behavioral symptoms, in addition to Florida's minimum CEU requirements.
- All patients in this program will be provided with music therapy and a textile box.
- The Applicant will offer a specifically tailored caregiver support group for those with loved ones battling Alzheimer's and dementia.
- Affinity Care will work with area facilities, such as nursing homes, who have patients with dementia, to educate their clinical staff on treatment criteria and programs.

16. Affinity Pulmonary Care

- The Applicant will offer the Affinity Pulmonary Care to improve the end-of-life care for patients suffering from pulmonary diagnoses. The Applicant will increase the awareness among healthcare providers and Service Area 8A residents about hospice care for patients confronted with pulmonary diseases.
- The Applicant will engage a respiratory therapist upon certification who will manage the patient's respiratory plan of care and provide respiratory related education to the patient, their family and to the hospice team and the community.
- The Applicant will work with each of the hospitals in the Service Area on both palliative and end of life offerings to assist in reducing readmission rates and also identifying potential early adopters of hospice care, who are underserved in the Service Area.

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- The Applicant will collaborate with a community Pulmonologists and other pulmonary care professionals on an ongoing basis to assist in patient assessments, education and provision of services.

17. Affinity Cardiac Care

- The Applicant will implement the Affinity Cardiac Care program designed to improve the end-of-life care for patients suffering from end stage cardiac diseases along with increasing the awareness among healthcare providers and residents of Service Area 8A on the importance of hospice care for patients confronted with end stage cardiac disease.
- All Affinity Charlotte DeSoto staff will be provided specialized education on the management of end stage cardiac patients.
- The Applicant will work with each of the hospitals in the Service Area on both palliative and end of life offerings to assist in reducing readmission rates and also identifying potential early adopters of hospice care, who are underserved in the Service Area.
- The Applicant will collaborate with community Cardiologists and other cardiac professionals on an ongoing basis to assist in patient assessments, education and provision of services.

18. Continuum Palliative Resources

- The Applicant will implement its Continuum Palliative Resources program within six months of receiving its Medicare certification. This will provide patients with relief from symptoms and pain, supporting the best quality of life, before the patient terminates treatment and qualifies for hospice. This will significantly improve the perception of hospice, repair the negative image hospice historically has amongst minorities and help to develop an end of life care plan designed for the individual, Combined, the approach to hospice treatment, education and outreach, staffing with culturally like personnel and providing palliative care as a pathway or bridge to hospice, the Applicant will be lifting up the lower minority penetration rates for both Blacks and Hispanics.
- The Applicant will conduct community education on advance care planning (i.e. living wills, durable power of attorney, review of 5 wishes document).
- The Applicant will provide physician-led palliative care services including social work and chaplaincy, either within facilities or in the patient's place of residence.

19. Veterans Outreach Program

- The Applicant will implement its Veterans outreach program, We Honor Veterans, once certified and will strive to achieve Level 5 certification to increase access and improve the quality of care for Veterans in Hardee, Highlands and Polk Counties.
- The Applicant will designate one of its hospice liaisons to carry out all Veterans outreach initiatives.
- The Applicant's Virtual Reality platform will offer Veterans a virtual flightless experience for Veterans who are unable to participate in the Honor Flight Network trip. The Honor Flight Network is a national network comprised of independent Hubs working together to show our nation's veterans the appreciation and honor they deserve.
- The Applicant will establish its "Flag Salute" program. This program will provide each Veteran with an American flag upon admission to Affinity Charlotte DeSoto. When the patient passes and is being removed from his/her home, the carrier transporting the patient's body will be draped in the Flag and all those in attendance will stand and salute the removal of the patient.

20. The Applicant will not build or operate freestanding hospice houses in Charlotte and DeSoto Counties, Hospice Service Area 8A.

21. If an individual wants to make a charitable donation, the Applicant will direct those individuals to Continuum Care Hospice Foundation's website. Funds donated to this Foundation are used exclusively for the end of life care, support and needs of hospice patients.

Affinity Care includes the statement that this or these condition(s) “will be measured by a signed declaratory statement submitted by the Applicant to AHCA” on its above conditions unless other language wise noted above. The reviewer notes that Condition #19 has a typographical error citing “Hardee, Highlands and Polk Counties”.

Florida Hospice, LLC (CON application #10715) also referenced as Residential Hospice or the applicant, is a for-profit, development stage Florida Limited Liability Company established on August 20, 2021. Florida Hospice is an affiliate of Residential Healthcare Group, Inc., and The Graham Healthcare Group, which are a wholly-owned subsidiaries of Graham Holdings Company (the ultimate parent).

The companies that comprise Graham Healthcare Group include:

- Residential Healthcare Group
- Edward-Elmhurst Health
- Northshore University Health System

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- Duly Health
- Allegheny Health Network
- Mary Free Bed at Home

Residential Healthcare Group, Inc. parents the following:

- Residential Home Health (founded in 2001)
- Residential Palliative (founded in 2015)
- Residential Hospice (founded in 2011)

The companies that comprise Graham Healthcare Group, provide hospice services in Illinois, Michigan and Pennsylvania but do not have hospice programs in Florida.

The applicant expects issuance of license and initiation of service on or about January 2023.

Florida Hospice, LLC projects \$493,975 in total project costs, which include equipment, development, and start-up costs.

Florida Hospice, LLC proposes 23 conditions to the project's approval. The applicant includes the following measurement statement conditions 2-16, 19, and 21. *"Compliance will be documented through submission of Annual Conditions Compliance Report"*. The following statement *"We will submit proof of expenditures, dates of expenditures, and a list of participants"* applies to conditions 2, 4, 5, 6, 10, 11, and 14. Florida Hospice, LLC's proposed conditions are:

1. Residential Hospice will provide two (2) Scholarships of \$7,500 each per year for an LPN to RN program based upon financial need of the student for a total of five years (\$75,000).

Compliance will be documented through submission of Annual Conditions Compliance Report submitted to AHCA by April 1st of the year following distribution of funds. We will submit proof of funds transferred to a local university or college, dates funds were transferred, and identify the scholarship recipients.

2. Residential Hospice will host an annual summit for Social Workers and other healthcare members in the community to identify and address social determinants of health, spending \$3,000 annually for a total of five years (\$15,000).

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3. Residential Hospice will provide internship opportunities to qualified students in medical, nursing, physical therapy, gerontology, social work, music therapy, and religious and pastoral counseling training programs within Hospice Service Area.

We will submit a summary of the previous year's internship activity.

4. Residential Hospice will provide quarterly complimentary educational programs in the community on end-of-life care options and hospice related topics spending \$1,600 annually for a total of five years (\$8,000).
5. Florida Hospice will provide annual complimentary educational programs specifically addressing minority communities and end of life care options and hospice related topics spending \$1,600 annually for a total of five years (\$8,000). Minority communities may include LGBTQ, HIV/AIDs, Latino and Cuban origin, African American, Native American, Asians, other minority communities identified with a need once performing services in the area.
6. Residential Hospice will offer free Open Community "Lunch & Learn" meetings to provide education to the public on hospice, hospice services, and bereavement issues and services. Any expenditure for "Lunch & Learn" meetings will be done in accordance with Residential Hospice's compliance program, policies and procedures, applicable state and federal law and related guidance.
7. Residential Hospice will partner with the "Meals on Wheels" programs in DeSoto and Charlotte counties to sponsor events and assist with providing meals for seniors who do not qualify for government funded meals providing funds of \$6,000 per year for a total of five years (\$30,000).

We will submit proof of funds transferred to Meals on Wheels in DeSoto and Charlotte counties, dates funds were transferred, and request a letter from Meals on Wheels for each county served.

8. Residential Hospice will provide \$6,000 per year to the Gulf Coast Partnership to provide housing aid to the homeless population in DeSoto and Charlotte counties for a total of five years (\$30,000).

We will submit proof of funds transferred to DeSoto and Charlotte counties Home Coalition(s), dates funds were transferred, and request a letter from each county's Home Coalition.

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9. Residential Hospice will provide up to \$3,600 per year of special needs requests from patients and families on our program for a total of five years (\$18,000). The support will fit within our charity care policy and will be made in full compliance with applicable state and federal regulations.

We will submit proof of expenditures, dates of expenditures, descriptions of fulfilled requests, and a list of recipients.

10. Residential Hospice will provide \$1,800 per year to conduct grief support groups and grief camps in the community for any family members and caregivers for a total of five years (\$9,000).
11. Residential Hospice will provide an annual "Children's Healing Hearts Camp" in the community for children who have lost a loved, spending \$5,000 per year for a total of five years, (\$25,000).
12. Residential Hospice will achieve level 5 of the We Honor Veterans Program in the first three years, partnering with the local VA department, VA Medical Center, and the VA skilled nursing facility to enhance the care of Veterans in the local community.

We will submit a summary of the previous years' service to Veterans.

13. Residential Hospice will provide annual patronage to the "Friends of the Punta Gorda Charlotte Library" each year for a total of five years (\$500).

We will submit proof of annual expenditure.

14. Residential Hospice will collaborate with the Home Care Association of Florida and Visiting Nurse Association to provide complimentary virtual educational seminars annually based on area of expertise and Associations educational needs.
15. Residential Hospice will provide annual contribution of \$1,500 for a total of five years (\$7,500) to the Parks and Recreation Agency or work with a local conservation society to support a community garden with hospice friendly pathways walkway for hospice patients.

We will submit proof of expenditure.

16. Residential Hospice will provide complimentary program and services that are not specifically covered by private insurance,

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Medicaid, or Medicare as described in this certificate of need application to its hospice patients and family/caregivers including, but not limited to:

- The Journey Program
- My Care Central — propriety app for patient continuity of care
- Music and Meditation Therapy
- Massage and Aromatherapy
- Pet Therapy
- Residential Hospice Foundation
- We Honor Veterans

Any such complimentary programs and services will be furnished in accordance with Residential Hospice's compliance program, policies and procedures, applicable state and federal law and related guidance.

We will submit a summary of the previous year's activity by program or service.

17. Residential Hospice will begin operations within the six months if there is no appeal, or no more than 120 days following final approval and issuance of the certificate of need to establish a new hospice program in Service Area 8A.

Compliance will be documented through submission to AHCA of a timeline defining the dates of initiating hospice operations in Hospice Service Area 8A.

18. Residential Hospice will comply with all licensure requirements and will file all required data and reports in a timely manner as required by the Agency.

Compliance will be documented through submission to AHCA of all required data and reports as required, and a copy of our license.

19. Residential Hospice will participate in the Medicare and Medicaid Programs, and will collect, submit and participate in the CMS Hospice Quality Reporting Systems (HIS and CAHPS).

We will annually submit our CMS Hospice Quality Reporting (HIS and CAHPS Scores).

20. Residential Hospice will achieve full accreditation from the Accreditations Commission for Health Care within 10 months of initial licensure.

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Compliance will be documented through submission to AHCA of a copy of our Certificate of Accreditation from AHC with the next Annual Compliance Report submission following receipt of Certificate of Accreditation.

21. Residential Hospice will provide inpatient hospice services through collaboration with existing inpatient health care providers including hospitals and skilled nursing facilities.

We will submit data on the previous year's inpatient hospice services.

22. Residential Hospice will submit its hospice training provider program and curriculum to the Department of Elder Affairs for approval.

Compliance will be documented through submission to AHCA of a copy of a letter from the Department of Elder Affairs approving our hospice training provider program and curriculum.

23. Residential Hospice will develop and submit its Comprehensive Emergency Management Plan (CEMP) to the Department of Elder Affairs for approval.

Compliance will be documented through submission to AHCA of a copy of a letter from the Department of Elder Affairs approving our Comprehensive Emergency Management Plan.

VITAS Healthcare Corporation of Florida (CON application 10716), an existing for-profit Florida hospice provider, parented by CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11.

The applicant expects issuance of license on September 1, 2022 and initiation of service on October 1, 2022.

Total project costs are projected to be \$424,628 and include equipment, project development and start-up costs.

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

C.3 Special Programs:

VITAS Pulmonary Care Program

In comparison to the state average, DeSoto County residents have a significantly higher age adjusted death rate attributable to Chronic Obstructive Pulmonary Disease (COPD). In DeSoto County, the age-adjusted death rate from pneumonia and influenza (respiratory-related conditions) also exceeded the state average in 2020. According to the American Hospital Directory, pneumonia, COPD, and respiratory infections accounted for 22 percent of total discharges at DeSoto Memorial Hospital for cost report year-end 9/3/2020. Additionally, COPD was the second-largest diagnosis group discharged by Bayfront — Port Charlotte for the same period. Lastly, three hospitals in Subdistrict 8A had an average hospice length of stay that was shorter 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 Subdistrict 8A with targeted, diagnosis-specific diagnosis to area practitioners, improved care for pulmonary patients, and community education through its Pulmonary Care program.

The Pulmonary Care program is described in detail in Schedule B and has three primary goals: 1) improving end-of-life care for patients with pulmonary diagnoses; 2) increasing area healthcare providers' awareness of hospice care for patients with respiratory diagnoses, and 3) increasing area residents' awareness of hospice care for patients with respiratory diagnoses. The program will include the following elements (for all educational components of this condition, VITAS conditions this application on providing the educational programs for at least the first three years of operation):

- a. Staff Training:** All nurses, physicians, social workers, and chaplains will complete training in care for patients with pulmonary diagnoses and their families within the first three months of their start date. Training will include at least three elements: 1) Education on Chronic Obstructive Pulmonary Disease; 2) Education on End-Stage Pulmonary Disease, and 3) Training on removal from mechanical ventilation. Documentation will be shown in a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- b. Provider Input:** VITAS will publicize and offer 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

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program can best address them. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

- c. Healthcare Provider Education:** VITAS will offer COPD-related continuing education presentations to area healthcare providers. These presentations will focus on end-of-life and palliative care. VITAS will offer two programs to area providers for at least the first three years of operation. The two programs will be "Palliative Care for End-Stage COPD Patients" and "COPD: The Disease." Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- d. Community Education:** VITAS will publicize and offer semi-annual "Ask the Doctor and/or Clinician" events open to the public. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice care, end-stage pulmonary disease, and caregiving and support for individuals with respiratory disease. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- e. Community Support:** VITAS will provide donations to an organization that supports community education and awareness of pulmonary diseases for each of the first two years of operation including:
 - \$10,000 annually for the first two years of operation to an organization that provides pulmonary disease educational programming or the American Lung Association to support education and support services for the prevention and treatment of pulmonary diseases. Compliance with this condition will be documented by providing AHCA with copies of the checks and name of the grantee as part of the first two annual CON condition compliance reports.

VITAS Diabetes Program

Based on the health demographics of Subdistrict 8A, particularly in DeSoto County, diabetes death rates are significantly higher than the state average and are a leading cause of death in the subdistrict. In 2019, in DeSoto County, the age-adjusted death rate from diabetes was 91 percent higher than the statewide average. African Americans are also disproportionately affected by diabetes at both the national level and within DeSoto County.

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VITAS makes it a condition of this application on offering its Diabetes Care program for hospice patients in 8A. The program improves end-of-life care for persons dying from diabetes as well as those dying from other conditions such as heart disease and dementia where diabetes is a significant comorbidity- The program will include the following elements (for all educational components of this condition, VITAS conditions this application on providing the educational programs for at least the first three years of operation):

- a. Staff Training:** All nurses, social workers, and chaplains will complete educational sessions related to diabetes within the first three months of their start date. Training will include at least three elements: 1) a general overview of diabetes prevention, diagnosis, and management; 2) a more nuanced approach to the benefits and harms of management depending upon remaining life expectancy, other comorbid conditions, and risks of hypoglycemia; and 3) an understanding of glycemic targets based upon the state of the science relative to a patients' clinical status. Documentation will be shown in a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- b. Healthcare provider input:** VITAS will publicize and offer semi-annual meetings open to area endocrinologists, primary care physicians, and other physicians managing patients with diabetes, their support staff, and other physician stakeholders. These meetings will be a forum to discuss VITAS's Diabetes Care program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- c. Healthcare Provider Education:** VITAS will offer Diabetes-related continuing education presentations to area healthcare providers. These presentations will focus on managing patients with diabetes and end-of-life and palliative care. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- d. Community Education:** VITAS will publicize and offer semi-annual "Ask the Doctor and/or Clinician" events open to the public. These events will be a forum for area residents to ask a hospice physician and/or other VITAS clinicians about hospice care, diabetes care, and caregiving and support for individuals with diabetes and comorbid conditions such as dementia and

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

- e. Dietician:** VITAS will include a dietician in its staffing plan for Subdistrict 8A. The dietician will provide patient care and serve as an educational resource to other hospice staff. Compliance with this condition will be documented by providing AHCA with the name and start date of the dietician.
- f. Community Support:** VITAS will provide donations to an organization that supports community education and awareness of diabetes for each of the first two years of operation including:
 - \$10,000 annually for the first two years of operation to an organization that provides diabetes education programming or the American Diabetes Association to support education and support services for the prevention and treatment of diabetes and diabetes-related diseases. Compliance with this condition will be documented by providing AHCA with copies of the checks and name of the grantee as part of the first two annual condition compliance reports.

VITAS Cardiac Care Program

The age-adjusted death rate from heart disease is the second leading cause of death (behind cancer) for both Charlotte and DeSoto Counties. Additionally, one 8A hospital's hospice utilization rate for cardiac patients was less than the state average. Three 8A hospitals had a hospice average length of stay that was shorter than the state average. These statistics are indicators of late referrals and a 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 8A. The program will include the following elements (for all educational components of this condition, VITAS conditions this application on providing the educational programs for at least the first three years of operation):

- 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 General Manager will attest to the information in the log in the annual CON condition compliance report.

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- b. Provider Input:** VITAS will publicize and offer 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.
- c. Healthcare Provider Education:** VITAS will offer an annual sepsis-related continuing education presentation to area healthcare providers. The presentation will focus on end-of-life care for patients with sepsis diagnoses. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- d. Community Education:** VITAS will publicize and offer semi-annual "Ask the Doctor and/or Clinician" events open to the public. These events will be a forum for area residents to ask a hospice physician and/or other VITAS clinicians about hospice care, sepsis, and caregiving and support for individuals with sepsis. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

VITAS Sepsis Care and Post-Sepsis Syndrome Program

According to a study published in the Journal of the American Medical Association, 40 percent of sepsis deaths met hospice eligibility at the time of hospital admission.¹ In 2019 in DeSoto County, the age-adjusted death rate for hospice patients from septicemia was significantly higher than the statewide average. Sepsis patients comprised the single largest DRG admission group at Fawcett Memorial Hospital in Port Charlotte and the second largest DRG at DeSoto Memorial Hospital, for the period ending 9/30/2020. Additionally, Medicare-insured sepsis patients receiving hospice services at three hospitals in Subdistrict 8A had an average hospice length of stay that was shorter than the state average. Sepsis patients in one hospital had a readmission rate that was higher 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.

¹ Rhee C, Dantes R, Epstein L, et al. Incidence and Trends of Sepsis in US Hospitals Using Clinical vs Claims Data, 2009-2014. JAMA doi:10.1001/jama.2017.13836

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- a. Staff Training:** All nurses, social workers, and chaplains will complete the training modules in the VITAS Sepsis Program Resource Manual within 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 offer semi-annual meetings with hospital staff and physicians to serve as a forum to discuss VITAS sepsis program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- c. Healthcare Provider Education:** VITAS will offer an annual sepsis-related continuing education presentation to area healthcare providers. The presentation will focus on end-of-life care for patients with sepsis diagnoses. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.
- d. Community Education:** VITAS will publicize and offer semi-annual "Ask the Doctor and/or Clinician" events open to the public. These events will be a forum for area residents to ask a hospice physician and/or other VITAS clinicians about hospice care, sepsis, and caregiving and support for individuals with sepsis. Documentation of these meetings will be provided to AHCA as part of the annual CON condition compliance report.

Outreach Programs for DeSoto County Residents Experiencing Homelessness and Food Insecurity

DeSoto County has a large population percentage with incomes below \$35,000, much larger than the percentage for Charlotte and Florida as a whole. In addition, the rate of homelessness in DeSoto County is much higher than Charlotte County and Florida as a whole. VITAS is committed to caring for all patients, regardless of their socioeconomic status or where they call home. VITAS is also committed to providing resources that will improve quality of life and tools that will prove useful at the end of life whether or not an individual becomes a VITAS patient.

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

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- **Support for the Homeless:** A grant of up to \$ 20,000 per year for the first two years of operation to DeSoto Care Homeless Services or another homeless assistance organization that provides support to homeless populations, specifically in DeSoto County;
- **Support for the Food Insecure:** A grant of up to \$17,500 per year for the first two years of operation to All Faiths Food Bank or other food assistance organizations such as food banks or pantries that provide support to food insecure populations specifically in DeSoto County;

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

Bridging the Gap Program and Medical/Spiritual Toolkit

The African American population in Subdistrict 8A is the largest ethnic minority group along with "Some Other Race." Combined African American and "Some Other Race" residents of DeSoto County comprise over 30 percent of DeSoto County's population. Hospice use rates for the African American patients are low in comparison to the African American population in the county. This indicates that African American patients in Subdistrict 8A are either not referred to hospice services or are refusing hospice care. Provider and community education can help increase hospice use rates in marginalized communities.

- a. Bridging the Gap Training and Discussion:** VITAS has created a Bridging the Gap training and panel discussion for healthcare professionals and spiritual leaders on the needs of African American 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 8A during the first year of operation. Compliance with this condition will be documented by submitting a dated list of correspondence and offers to provide the program, a description of the training, and a list of attendees.
- b. Bridging the Gap Toolkit:** The Bridging the Gap Toolkit will also be offered to spiritual leaders to review evidence about preferences on end-of-life care and provide resources for end-of-life conversations, including how to address a patient's faith and how to engage a terminally ill patient's family to provide support. VITAS conditions this application on providing the toolkit to healthcare providers and spiritual leaders in Subdistrict 8A 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 CON condition compliance report.

Outreach Programs for the Hispanic Population

The percentage of the Subdistrict 8A population that is Hispanic is significant, particularly in DeSoto County. Over 33 percent of DeSoto County residents report themselves to be Latino or Hispanic. This is a larger percentage than the state as a whole. Hispanics are largely underserved when it comes to hospice care services. Subdistrict 8A's Hispanic/Latino population is growing more quickly than the non-Hispanic/Latino population, even in Charlotte County, where the percentage of Hispanic/Latino residents is smaller than in DeSoto County. The rate of growth of this population is projected to be almost 20 percent over the next five years. Hospice use rates for Hispanic patients are low in comparison to the Hispanic population in the region. Therefore, one component of increasing access to hospice services and meeting the needs of the Hispanic community in Subdistrict 8A will involve outreach, education, and care.

- a. Community Support:** VITAS conditions this application on making a grant of up to \$15,000 per year for the first two years of operation to local organizations serving the Hispanic population and/or agricultural and migrant workers, that promote academics, healthy communities, and the engagement of the Hispanic population. 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.

- b. Spanish-Speaking Representative:** VITAS also conditions this application on providing a dedicated VITAS representative, who is fluent in Spanish, to provide education in Subdistrict 8A. Compliance with this condition will be documented by providing AHCA with the name and start date of the VITAS representative.

Elder Orphan Outreach Program

Charlotte County is home to a significant number of elderly people. In fact, it is estimated that in 2022, 42.4 percent of the population of Charlotte County will be aged 65 and older. An "elder orphan" is defined as an elderly person who lacks caregiver support, either because they either live alone or their primary caregiver is unable to properly care for them. To serve the elderly population in Subdistrict 8A, particularly the elderly that lack caregiver support, VITAS conditions the following:

- a. Elder Orphan Outreach Program:** VITAS conditions this application on creating and implementing an Elder Orphan

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Outreach Program within the first two years of operation. Documentation of this program will be provided to AHCA as part of the annual CON Compliance Report.

- b. Community Support:** VITAS conditions this application on donating up to \$17,500 per year for the first two years of operation to Arcadia-DeSoto Habitat for Humanity, specifically its “Critical Home Repair Program,” or another similar organization, to assist area residents (which may include the elderly and hospice patients) in DeSoto County with repairs to make their homes safe and navigable, so that they may age in place. Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the first two annual CON condition compliance reports.

Veterans Program

Veterans have unique end-of-life care needs and benefit from specialized programming and care. There is a large veteran population in Subdistrict 8A, particularly in Charlotte County, which has a significantly higher percentage of veterans than Florida as a whole. Veterans comprise 13.4 percent of Charlotte County adult residents and even more significant, 44.1 percent of Charlotte County residents age 65 and older are veterans. To meet the needs of this special population, VITAS will ensure programming and recognition for veterans at the end of life.

- a. Honor Flight Network:** VITAS conditions this application on offering the virtual reality, “flightless” Honor Flight Visits Program to veterans who cannot participate in the Honor Flight Network trips to Washington D.C. This program is described in detail in Schedule B. Compliance will be documented in the annual CON condition compliance report by submitting documentation of the program, as well as the number of patients who participated in the program and the date(s) of participation, as applicable.
- b. Veterans Walls:** VITAS also conditions this application on offering to install a Veterans Wall in at least 2 area assisted living facilities or nursing homes within the first two years of operation. The walls will showcase a VITAS-provided photo plaque for each veteran resident, engraved with the individual’s 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 CON condition compliance report.

- c. We Honor Veterans:** VITAS conditions this application on the Subdistrict 8A program entering the We Honor Veteran program and achieving Level 4 commitment to the program within the first three years of operation. VITAS regularly participates in the We Honor Veterans Program, which is described in detail in Schedule B. Compliance will be documented in the annual CON condition compliance report by submitting the date the program becomes a We Honor Veterans Recruit and the date it achieves Level 4 status.

- d. Veterans Benefit Assistance Program:** VITAS conditions this application on implementing its Veterans Benefit Assistance Program in Subdistrict 8A within the first two years of operation. This program is described in detail in Schedule B. Compliance will be documented in the annual CON condition compliance report by submitting the number of patients/caregivers who participated in the program and the dates of participation.

Assisted Living Facility (ALF) Outreach and CORE Training Program

Charlotte County is an older community with a larger percentage of the population age 65 and older than the state as a whole. As a result, there are numerous assisted living facilities in Charlotte County with a total of 1,303 licensed beds. VITAS' analysis has determined that there are 20 ALFs in Subdistrict 8A. The ALF setting is home to many patients with Alzheimer's and dementia. Hospice staff who receive ALF CORE Training will be better equipped to meet ALF residents' needs and partner with ALF staff. This training is described in detail in Schedule B.

- **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 two years of operation. Compliance with this condition will be documented in the CON condition compliance report by providing AHCA with the date that the VITAS staff members received training.

Palliative Care Program and Resources including Cancer Palliative Care

VITAS offers all of its patients options for palliative care, as its care is a vital component of high-quality, comprehensive hospice care. 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 a detailed, open discussion with the patient and his or her family concerning end-of-life goals and advanced care

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planning. To ensure Subdistrict 8A 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 patient 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 8A:** Because VITAS is committed to providing comprehensive care for patients who are not yet eligible or ready for hospice care, VITAS Palliative Care, a VITAS-affiliated clinician-led consultative practice, will provide services to palliative care to patients in Subdistrict 8A within the first two years of operation. Compliance with this condition will be documented by an attestation of palliative care services being provided, the location, and the date services were first offered. This will be submitted in the annual CON condition compliance report.
- c. Providing Palliative Services to Cancer Patients in Subdistrict 8A:** Some cancer patients can only access hospice services if hospice can provide or arrange for palliative services including chemotherapy and radiation to manage pain. Not all hospice programs provide such services even if medically necessary. VITAS will provide palliative chemotherapy, inotrope drips, and radiation to manage patients' pain and symptoms, as appropriate. Compliance with this condition will be documented by a count of Subdistrict 8A patients that were offered and/or received palliative chemotherapy, inotrope drips, and radiation and submitted in the annual CON condition compliance report.
- d. Nurse Practitioner:** VITAS will include a nurse practitioner in its staffing plan for Subdistrict 8A within the first two years of operation. The nurse practitioner will provide patient care, Goals of Care consultant services, and serve as an educational resource to other hospice staff. Compliance with this condition will be documented by providing AHCA with the name and start date of the nurse practitioner.

Provider Education and Training Programs

VITAS has spoken with numerous healthcare providers in Subdistrict 8A who indicate that there is a need for additional end-of-life care training for physicians, nurses, and social workers in the service area. Hospice education programs provide healthcare providers with vital information and tools to help appropriately identify patients that would qualify for and benefit from hospice care, thereby improving access to hospice care. VITAS conditions this application on providing the educational programs for at least the first three years of operation.

- c. VITAS conditions this application on implementing its new and innovative Goals of Care and Preceptorship Certificate Program within the first two years of operation. Compliance with this condition will be documented in the CON condition compliance report by providing AHCA with the date of the training and the names of the participants.
- d. VITAS will offer an End-of-Life Nursing Education Consortium (ELNEC) training program for nurses within the first two years of operation. VITAS will also offer an Education in Palliative and End-of-Life Care (EPEC) training program for physicians within the first two years of operation. Compliance with this condition will be documented in the CON condition compliance report by providing AHCA with the date of the training and the names of the participants.

Quality and Patient Satisfaction Program

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

- **Accreditation:** VITAS conditions this application on applying for Community Health Accreditation Partner (CHAP) Accreditation. This condition will be measured by providing AHCA with an attestation that an application for accreditation has been submitted to the accrediting body within the first year of operation.

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 8A, are well-trained to provide the best possible care. Accordingly, VITAS conditions this application on:

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- a. The Medical Director covering Subdistrict 8A 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 obtain certification in Hospice and Palliative Care.

Compliance with this condition will be shown by providing AHCA with a General Manager attestation in the annual CON condition compliance report, including the name of the Hospice Medical Director and their certification.

Grief Support for Children

VITAS recognizes that children have unique needs when processing grief over the loss of a loved one. VITAS conditions this application on donating up to \$10,000 per year for the first two years of operation to Valerie's House, to support the Children's Grief and Support Program in Subdistrict 8A. 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.

C.4 Other Conditions:

Hospice Office Locations

Hospice office locations are important because the locations have the potential to facilitate hospice visibility, community awareness, and focused interaction with the community. VITAS is committed to increasing hospice awareness and utilization in Subdistrict 8A. A physical presence in more than one community is critical to ensuring outreach, education, and awareness.

VITAS conditions this application on having two hospice offices in Subdistrict 8A within the first year of operation. The initial office will be in the Charlotte County area, and a second office will be located in DeSoto County. Compliance will be demonstrated by submission of the VITAS license with the office locations.

VITAS Will Not Solicit Donations

The primary purpose of this project is to improve patient access to hospice care, not financial benefit. Thus, VITAS will not solicit charitable contributions from patients, family, or friends relating to its services in Subdistrict 8A nor will VITAS engage in fundraising events for its program. Any unsolicited donations received will be given to VITAS

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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 condition compliance report with an attestation confirming any unsolicited amounts were provided to VITAS Community Connections.

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

Services Beyond the Traditional Hospice Benefit

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

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

- Providing admissions in the evening and on weekends to address the need identified by hospitals and physicians in Subdistrict 8A. Compliance will be measured 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 condition compliance report via an attestation of the service's availability and the service's contact information.
- Providing services to address medically complex, high-acuity services such as hi-flow oxygen, IV therapy, open Rx formulary, paracentesis, thoracentesis, palliative blood transfusions, and palliative TPN inotropes. Compliance will be provided in the annual CON condition compliance report via an attestation of the service's availability. Offering internships to area social workers, chaplains and/or MBA and MHA (Master of Healthcare Administration) students. Compliance with this condition will be provided as a list of the number and type of interns in 8A, their associated school, and the length of their internship.

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- Providing a free prognostication tool through the VITAS app for all area physicians. Compliance with this condition will be evidenced by providing information on the application and copies of educational and marketing materials about the application distributed in Subdistrict 8A as part of the annual CON 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 in the annual CON condition 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 CON condition compliance report.

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

Should a project be approved, the applicant's proposed conditions would be reported in the annual condition compliance report as required by Rule 59C-1.013(3), Florida Administrative Code. The proposed conditions are as 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-

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

D. REVIEW PROCEDURE

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

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

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

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

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

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

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

1. Fixed Need Pool

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

In Volume 48, Number 24, of the Florida Administrative Register, dated February 4, 2022, the Agency indicated zero net need for a new hospice in SA 8A for the July 2023 hospice planning horizon. The applicants are applying to establish a hospice program based on in the absence of published numeric need.

SA 8A has one licensed hospice, Empath Tidewell Hospice, whose hospice admissions for the five-year periods beginning January 1, 2017, and ending December 31, 2021, are shown in the table below.

**Service Area 8A Admissions
Five Years Ending December 31, 2021**

Ending December 31	Admissions
2021	2,596
2020	2,447
2019*	2,368
2018	2,340
2017	2,303

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued for the referenced time frames

Note: *CY 2019 includes July-December utilization which was not published due to the batching cycle realignment for the first hospice 2020 batch.

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. That a 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.

All applicants provide detailed arguments in support of need for their respective project. Their major need justification(s) are described below.

Affinity Care of Charlotte and De Soto LLC (CON application #10714): The applicant contends that the following Special and Not Normal Circumstances exist in SA 8A (page 27):

1. Charlotte County and DeSoto County Residents Are Not Being Served.
2. Terminally-Ill Hispanic and Black Minority Groups in the Service Area Are Underserved.
3. Patients Who Will Benefit from Hospice Care Throughout Their Six-Month Hospice Benefit Eligibility Are Underserved.
4. Out-Migration from Tidewell Hospice's Service Area 8A
5. Migration Among Tidewell's Hospice Service Areas Created by Tidewell's Operating Pattern Distorts Extent of Utilization and Masks True Need in the Hospice Service Area.
6. Double Counting of Patients Distorts Extent of Utilization and Masks True Need in the Hospice Service Area Revealing a Pool of Underserved Patients.
7. Tidewell House Model of Care Breaks the Continuity of Care for the Patient and Adversely Impacts SA 8A Nursing Homes & ALFs.
8. Florida's Medicaid Managed Care Statute Requires "Hospice Choice" to Maintain Network Adequacy and Health Plans Have the Right to Terminate Hospice Providers Based on Quality Metrics.
9. Tidewell Hospice Operates as a Sole Provider in SA 8A, Contiguous Service Area 6C and Seeks to Reintroduce this Same Status in a Third Contiguous Area 8D.
10. The Need for Choice and Lack of Competition in Hospice Programs Has Been Voiced by the Community.
11. Sole Provider Status Precludes Competition from Fostering Quality and Cost Effectiveness.

Affinity provides the following chart which depicts Charlotte County, DeSoto County and SA 8A demographic, socioeconomic and racial characteristics for 2020, 2022 and 2027.

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Charlotte and DeSoto Counties Demographic, Socioeconomic and Racial Characteristics 2020, 2022 and 2027			
Factor	Charlotte County	DeSoto County	Service Area 8A
Total Population, 2020	189,369	37,302	226,671
Year 2022			
Total Population, 2022	197,297	38,322	235,619
65+ Population	76,033	7,589	83,622
Hispanic Population, 2022	16,640	12,783	29,423
Black Population, 2022	11,306	4,643	15,949
Percent 65+, 2022	38.5%	19.8%	35.5%
Percent Hispanic, 2022	8.4%	33.4%	12.5%
Percent Black, 2022	5.7%	12.1%	6.8%
Combined Hispanic and Black, 2022	14.2%	45.5%	19.3%
Median Age, 2022	61.0	41.9	58.7
Year 2027			
Total Population, 2027	208,365	39,210	247,575
65+ Population, 2027	85,934	8,243	94,177
Hispanic Population, 2027	19,954	13,817	33,771
Black Population, 2027	11,995	4,705	16,700
Percent 65+, 2027	41.2%	21.0%	38.0%
Percent Hispanic, 2027	9.6%	35.2%	13.6%
Percent Black, 2027	5.8%	12.0%	6.7%
Combined Hispanic and Black, 2027	15.3%	47.2%	20.4%
Median Age, 2027	62.7	42.5	60.4
Percent Change			
Total Population, 2022-2027	5.6%	2.3%	5.1%
65+ Population, 2022-2027	13.0%	8.6%	12.6%
Hispanic Population, 2022-2027	19.9%	8.1%	14.8%
Black Population, 2022-2027	6.1%	1.3%	4.7%
Other Characteristics			
Veterans, 9/30/2022	21,522	2,010	23,532
Percent of Total Population	10.9%	5.8%	10.3%
Veterans 65+ 9/30/22	15,280	1,306	16,586
Percent of 65+ Population	20.1%	17.2%	19.8%
Median Household Income	\$52,724	\$36,360	--
Per Capita Income	\$33,275	\$18,193	--
Persons in Poverty	9.8%	20.8%	--
Land Area in Square Miles	680	637	1,317
Population per Square Mile	287	54	174

Source: CON application #10714, pages 22-23 from AHCA Population Estimates, Claritas/EnviroNics, Veterans Administration, Wikipedia, Community Needs Health Assessments.

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Charlotte County residents median age is approximately 20 years more than DeSoto County (61 vs 41.9)

- correlating to a different population in terms of health status, healthcare needs and requirement for services
- its median income is also 45 percent greater than DeSoto County
- it has less than half the poverty level of DeSoto (9.8 vs 20.8 percent)

SA 8A has nearly 20 percent minorities

- 45 percent are in DeSoto County, expected to increase to 47 percent by 2027
- 20 percent poverty in DeSoto County with low per capita income

The applicant cites DeSoto County having one nursing home, one hospital and three assisted living facilities and that Affinity has letters of support from representatives of these facilities, which include the one large ALF with 75 percent of DeSoto County's ALF beds and a letter from Ms. Michele Munzner, Case Manager and Social Worker at DeSoto Memorial Hospital. Affinity states part of its "action plan and conditions is to partner with these providers, among others, in meeting the needs of DeSoto County minority and other population".

Affinity presents a chart depicting the inventory of healthcare facilities and services in DeSoto and Charlotte counties based on "AHCA's and DOH Florida Charts , April 2022" on the application's page 24. Affinity notes that Tidewell Hospice is the only hospice in the SA and therefore residents have no 'choice' in providers despite this being a requirement of Medicare Regulations within 42CFR and the Medicaid waiver program. Affinity expands on Tidewell Hospice's sole provider status, operating characteristics and resulting reported admissions in response to Not Normal & Special Circumstances. Affinity contends that through its analysis that:

- Tidewell Hospice reports to other regulatory bodies, including Medicare, a lower number of patients reducing the actual penetration rate in SA 8A resulting in artificially suppressing AHCA's need computation primarily through movement of patients amongst its four county, three service area region.
- Movement of these patients results in inflating patient counts to AHCA due to double and triple counting of individual patients through this activity.

Affinity's discussion of the SAs Special Circumstances and Not Normal Circumstances cited above follows.

Not Normal Circumstance #1: Charlotte County and DeSoto County Residents are Not Being Served:

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The applicant states this includes:

- minorities (both Hispanic and Black)
- persons who will benefit from hospice services throughout their six-month eligibility period - and not limited to final days of life
- persons who need more than 1 to 2 home visits per week - but do not need GIP care - whose needs in the home Tidewell does not meet
- persons not offered a choice in hospice care who do not want to use Tidewell
- persons who had a prior negative incident with Tidewell and choose not to use Tidewell again
- persons who reside in a facility which does not have a relationship with Tidewell
- patients of home care service agencies who do not work with Tidewell
- other similar situations identified in the SA

Affinity contends that there are sufficient quantified families to support the introduction of a second provider to SA 8A and provides the CAHPS scores of terminally ill Charlotte County residents, who are dissatisfied with Tidewell and would not recommend Tidewell Hospice.

- Three percent of patient families reported that they would probably not or definitely not recommend Tidewell Hospice. Applying three percent to the pool of potential hospice patients on an annual basis, thereby applying to the number of terminally ill DeSoto and Charlotte County deaths in 2021 results in 14 DeSoto and 100 Charlotte County residents/families who would likely not utilize Tidewell.
- 420 patient families in both counties sometimes or never got the help they needed for pain and symptoms
- 76 reported Tidewell Hospice sometimes or never treated the patient with respect
- 153 rated Tidewell Hospice a "6" or lower which is considered a poor rating.
- Between 76 and 420 Charlotte and DeSoto County families which require an alternative hospice provider.

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Family Experience - Negative CAHPS Scores Demonstrates Large Pool of Dissatisfied Consumers Corroborates Letters of Supports and Information Gleaned from Market Interviews							
	CAHPS Percent	CY 2020			CY 2021		
		Charlotte	DeSoto	Total	Charlotte	DeSoto	Total
Service Area County Deaths		3,179	448	3,627	3,343	471	3,814
Sometimes or NEVER Communicated Well	6%	191	27	218	201	28	229
Sometimes or NEVER Provided Timely Help	11%	350	49	399	368	52	420
Did NOT Provide the Right Amount of Emotional or Spiritual Support	10%	318	45	363	334	47	381
Sometimes or NEVER Got the HELP Th Needed for Pain and Symptoms	11%	350	49	399	368	52	420
Did NOT Receive the Training The Needed	11%	350	49	399	368	52	420
Sometimes or NEVER Treated the Patient With Respect	2%	64	9	73	67	9	76
Rated the Agency a 6 or Lower	4%	127	18	145	134	19	153
Would Not Probably or DEFINITELY NOT Recommend	3%	95	13	109	100	14	114

Source: CON application #10714, page 30.

The applicant recognizes these computations are based on families who "know" Tidewell via Tidewell's treatment of a family member, applied to total deaths in each County. Affinity notes that these families can be represented in more than one group so should not be 'added' to determine the entire pool and that there are sufficient quantified families to support the introduction of a second provider to SA 8A.

Affinity presents the tables below as a summary of Tidewell Hospices complaint log through a counting of each listed event/complaint received by Tidewell that were documented during the past few years by subject area. The applicant notes that these are patients, referral sources, health care providers/facilities and others with a direct relationship with Tidewell Hospice (versus the unserved who will not elect Tidewell Hospice to provide end of life care).

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Tidewell Hospice Complaint Event Log Calendar Years 2018 through 2021				
Event/Complaint	Count of Event/Complaint by Year and Category			
	CY 2018	CY 2019	CY 2020	CY 2021
Communication	39	36	30	66
Perception of Care	0	15	13	48
Quality of Service	39	32	21	37
Perception of Colleague, Attitude or Behavior	0	0	0	0
Timely Response	26	17	14	23
Admission or Transfer Issues	16	11	15	19
Pain/Symptom Management	22	18	10	19
Equipment or Supply Issue	9	12	3	17
Comfort Medications Not in Place or Ineffective	0	0	0	12
Professional Relations	10	9	3	9
Discharge Planning Issue	5	1	0	7
Staffing Issues	9	10	4	5
Understanding Plan of Care	2	5	3	5
All Other Categories (<5 per category in CY 2021)	74	75	56	35
	251	241	172	334
Percent Change by Year	--	-4.0%	-28.6%	94.2%

Source: CON application #10714, page 31.

Affinity provides excerpts from dissatisfied Tidewell patients, families, and referral sources on pages 31-33.

The applicant states that Medicare data indicate SA 8A resident out-migration to adjoining counties to enroll in alternative hospice providers demonstrates that 18-21 percent of DeSoto County residents and Charlotte County has a 13 percent outmigration, both of which are above the ten percent norm. Charlotte County’s Black population out-migrates at a rate of about 20 percent per Affinity.

Affinity next cites Ms. Erica Floyd Thomas, the Agency’s Chief of Medicaid Policy testimony in the Tidewell v Continuum Care of Sarasota Case No. 20-1712CON, when asked if she would be concerned if a family member that did not want to use the same provider due to a previous bad experience, “would it be concerning to you that those people would have no choice in another provider”, she responded “It’s always concerning when freedom of choice is not availed.” Ms. Thomas also responded “Yes” when asked if that situation would be an example where freedom of choice is important.

Affinity states that one of the fundamental principles of the Medicare program is to provide consumers with ‘choice’ in seeking health care providers and services and this concept is embedded in Code of Federal

Regulations 418.108 (“CFR”)42. The applicant concludes that quantifying the CHAPS survey scores in conjunction with the CFR 42 requirement of choice warrants approval of the application.

Not Normal Circumstance and Special Circumstance #2: Terminally-Ill Hispanic and Black Minority Groups in the Service Area Are Underserved.

Affinity provides data indicating that Tidewell Hospice’s Hispanic and Black penetration rates are lower than “all others” and lower than Florida and National minority penetration rates.

Affinity presents tables on pages 35 and 37 to show Tidewell’s Hispanic and Black penetration rates in 2020 represent: Hispanic penetration was 0.7 percent compared to 4.7 percent statewide and 2.2 percent nationally

- Hispanic deaths were 4.1 percent throughout the Tidewell service areas equating to a fair share of only 16.9 percent (0.7/4.1) compared to the 15 percent Hispanic deaths statewide in which the State of Florida's fair share was 31 percent (4.7/15.0) - 2x that of Tidewell's fair share
- DeSoto County's demographic makeup is one-third Hispanic population, thus, the Hispanic population is significantly underserved by Tidewell
- Black penetration was 3.2 percent compared to 8.7 percent statewide and 9.0 percent nationally deaths were 4.1 percent throughout the Tidewell service areas equating to a fair share of only 16.9 percent (0.7/4.1) compared to the 15 percent Hispanic
- Black deaths were 4.9 percent throughout the Tidewell service areas equating to a fair share of only 65.6 percent (3.2/4.9) statewide in which the State of Florida's fair share was 31 percent 68.1 percent (8.7/12.8), exceeding that of Tidewell's fair share.
- DeSoto County's demographic makeup is 12 percent Black and Charlotte is six percent Black, thus, these populations are significantly underserved by Tidewell

Affinity contends that Tidewell as a provider, and the sole provider for 40+ years in three contiguous subdistricts, exhibits racial and ethnic disparities but even more so than the State of Florida as presented herein and offers that six of the nursing homes in the Service Area (60 percent) confirmed that minorities are underserved and documented it in their Affinity Charlotte DeSoto letter of support. These nursing homes include, and reviewer confirms, are DeSoto Health and Rehab, Signature Healthcare of Port Charlotte, Village Place Health and Rehabilitation Center, Solaris Healthcare Charlotte Harbor, Port Charlotte Living Center, and Life Care Center of Punta Gorda.

The applicant offers that the 65-bed ALF in DeSoto County, Arcadia Oaks, which admits Medicaid clients and represents 75 percent of the ALF beds in that county, also indicated the underserved minority and Medicaid clients in DeSoto County. The reviewer notes there is a letter of support from this facility.

Affinity's table on the application's page 37 depicts specific minority counts by county and total service area:

- SA 8A is currently home to 15,949 Black and 29,423 Hispanic residents
- Hispanics comprise 33 percent of the population in DeSoto County
- Hispanics comprise eight percent in Charlotte County

The applicant notes that by 2027:

- Hispanics are expected to increase to 33,771
- Blacks will increase to 16,700
- The combined percentage of these two minorities to the total population in 2027 will be:
 - 47.2 percent in DeSoto County
 - 15.3 percent in Charlotte County
 - 20.4 percent of total SA 8A population

Affinity notes that poverty in DeSoto County is more than twice that of Charlotte County and that, per capita, income in DeSoto County is only 54 percent of that in Charlotte County. The applicant states that the median household income (MHI) is materially less in DeSoto County, just 69 percent of Charlotte County MHI, thus, Medicaid is a focus for DeSoto County. Affinity states that as of March 2022:

- 10,212 persons in Charlotte County enrolled in Medicaid representing 26.8 percent of the 38,148 total population count
- 31,628 are enrolled in Medicaid, making up 16.2 percent of the 195,790 Charlotte residents
- Combined, 41,840 persons receive hospice coverage with the state's Medicaid program

The applicant contends that increasing population in these groups and the resulting increase in deaths is evident through the data presented and that the underservice of minorities will continue.

Affinity presents six graphs on the application's pages 39-44 to support its contention that Tidewell's penetration rates are lower when compared to the state average. The source for these tables is stated to be the Department of Elder Affairs, Annual Reports, 2015-2020, Florida Office of Vital Statistics and NHA analysis.

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The applicant notes that Tidewell Hospice's penetration rate in 2020 was 33.7 percent for Hispanics, 42.5 percent for Blacks but 68.3 percent for all others. Affinity concludes that the “34.6-point disparity between Hispanics and all others and a 25.8-point disparity between Blacks and all others signifies underserved minorities”. Comparisons of CY 2015 through CY 2020 are provided to support the disparity between the minority Black and Hispanic population penetration rate and Tidewell’s overall penetration rates in these years.

Affinity’s charts referenced above indicate that:

- While Tidewell's Hispanic penetration rate has ranged from 33.5 to 40.6 percent in each of the last six years, with a weighted average of 37 percent, the rest of Florida has averaged more than 59 percent.
 - The average disparity of 22 to 24 percentage points is consistent in the five previous years before 2020.
- Tidewell Hospice's Black penetration rate is also less than Florida's Black penetration rate averaging four percentage points less than the state average during the last six years.

Affinity also provides utilization data of its Broward County affiliate’s CY 2021 service to the Hispanic population and its Sarasota County affiliate’s service to the Black population in the nine months it was operational in 2021. The applicant concludes the data shows that it is more successful penetrating minorities than Tidewell.

The applicant’s table on pages 44-45 of the application, shows the death service ratio for Hispanic Medicare enrollees during CYs 2019-2021 for each of the states’ 27 hospice SAs. Tidewell Hospice's ratios for Hispanic Medicare enrollees are shown to be the second to the lowest in CY 2020 and 2021. The applicant indicates that SA 8A (Tidewell) “had too low a volume in 2019 to be reportable”.

Affinity offers two tables on the application’s page 46 based on AHCA's Inpatient Hospital Data. One table is the percent of Med/Surg discharges to hospice by the SAs four acute care hospitals for the 12 months ending June 30, 2021, which indicates that:

- 2.8 percent of Hispanic patients were discharged to hospice.
- 3.4 percent of Black patients were discharged to hospice
- 5.3 percent of all other patients were discharged to hospice
- Black disparity by hospital to all other ranges between 9.1 and 73.6 percent averaging 36.3 percent

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- Hispanic disparity by hospital ranges between 30.8 and 100 percent (none discharged to hospice from DeSoto Memorial) averaging 47.7 percent overall

The second table showing the aggregate of the SA hospital discharges to hospice for the 12 month periods ending June 30, 2019—June 30, 2021 indicates that:

- Hispanic disparity ranges between 35.9 and 46.6 percent
- Black disparity ranges between 21.3 and 46.6 percent

The applicant states that Medicaid also shows a lower rate than other payors, ranging between 1.8 and 3.7 percent depending on the hospital, with the highest differential being DeSoto County.

Affinity states its strategy is to initiate a meaningful collaboration with the hospitals in terms of provider, referral source and community education and that “with the racial and socio-economic status of DeSoto County, and the Medicaid disparity in addition to Hispanic and Black, that hospital collaboration will initiate upon licensure”.

Affinity indicates that overall SA Black out-migration has ranged between 18 and 27 percent during the last three years (12 month ending periods ending June 30, 2021). Further, between 19 and 29 percent of Charlotte County Black residents receiving hospice services left the area. During the most recent 12 month period, 21.8 of Charlotte County’s black population seeking hospice out-migrated with the majority (20.5 percent) remaining in Florida and the other 1.3 percent migrating out of state. Affinity notes that DeSoto County exhibits slightly less Black out-migration than Charlotte but has ranged between 10 and 18 percent. Affinity contends that this demonstrates an access problem within these two counties, SA 8A.

“Hispanic Hesitation Surrounding Hospice Enrollment” is next discussed and Affinity concludes that overall, Hispanics are not using hospice at rates equal to non-Hispanic whites.² Specific attributes that may influence hospice enrollment, usually relating to a cultural tendency toward collectivism have been associated with the Hispanic ethnic category. Hispanics are more likely to engage in family decision making on the topic of end-of-life care.

² The 2019 literature review published by Margaret L. Rising, JD, MA, BSN, RN, BA in the Journal of Healthcare for the Poor and Underserved titled Hispanic Hospice Utilization: Integrative Review and Meta-analysis.

Another example of a Hispanic cultural trait that relates back to hospice enrollment is the open discussion of a terminal prognosis. Hispanics are more likely to practice “prognosis secrecy”. “The rationale behind prognosis secrecy is that sharing such information with the patient or particular family members might be burdensome for them or even hasten the patient’s death.”³

The third cultural influence is the meaning of the word “hospice”. In Spanish, “hospicio” refers to a place such as an asylum related to poverty and abandonment. According to an article published by Barbara Allan, CEO of SRA Research Group, Inc., this word has a negative connotation that sends strong signals that make many Hispanic individuals reject the concept before they have invested any time or effort into learning about it. This, along with the belief that no one can take better care of your loved ones than family, at home, leaves the Hispanic family with feelings of abandonment, failure, and guilt-leaving family out of the equation.

Affinity indicates studies show five primary reasons why African Americans are less likely to choose hospice:

1. African Americans have a deeply rooted distrust of the health care system
2. Lower economic status and resources
3. A greater willingness to spend their resources to stay alive
4. Lower care satisfaction among family members
5. End-of-Life care is in disarray

The applicant provides narrative description of prior affiliate experience with enhancing hospice penetration among minority groups, including The Oakland Program, Alameda County, California (Black) and the OLE Partnership (Hispanic), as well as other Affinity/Continuum outreach activities on pages 49-57 of the application. Affinity notes it has conditioned this CON Application on the provision it will implement a minority outreach program for the Hispanic population assembling an appropriate care team for assessment and treatment of this population.

Additional minority outreach programs are discussed such as Continuum Care Rhode Island’s work with Higher Ground International (HGI). HGI is described as “a forward-thinking and culturally grounded inter-generational social service non-governmental organization that advocates and provides programs for West African Immigrants, Refugees and Marginalized Communities in Rhode Island and Rural Villages in Liberia, West Africa”. Continuum Care Rhode Island also provides

³ Rising ML, Hassounah DS, Lutz KF, Berry P, Lee CS. Hispanic Hospice Utilization: Integrative Review and Meta-Analysis. *Journal Health Care Poor Underserved*. 2019;30(2):468-494. Doi:10.1353/hpu.2019.0042. PMID:31130531

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education to many other minority groups including but not limited to: Cape Verdean, Portuguese, and Filipino communities.

Affinity also describes the community outreach Continuum Care Rhode Island has with the Native American population working with the Narragansett tribe which has extended contracts to Continuum to provide services to their members. Affinity contends that it will apply similar expertise, awareness of cultural sensitivities and outreach to serve minority populations and cites its proposed condition to do so. Affinity Care contends that it has a culturally competent strategy to address disparities, acknowledgement, religiousness, and treatment preferences, in minority populations, particularly with respect to the Black and Hispanic populations.

Affinity next lists in bullet points its action items and conditions relative to Hispanic and Black Minority Groups:

- The applicant will establish a physical presence, an office, in DeSoto County during the first year of operation to enhance access and availability of end-of-life care for the Hispanic and Black minority cohorts in this county representing 45 percent of that county's total population. The main office will be in Charlotte County which will be surveyed for licensure, with the DeSoto County office to open by the end of the first quarter.
- The applicant's hospice care team will be representative of the minority community and bilingual. This team will include, at a minimum, a nurse, social worker, and chaplain.
- A designated community relations representative will be appointed to take the lead on minority outreach initiatives whereby this individual will regularly meet with hospice appropriate patients and answer any and all questions they or their caregivers may have about hospice and Affinity Care to optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary hospitalizations.
- The applicant will work with community organizations and healthcare providers throughout the service area to sponsor quarterly community education events and workshops regarding the benefits of hospice services, including an explanation of the hospice benefit available under Medicare, the interdisciplinary team approach to care for patients in hospice, and the ways in which hospice can meet the physical, emotional, and spiritual needs of Jewish patient and the patient's family at the end-of-life.
- The applicant will assure hospice services are available to minority patients and their families including but not limited to 24/7 triage coverage, physical visits to assess hospice eligibility of patients and

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admission regardless of ability to pay (charity patients); and availability of palliative care programs for minority patients that are in need of support but do not presently meet the requirements for admission to hospice care.

- The applicant will become Medicaid certified so that it may accept any hospice patients, including those on Medicaid.
- The applicant will develop a bereavement program specifically designed to address the needs of the minority patients, families, caregivers and those who are in need of grief support regardless if they are associated with hospice services.
- The applicant will work with Rendever, its Virtual Reality designer, to create a special virtual reality platform for the Hispanic population that honors their history and provides "travel" to significant sites and experiences throughout the world.
- The applicant will partner with DeSoto Memorial Hospital, the DeSoto Health and Rehab, and Arcadia Oaks Assisted Living to increase awareness of hospice services. A community relations representative will regularly be on site at these facilities to meet with hospice appropriate patients and answer any and all questions they or their caregivers may have about hospice and Affinity Charlotte DeSoto to optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary rehospitalizations.
- The applicant will partner with existing community organizations and resources that service underserved Hispanic and Black communities throughout the service area such as but not limited to federally qualified health clinics, local churches and community centers, to educate on the benefits of hospice.
- The applicant will implement its Continuum Palliative Resources program within six months of receiving its Medicare certification. This will provide patients with relief from symptoms and pain, supporting the best quality of life, before the patient terminates treatment and qualifies for hospice. This will significantly improve the perception of hospice, repair the negative image hospice historically has amongst minorities and help to develop an end-of-life care plan designed for the individual.

Not Normal Circumstance and Special Circumstance #3: Patients Who Will Benefit from Hospice Care Throughout Their Six Month Hospice Benefit Eligibility Are Underserved.

Affinity states that Tidewell's model of care is to provide general inpatient care in its hospice houses compared to Affinity's model which is a community-based focus of providing hospice care. The applicant notes that Tidewell has a history of providing a significant amount of general

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inpatient care offering a lengthy supportive narrative including eight tables and charts on pages 59-68.

The reviewer bullets the summarized key notes from this discussion:

1. Tidewell focuses its services and patients on the high acuity hospital patients, and does not proportionately treat those who will benefit from hospice for a longer period - two to six months - resulting in an underservice of these other hospice patients
2. Tidewell employs its hospice house model of care to treat patients (page 75)
3. Tidewell is not meeting the needs of terminally ill patients in the community or residing in nursing homes and assisted living facilities through either education of this population and their health care professionals relative to appropriately qualifying for hospice services before the 'very end' or providing more than one or two visits per week in the home

Affinity notes that Tidewell:

- Has a GIP which is nearly twice that of the Florida average and four and a half times the national average
- Its GIP ranks in the top five percentile nationally and seventh highest percentage wise of all providers in Florida
- Patients average length of stay (ALOS) is approximately one half of Florida and the National hospices' ALOS
- has the 5th lowest ALOS in Florida
- is in the lower quartile of median length of stay showing that underserved patients are those not benefitting from the Medicare hospice program throughout their final six months of life.

Further, Tidewell Hospice patients are admitted late in the disease process:

- 25 percent of all patients only have a three-day length of stay
- 50 percent have between seven and 10-day length of stay with the most recent year 50th percentile, or median, having a length of stay between seven and eight days and
- 75 percent of its patients have an ALOS of approximate one month or less

Affinity Care includes an excerpt (page 67 of the application) in which Tidewell referred its own patient to Continuum Care of Sarasota and that while Continuum responded within 23 minutes, it could not admit the patient who was a Manatee County resident. The applicant notes the same thing could happen to a SA 8A patient as there is no alternative to Tidewell. Affinity states the referral was based on Tidewell not having the service intensity and since Continuum was not able to admit the patient,

they will either go without hospice or become a late adopter, which will result in higher cost to the patient and family.

Affinity Care will affirmatively seek to educate providers and the community about engaging with the hospice benefit earlier in the terminal stage to enhance quality of remaining life throughout this period. The applicant contends that the approval of its project will foster competition that promotes cost effectiveness given Affinity's ability to admit patients earlier than Tidewell and treat them in their homes without the need for inpatient hospice care.

Not Normal Circumstance and Special Circumstance #4: Out-Migration from Tidewell Hospice's SA 8A.

Affinity discusses the outmigration issues in SA 8A on pages 68 and 69 which includes two tables, and the reviewer summarizes below:

- DeSoto County out-migration was between 17 and 21 percent in the past three years
- Charlotte County out-migration was between 13 to 14 percent in the past three years
- DeSoto County residents in the most recent year were at 13 percent outside the home county but in the state just five percent
- Charlotte County residents were at five percent in the most recent year
- Hospices in which DeSoto residents sought services outside Tidewell included Hope Hospice, Suncoast Hospice, Avow Hospice, Good Shepherd Hospice, VITAS, Lifepath, Compassionate Care and others (with the largest counts being in counties contiguous to the Tidewell regional services) suggesting access issues within DeSoto County which is also evidenced by the lower 'actual' penetration demonstrated with the Medicare data
- Charlotte County exhibits a 20 percent outmigration within Florida for Black patients for the most recent year but ranging between 19 and 29 percent during the past three years
- DeSoto County exhibits a range between 10 and 18 percent outmigration within Florida for Black patients for the most recent year

The applicant states that Affinity Care of Charlotte and De Soto committing to establishing an office within the first quarter after licensure within DeSoto County will address the underserved population within DeSoto County. Further, it will develop an outreach program that will assist in minimizing outmigration among minority populations.

Not Normal Circumstance and Special Circumstance #5: Migration Among Tidewell's Hospice Service Areas Created by Tidewell's Operating Pattern Distorts Extent of Utilization and Masks True Need in the Hospice Service Area

Affinity contends that Tidewell's operating pattern distorts its extent of utilization and masks the true need in the hospice service area. The application's pages 71- 74 includes two tables to show the movement of Tidewell patients amongst its three SAs during CY 2018—CY 2021. Affinity states that in the Division of Administrative Hearing involving CON #10698 filed by Affinity Care of Manatee County and Tidewell Hospice's opposition (Case 21-2329CON), it was confirmed that Tidewell Hospice moves patients back and forth across service area lines artificially inflating the true count of unduplicated patients being served. Further, there was a material distortion year over year with the most recent year differential in Manatee County of unduplicated admissions versus AHCA reported admissions of 469.

Affinity states its own analysis for SA 8A concludes that:

- Artificial outmigration caused by Tidewell Hospice inflates Charlotte and DeSoto County and other service area admissions when those patients return home from the out of county hospice house
- During CY 2018—2021, between 24 and 30 percent of patient days, depending on the year are not served in the home service area of the patient. This indicates an artificial increase in admit counts result in an annual continued suppression of need and masking of the underserved patients.
- SA 8A patients moved out of the service area, and then returned also inflate SA 8A admissions
- A shorter GIP stay at Tidewell's hospice house would further increase the additional admission. Using a three day stay estimate, an increase in SA 8A admissions could exceed 500 in CY 2021.

Affinity Care Charlotte DeSoto concludes that it will offer a different operating model and will not relocate patients amongst adjoining Service Areas as it will treat its patients in their place of residence. The applicant asserts its program should benefit those patients who do not want to be treated by Tidewell Hospice in adjoining service areas and therefore do not elect the hospice benefit or revoke the benefit.

Not Normal Circumstance and Special Circumstance #6: Double Counting of Patients Distorts Extent of Utilization and Masks True Need in the Hospice Service Area Revealing a Pool of Underserved Patients.

Affinity uses the AHCA penetration rate and compares it to the Medicare penetration rate (narrative and tables on pages 75 -81) to show the extent to which Tidewell's reporting processes overstate the SA penetration rate and distort extent of utilization. The result computes to an excess of 400 admissions not corresponding to individual patients in each year and Affinity estimates that the SA has 422 to 432 underserved patients.

Affinity also evaluates the Medicare admissions of individual patients as developed from the Medicare database and compares those with the AHCA reported admissions. As Tidewell Hospice is the only hospice in the state able to move patients between three contiguous service areas, Affinity contends that the reported to both AHCA and DOEA results in double and triple counting admissions on annual basis.

Not Normal Circumstance and Special Circumstance #7: Tidewell House Model of Care Breaks the Continuity of Care for the Patient and Adversely Impacts SA 8A Nursing Homes & ALFs.

Affinity presents a discussion to support its position that Tidewell Hospice's model of care to provide inpatient, respite, and routine care in its seven hospice houses throughout the four counties it serves, three of which are in SA 8A results in Charlotte and DeSoto County residents requiring inpatient care being admitted to one of Tidewell's hospice houses. The applicant contends that a patient within an Assisted Living Facility or Nursing Facility in need of inpatient hospice care, rather than receive continuous care in place, is relocated out of their familiar place of residence and transferred to one of Tidewell's facilities.

Affinity analyzed Tidewell Hospice CAHPS scores by location and found it resulted in dissatisfied patients notably those in an assisted living, nursing home or hospital had lower scores than the average overall score, and less than patients in the hospice house or private home. The applicant made note that Tidewell's scores in the pain and symptom category were poor. Affinity argues that the break in continuity of care and over utilization of Tidewell's hospice houses for unnecessary inpatient services was a finding of the Medicare audit released in February 2021. The audit is included in the application's supporting documents.

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Affinity states that one out of every two patients, up to six out of 10, are moved into a hospice house for some portion of their hospice service, compared to only 19 percent of patients nationally having one or more day of GIP care during their hospice stay. This suggests excess utilization of GIP care, admitting a large majority of high acuity, late elector hospice patients and transferring these patients from their home to accommodate the Tidewell model of hospice care results in early adopters of hospice being underserved. Per Affinity, one in two Tidewell SA 8A patients likely die in one of its hospice houses - an estimated rate of death of 45 to 53 percent which is 3.5 to 4.1 times the national average identified by NHPCO (12.8 percent) or 8.3 percent (New England Journal of Medicine's December 12, 2019, issue).

Affinity declares that in contrast to Tidewell, it historically has been successful in managing patients' pain and symptoms at home noting that using its past data that between two and three percent passed while on inpatient care.

Affinity presents that Tidewell was the subject of a federal audit of Medicare claims filed that that did not comply with Medicare requirements and that between April 2016 and March 2018, Tidewell received \$116.7 million in reimbursements for hospice services that the clinical records did not support the beneficiary's terminal illness prognosis, or the level of care claimed, or provided services that were not eligible for Medicare reimbursement.

Affinity cites an AHCA audit report dated June 10, 2016, in which Tidewell Hospice had certain claims that were inappropriately paid by Medicaid. The applicant shares that after review of Medicaid claims performed by the Agency's Office of the Inspector General, Medicaid Program Integrity, during September 1, 2009, and December 3, 2012, there was indication that certain claims were inappropriately paid by Medicaid. Affinity states that AHCA sought repayment of the overpayment in the amount of \$491,354, applied sanctions in the amount of \$98,270 plus costs and that the total amount due was \$589,734 by Tidewell Hospice for its Medicaid overbilling.

Affinity notes it has letters of support from area healthcare providers that citing Tidewell's transfer of patients in their facilities to its hospice houses for inpatient care breaks the continuity of care in Tab V of application. Affinity Care Charlotte DeSoto reiterates that it will not operate freestanding hospice facilities, that its model of care is to maintain patients in their homes to the extent they can and utilize contracted beds in hospitals and skilled nursing facilities for general inpatient and respite care as needed. The applicant has conditioned

approval of this application on the provision it will not build or operate freestanding hospice facilities in Charlotte or DeSoto County, SA 8A.

Not Normal Circumstance and Special Circumstance #8: Florida's Medicaid Managed Care Statute Requires "Hospice Choice" to Maintain Network Adequacy and Health Plans Have the Right to Terminate Hospice Providers Based on Quality Metrics.

Affinity discusses Florida Statute 409 and CFR 42 for the Medicare program requirements that a 'choice' be available for health care services and providers, including those to be contracted with by the Medicaid Managed Care (MMA) and the Long Term Care (LTC) programs.

DOAH Cases No. 20-1712CON and Case No. 21-2329CON are cited in support of need in SA 8A. The applicant notes that Florida Statute 409.967(2)(c)(1) requires that each Medicaid Managed Care plan maintain a region-wide network of providers in sufficient numbers to meet the access standards for specific medical services (i.e., hospice) for all recipients enrolled in the plan and that "providers" indicates a plurality, at least more than one.

Affinity states the February 24, 2021 OIG Report, citing Tidewell providing the wrong level of care, inpatient in the hospice house setting when the patient's clinical indications only required routine care, is a quality issue. Further, exclusion, revocation, and suspension of licensed hospice providers for noncompliance has occurred in other markets in the past and if it occurs in Charlotte and DeSoto Counties, its residents would have been left without a hospice provider creating a Not Normal Circumstance.

Not Normal Circumstance and Special Circumstance #9: Tidewell Hospice Operates as a Sole Provider in SA 8A, Contiguous Service Area 6C and Seeks to Reinstitute this Same Status in a Third Contiguous Area 8D.

Affinity reiterates its argument that Tidewell's monopoly has been established and that choice and competition enhance quality of care. The applicant provides additional excerpts from DOAH Case No. 20-1712CON and Case No 21-2329CON to support this. Affinity restates that approval of a second provider to serve SA 8A will eliminate this Not Normal Circumstance and the Special Circumstance.

Not Normal Circumstance and Special Circumstance #10: The Need for Choice and Lack of Competition in Hospice Programs Has Been Voiced by the Community.

Affinity Care discusses this circumstance and provides a bulleted list of supporters, excerpts from its letters and additional statements that were extracted from Tidewell's complaint log of approximately 1,000 documented complaints in calendar years 2018-2021 from Charlotte and DeSoto patients and families. The applicant states that this provides the underlying support for why it is critical to approve a second provider for hospice services in Charlotte and DeSoto County and that had an alternative hospice been available, each of these patients could have revoked hospice and been admitted to the other provider.

Not Normal Circumstance and Special Circumstance #11: Sole Provider Status Precludes Competition from Fostering Quality and Cost-Effectiveness.

Affinity restates that in DOAH Case No. 20-1712CON (Tidewell Hospice v Continuum Care of Sarasota) and provides excerpts of testimony once again quoting Chief of Medicaid Policy Ms. Thomas. The applicant also quotes Robert Maness, PhD in Health Economics testimony on the effects of a monopoly, and how elimination of a monopoly would enhance quality through competitive positioning. Specifically, Dr. Maness's statement that "a monopolist has less incentive to be responsive to consumers because there is less risk a monopolist will lose consumers if its less responsive, relative to a competitive market where if given a competitor doesn't perform or doesn't adequately meet the needs and wants to consumers, those consumers can easily switch to somewhere else that better meets their needs. So the economic literature would suggest that less competitive markets are likely to be higher priced, lower quantity, lower quality than having more competition in those same markets". A copy of Dr. Maness' presentation is included in this application in Supporting Documents. Affinity also quotes Ms. Thomas's statement that Florida Medicaid supports "access to care for every benefit that is available" and if recipients who need care cannot get access to such care it would be concerning.

Affinity Care states that its representatives have been on the ground in this market for an extended period of time, met with representatives of virtually all assisted living facilities, nursing homes, hospitals, physicians, clinicians and community leaders and received an outpouring of support owners and operators, administrators, clinical leadership, and clinical staff of service area nursing homes, assisted living facilities, home health agencies, other healthcare organizations and community leaders in favor of its project. The applicant contends that the primary underlying message that was relayed by supporters of Affinity Care's initiative was that there is a total lack of competition in

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this market and there is a demand for choice in hospice providers to enhance the standard of hospice quality this community deserves.

Affinity Care states “the notion that a second provider entering the market will enhance healthy competition is not isolated to Tidewell or the SA 8A market noting that in terms of Florida’s hospice monopoly subdistricts, enhanced competition increases the quality of care provided for the whole market, across existing providers.” Examples of new hospices entering former monopoly markets are provided with the first example being Pinellas County SA 5B. Affinity states hospice admissions increased when Seasons Hospice and Palliative Care entered the market. Affinity concludes that not only did Suncoast’s admissions increase but its quality metrics were improved. The applicant offers a supporting chart on page 117.

The applicant asserts that the SA 5B incumbent (Suncoast) HIS scores for quality measures such as treatment preferences, addressing beliefs and values, pain screening pain assessment, dyspnea screening, dyspnea treatment and treatment with opioids for the year before and after of the competitor entered the market, and notes that there was an “uptick” in overall quality and just about every measurement. Affinity provides bar graphs for HIS data elements on pages 118 for Suncoast Hospice and 119 (Lifepath Hospice) of the application that demonstrate improvement by these single service area hospices upon the entry of a competitor (Seasons) in both SA 5B and 6A.

The applicant cites four examples of the various Tidewell responses to Continuum's unique initiatives:

1. In 2020, Tidewell announced it was going to implement the Rendever Virtual Reality Program which Continuum had been using since mid-2019
2. At the end of 2019, Tidewell Hospice a new Music Therapy Program which the applicant states is not as intense and not conditioned by Tidewell.
3. Prior to the administrative hearing, in 2020, Tidewell Hospice announced it would be adopting a new two-hour admission process in Sarasota County, for patients who are high acuity and/or in the hospital which Continuum began mid-2019.
4. In 2020, Tidewell announced it would begin to offer equine therapy, and the applicant states that it found no information on the topic of this offering on Tidewell's website or other publicly available information. As Continuum Care of Sarasota does, Affinity Care Charlotte and DeSoto states it will also establish an equine therapy program which it has conditioned this application.

Affinity contends that Tidewell “is already starting to up its game” but since Tidewell is not conditioned to provide these services, it “can stop” at any time should there be no competition and Affinity’s CON approval with its conditions should require Tidewell to up its game in SA 8A.

Affinity presents excerpt from a family member of a former Tidewell Hospice patient in Manatee County, relaying her family's experience with Tidewell Hospice and the need for choice in providers on page 122. The reviewer relays a summarized portion: “After hearing from previous patients and their experiences, I asked about another Hospice Company. I was then informed that there were no other options, and this was the only company available. During, my dad's short-lived hospice journey our hospice experience was not pleasant.... Being of the older population and knowing that I may need this service in the future, I feel we should have a CHOICE.”

Affinity concludes that there is a lack of choice in hospice providers and the resulting need for healthy competition in SA 8A, and the broader region consisting of three hospice service areas, is a Not Normal Circumstance. Excerpts of the support of Charlotte and DeSoto County nursing homes, assisted living facilities, home care agencies, other health care organizations and community leaders in favor of its project are cited and Affinity notes the letters in their entirety are provided in the application’s Tab V.

Support for the Project

Affinity Care reiterates that a second hospice choice will enable a competing provider to introduce a new approach to end-of-life care and it was able to obtain support from eight of the ten licensed nursing homes (80 percent) which represents 78 percent of the Charlotte County nursing homes and 100 percent of the DeSoto County nursing homes.

Affinity contends that within DeSoto County, there are 87 licensed assisted living beds. The applicant states that the provider controlling 65 of the beds (75 percent) notes minority and Medicaid population as an issue; this facility serves Medicaid managed care clients and wants a choice of two hospices in accordance with the Medicaid network adequacy requirement and that they support Affinity. The applicant provides a map on page 123 to portray the location of these facilities.

Affinity notes its executed “memorandum of understanding” with one of the nursing homes, Village Place Health and Rehabilitation Center, to implement an inpatient unit at the appropriate time (estimated for year three).

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Affinity notes that these area nursing homes are in favor of Affinity Charlotte and DeSoto being approved to “provide their patients with choice and having full knowledge of the Affinity Care differentiators.” The applicant shares that six of these eight supporting nursing homes cite minority being underserved and that Affinity will enhance access of that population. The applicant asserts that each of the facilities cite various references to Affinity’s signature programs whether they are the service intensity, virtual reality, music therapy or equine therapy. Affinity contends that the wide range of providers - nursing homes, assisted living facilities, home care organizations, senior day care, Health Departments, physicians, nurses, some elected officials, and other community leaders have the common themes of choice, competition, dissatisfaction with the sole provider and the desire to have Affinity meet the needs of minorities and the underserved in Charlotte and DeSoto Counties.

Affinity Care lists the writers of its letters of support and provides excerpts of these letters on the application’s pages 124-145 which the reviewer has presented portions of below. Affinity’s applicant’s letters of support is found in Item B. of this report.

The reviewer provides excerpts from Affinity’s letters of support below:

Alec Weitzel, Administrator, Signature Healthcare of Port Charlotte

“Unfortunately, we have only one hospice provider in Charlotte County. Connecting this provider with many of our patients is often difficult for a variety of reasons, including a patient and/or family member had a prior difficult experience; a friend of a patient or family member had a prior difficult experience; staffing challenges affecting the existing provider's ability to respond timely; limited weekend admissions affecting a family's ability to select hospice on the weekend, among others.

...Providing patients with a choice of providers, particularly when there may have been prior dissatisfaction, is important under the Medicare conditions of participation.

...Our community would benefit greatly from these additional services.

...I strongly advocate for approval of Affinity Care's CON application for Charlotte and DeSoto Counties. It will have a significant impact on the minority terminally ill population in this County, including my patients, and also address the underserved population who will not utilize the existing provider. Enhancing access to hospice services is an important initiative of coordination of care and end of life care.”

Jocelyn Wurster, Administrator, Douglas T. Jacobson State Veterans Nursing Home

“We currently have only one hospice provider licensed to serve our entire county. Admission times, level of visits, staffing, medication schedules and death attendance are important features for a hospice partnering with the care for our Veterans and their families. Because of these features, I believe our Veterans and families are entitled to have a choice in selection of a hospice provider in their end of life care. That way, our Veterans can compare and contrast these types of features between hospice providers to make an educated selection of their end of life care provider.

Affinity Care will also participate in the We Honor Veterans program. I understand each of their programs are striving to achieve Level V. I applaud this effort which is meaningful for our patients.

We welcome the opportunity to coordinate with Affinity Care for the care of our terminally-ill residents, should they be awarded a CON, including offering the choice of their hospice services in our facility. Please approve the Affinity CON application to provide choice for our Veterans and their families. Thankyou in advance for your consideration.”

Jennifer Herrold, NHA, Administrator, DeSoto Health and Rehab

“I am a licensed nursing home administrator and have been in facilities in both Charlotte and DeSoto Counties; I'm currently the Administrator at DeSoto Health and Rehab, located in Arcadia, DeSoto County. Charlotte County has one of the oldest median ages - 60 years of age — in the State. DeSoto County is quite different, a rural county with nearly 38,000 residents. Nearly ½ of the County's population is minorities, with 32 percent Hispanic and 13 percent Blacks. These residents only have a single choice of hospice providers and truly need an alternative....

...My patients and families will benefit from this perspective, approach and service level that Affinity Care will bring to this county.

I have had the good fortune of meeting with Affinity Care representatives and am familiar with the programming they have introduced into Sarasota County. With open arms, I welcome Affinity Care to DeSoto County and Charlotte County. Our county population, my patients and their families will benefit from Affinity Care's approach to hospice care, which is different than that which (s currently available in DeSoto and Charlotte Counties.

Furthermore, through my experiences in this service area, I have encountered patients and families who object to using hospice in end of life care based on an uncomfortable prior experience either personally or through others known to them. Hospice is a meaningful Medicare benefit that we like to offer our patients at the appropriate time. Having a hospice

alternative will result in more DeSoto County residents selecting hospice in end of life care. From a healthcare operator's perspective, this means enhanced access to healthcare services which would be excellent. Even the DeSoto County Community Health Assessment indicates there is an opportunity in this county for more healthcare services.

...For the sake of Charlotte and DeSoto County residents, please approve the Affinity Care CON application to establish a hospice program in this service area.”

Melissa Shepard, Administrator, Village Place Health and Rehabilitation Center

“...Our county does not have the hospice support we need. We currently have one hospice provider licensed to serve our entire county. Response times, staffing and death attendance are important features for a hospice partnering with the care for our residents and their families. Additionally, the existing hospice employs a hospice house model of care which relocates hospice patients from their place of residence (the nursing home) to a hospice house. Relocating a person from their familiar home to another location at end of life is disruptive and traumatic. Providing the support to maintain these patients in our nursing home, rather than relocating, is of paramount interest to me — as well as my patients and their families.

In my discussions with Affinity Care, I learned they will have a different model of care. They will not implement hospice houses, but will rather partner with our team members to maintain our patients as comfortable as possible in their home, our facility....

We welcome the opportunity to coordinate with Affinity Care for the care of our terminally-ill residents should they be awarded a CON, including offering their hospice services in our facility. This includes when demand is such that we incorporate a small hospice unit in our building. Given Affinity's unique programming and experience in other markets with minority populations, they will be a good fit in our community. Please approve the Affinity CON application.”

Stan Weyer, Administrator, Solaris Healthcare Charlotte Harbor

“...I have learned that Affinity Care is proposing to establish a hospice program to meet the end of life needs for residents of Charlotte and DeSoto Counties. I am familiar with this organization as it through the name Continuum established a similar healthcare service in adjacent Sarasota County last year. That organization eliminated the area's hospice monopoly and provided all of the county's population with a choice. This too is important in our service area. It is the desire of our facility's clinical team to connect our patients with a hospice team that we can assure them

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will strive to provide the same level of excellence in care that they have experienced here with us....

I strongly support the approval of Affinity Care as it will be able to seamlessly transition to our county. Furthermore, I have heard about their service-intensity and specialty programs they will bring to our community. Understandably their model is different than the existing provider through maintaining the hospice patient in their place of residence, without relocation; this has been well received. Providing patients with a choice of providers is important under the Medicare conditions of participation as well as Medicaid Managed Care, which covers some of our residents.

Affinity Care intends to institute this service intense hospice program which provides for aide visits five to seven days per week and nurse visits at least twice weekly. This approach and end of life resource is currently not available and is needed to support the hospice patient without relocation (avoiding transfers to the hospital or to hospice houses for symptom management)....

...I strongly advocate for approval of Affinity Care's CON application for Charlotte and DeSoto Counties. It will have a meaningful effect on increasing utilization of minority terminally ill population in this County, including my patients, and also address the underserved population who will not utilize the existing provider. Approval of Affinity Care will enhance access to hospice services in this service area."

Mathew Varghese, Owner, Port Charlotte Living Center

"...They will bring new and innovative hospice programming, from our community's perspective. The services this company is providing is more than what a standard hospice program provides; and it is different from the existing provider.

Given my experience with patients and their families, the fact there is only one - a sole community - hospice provider in the community is a concerning fact. Port Charlotte Living Center has had patients and/or their families who have opted not to use hospice services despite having paid into that Medicare benefit throughout their life - because of a prior unfavorable experience or even bad memories. Forgoing hospice services during end of life for these reasons is unfortunate. Therefore for this alone, I recommend approval of Affinity Care.

... I look forward to contracting with Affinity Care to provide hospice services in our facility.

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Affinity Care will be a tremendous resource for our residents and a meaningful addition to our local healthcare landscape. Providing choice so those who forego hospice services with the existing provider will increase hospice access and admissions in our service. Please approve Affinity Care's CON application."

Elizabeth Brust, NHA, Executive Director, Life Care Center of Punta Gorda

"...The services this company is providing is more than what a standard hospice program provides; and it is different from the existing provider. For example, Affinity Care has a culturally competent strategy to address disparities in minority populations, particularly with respect to the Black and Hispanic populations. This strategy will be deployed in Charlotte County which will be an invaluable resource in our County..."

Amanda Stacey, Director of Social Work, Case Manager, LPN, Port Charlotte Rehabilitation Center

"...In my experience both at the nursing home and in our community, the Charlotte County people want choice in seeking a hospice provider. They have choice in all other facets of their life, churches, shopping, hospitals, physicians, etc. But they have no choice in electing hospice services—likely one of the last meaningful selections they will make given their terminal state. Emphatically, I believe Charlotte County needs a choice in hospice providers."

I have had the pleasure of meeting the representatives of Continuum Care, also known as Affinity Care. I was presented with the types of programs they will bring to Charlotte County. First, these programs are different than what is currently offered by the existing provider. This in and of itself will allow Charlotte residents to compare and contrast two different hospice models for their selection. The service intensity offered by Affinity will enable these people to stay in their own home throughout the course of their disease process. My experience is at least half of the existing providers patients relocate for inpatient care for some of their hospice services."

Affinity provides an alternative to this disruption to their living situation, Affinity Care also has some innovative programs that will be welcome in our area. Their virtual reality, board certified music therapy and equine therapy are each unique programs to this County and otherwise not available for our residents. With 190,000+persons residing in Charlotte County, our residents are unable to comparatively shop for hospice services... A Choice and competition will also improve the hospice quality of care in our community."

From my role, experience and perspective, I can attest to the need for an additional hospice program in our county. I am pleased to provide this letter of support in favor of Affinity Care and urge you to approve their CON Application.”

Michele Munzner, Case Manager and Social Worker DeSoto Memorial Hospital

“I am a full-time case manager and social worker at DeSoto Memorial Hospital, which is the only hospital in DeSoto County. Previously, I had similar positions in Houston which had a very active hospice market with many providers. I relocated to DeSoto County and now live and work here. I was quite surprised, and do not understand why, there is only one hospice in this area. As a case manager, it is important that we provide our discharging patients with a choice of hospice providers. This is both indicated by Medicare and Medicaid, as well as other third-party insurers.

As I'm sure you know, DeSoto County is approximately one-third Hispanic. Given the magnitude of this population, it is important you approve a new hospice provider that has a specific outreach program to enhance access for minorities. I understand Affinity Care has such a program.

It is my understanding that Affinity Care will also open an office here in Arcadia to assist us with discharge options to hospice — rather than serving our community from Charlotte County or Sarasota County. They also plan to assign a care team in our community which will be helpful when hospice is warranted.

Tara Herrera, Partner, Executive Director, Arcadia Oaks Assisted Living

“...As an assisted living facility administrator in DeSoto County, I have several important factors to share in your decision about approving a second hospice in our county.

First, as a Medicaid provider, I am familiar with the Medicaid managed care network requirements necessitating a choice of 2 or more hospice providers. We are a rural county, and Medicaid requires there be a choice (at least two) hospice providers in our county. Given our Medicaid status in DeSoto County, it is particularly important to me that we have a choice of providers for our Medicaid clientele.

Additionally, I have visited with Affinity Care and learned about a number of their operating and outreach factors that are important to me. With 45 percent of the DeSoto population being either black or Hispanic with a lower hospice use rate than their counterparts, there is opportunity to enhance access to and increase hospice penetration rates in our area. I understand Affinity Care has a culturally competent strategy to address

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disparities in minority populations, particularly with respect to the black and Hispanic population. This strategy includes a series of factors aimed at enhancing penetration amongst the minority population. I learned this includes appropriate staffing, outreach, education and focus on these groups. My belief is Affinity Care will be able to accomplish this, which has previously not been targeted nor accomplished in the past.

Through my introduction to Affinity Care, I have heard about their service-intensity and specialty programs they will bring to our community. (Affinity's specialty programs) will benefit our residents who previously have not selected the hospice benefit due to discomfort in the current hospice environment.

Tidewell feels like they are a monopoly and they get these folks from the start and hang onto them all the way through their transition. This is what prompts me to support Affinity Care. I am seeking a collaborative 'partner' with which we can work together for the betterment of the healthcare delivery system and meeting the needs of my residents. Even the Community Health Assessment completed in conjunction with the local Health Department concluded we need more healthcare resources to meet the needs of the local population.

If approved, I look forward to a positive working relationship with Affinity Care and believe my residents will take advantage of a choice in hospice providers and all of the quality programs Affinity Care will bring to the market. Please approve their CON Application to establish a hospice service in DeSoto County.”

Ronald Aylward, Administrator and Dominic Marino, Assistant Administrator, Heritage Oaks of Englewood (ALF) - Mr. Aylward writes “Heritage Oaks is fully committed in ensuring their residents experience empowered decision making with all aspects of their care; which is why I am supporting Affinity Care with their endeavor to seek approval to establish a hospice program in Charlotte and Desoto Counties.

Englewood's patient population is nearly 50 percent seniors with Charlotte County having one of the oldest county populations in the state, with media age of 59. Currently, our residents do not have a choice in hospice providers with the exception of doing without.

I have had the opportunity to speak with representatives of Affinity Care of Charlotte and Desoto, It is my understanding they have conducted specific research of our area and determined we are lacking a choice in end-of-life care providers, I could not agree more!...

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... Thank you for your consideration of my input and we look forward to working with Affinity Care upon its approval.”

(Mr. Marino) “I have connected with Affinity Care leadership and believe it will be an outstanding hospice service provider to our residents. Affinity Care will provide a choice to our residents and our community. Residents in our community have multiple choices regarding the many facets of their healthcare but not in end-of-life care; our residents to deserve to have a choice within all areas of their healthcare.

Regarding Affinity Care's programs, I have reviewed information on Affinity Care's specialty programs. This will be an outstanding additional service and benefit to my patients. I look forward to being able to offer a choice in hospice providers to my residents.

...Its uniqueness and leading-edge programs will enhance quality of care for my patients and all terminally ill patients in our community.

Tammy Tolley-Hunt, Executive Director, Brookdale Port Charlotte (ALF)

“...We often encounter issues in timely admissions of our residents requiring hospice admission. If approved, Affinity Care will enhance competition and enhance quality metrics.... This program as explained to me, in conjunction with my understanding, is unavailable at this level in our services area.... We look forward to working with Affinity Care of Charlotte and Desoto.”

Laurie Rolhoder, RN, Charlotte County

“...In my career, I was previously employed as a nurse at the Douglas Jacobson State Veterans Nursing Home.... I have had the experience to work with Tidewell Hospice as the sole provider in Charlotte County. I have had patients who opted not to enroll in hospice because of a prior unfavorable personal experience or memory. That is unfortunate that these Veterans do not elect hospice in end of life care as it is such an important function for quality of life in the terminal state.

...Competition does have a positive effect on quality as I see firsthand Tidewell initiating more responsive activities to compete with Continuum Care.

I have been informed that Affinity Care of Charlotte and DeSoto will implement the same level of service intensity and specialty programs, including We Honor Veterans, in Charlotte County. This model of care is different than the existing provider and will be well received by Charlotte residents who have previously foregone hospice care due to prior circumstances. We also have residents in Charlotte who do not want to

transfer to hospice house; the Affinity Care model will maintain the patient in their home through high numbers of scheduled visits and regimented medication management (versus PRN).”

Justin G, Thomas, D.O., Family Medicine Physician in Charlotte County

“...I am a board certified physician in Family Medicine servicing patients in Charlotte County....I was excited to learn about Affinity Care's endeavor, vision for choice and the uniqueness they will bring to the Charlotte and Desoto hospice service area. Charlotte and Desoto Counties have a combined 35 percent senior resident. It's important to me that my patients and the residents of our community have a choice in their hospice provider.

Affinity Care has a proven track record of providing quality services along with unique programs. The use of technology is one example of the uniqueness they'll bring to the market. Their Virtual Reality Program will give my bed-bound patients the opportunity to attend a concert for the first time or maybe the first time since they've fallen ill. That's priceless. Affinity Care has recognized the necessity for quality end-of-life care and has put many resources into developing programs, such as this one to enhance the lives of the patients they service. Without doubt my patients will benefit from their services and I know my patient's quality of life will be improved.”

Joseph Pepe, Ed. D, MSA, County Health Department Administrator, Florida Department of Health in Charlotte County

“As the Administrator of the Florida Department of Health in Charlotte County, I am pleased to provide this letter of support for Affinity Care Hospice to establish a new hospice service program in Charlotte County.

The Florida Department of Health in Charlotte County works to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. It is in line with this mission that DOH-Charlotte supports Affinity Care Hospice's application for a Certificate of Need (CON).

We would welcome the opportunity to assist Affinity Care Hospice for the care of our terminally ill Charlotte County residents should they be awarded a CON.”

Penny Pringle, MSHS, BSN, RN, Interim Administrator, Florida Department of Health in DeSoto County

“As the Interim Administrator of the Florida Department of Health in DeSoto County, I am pleased to provide this letter of support for Affinity Care Hospice to establish a new hospice service program in DeSoto County. The Florida Department of Health in DeSoto County works to

protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. It is in line with this mission that DOH-DeSoto supports Affinity Care Hospice's application for a Certificate of Need (CON). We would welcome the opportunity to assist Affinity Care Hospice for the care of our terminally ill DeSoto County residents should they be awarded a CON.”

Senator Joe Gruters, 23rd District (Charlotte and Sarasota Counties) and Chairman Florida Republican Party

“Please find this letter of support for an application of certificate of need (CON) for Affinity Care of Charlotte and DeSoto Counties This application will establish a Medicare and Medicaid Managed Care provider hospice program in Charlotte and DeSoto counties by providing residents a choice in choosing an end-of-life healthcare provider.

Given the success of Affinity Care's sister organization, Continuum Care of Sarasota which received CON approval last year, this is an ideal situation for additional providers. Continuum Care's licensure eliminated the same 'no choice' situation in Sarasota County as Affinity Care seeks do to in Charlotte and DeSoto counties. This company provides a different approach to hospice services by maintaining the patient in their home. Since more individuals and family seek at home care, Continuum accomplishes this through additional in-home resources such as aide visits most days of the week, nurse visits, and other supportive visits to keep the patient comfortable in their place of residence. The intense service level has been well received.

By approving this application and establishing a regional approach to end-of-life care will provide a seamless transition into contiguous Charlotte and DeSoto Counties and patients' lives.”

Dave Gammon, Director, Charlotte County Economic Development

“Our mission is to attract new businesses and help expand existing businesses in our community. I understand that Affinity Care of Charlotte and DeSoto is proposing to establish a hospice service for residents of these two counties. The majority of the services will be provided within the place of residence, whether it be private home, assisted living facility, nursing home or other similar location. With only one hospice provider in our county, our residents, employers, employees and others do not have choice in providers. Therefore, this is one reason I support the approval of Affinity Care....

...With Affinity Care's affiliate providing these same services in Sarasota County, they have already had an impact on Southwest Florida's economic development. Their easy transition to expand to Charlotte and DeSoto Counties will be welcomed. ...”

Representative Michael J. Grant, Majority Leader, Florida House of Representatives District 75, Charlotte County and CEO Ambitrans Ambulance Service

"I am pleased to support Affinity Care of Charlotte and DeSoto Certificate of Need application to establish a "stay-at-home" hospice care program in Charlotte and DeSoto counties

At present, there is only one hospice provider in our area. Having a second provider with a different program will allow our residents to have a choice in end-of-life care. Also, both Medicare and Medicaid Managed Care require choice among providers.

Affinity Care will help to meet the growing needs of Charlotte and DeSoto counties, and I enthusiastically offer my support for their Certificate of Need application."

Shaddrick A. Haston, Esquire, Partner and Member Ullman Bursa Law, Former CEO of the Florida Assisted Living Association (Located out of service area)

"...Affinity Care is seeking CON approval in a sole hospice provider market. The underlying rationale is choice, meeting the needs of underserved patients and providing a different approach to hospice care.

As an attorney, I am quite familiar with Medicare Conditions of Participation and Medicaid Network Adequacy. Both require choice. And the minimum number of hospices per county as required within the Medicaid Waiver program is two. Charlotte and DeSoto Counties only have one provider. They therefore do not meet the Medicare requirements under freedom of choice and do not meet the Medicaid managed care network adequacy standards.

In addition to not meeting the regulatory standards associated with Medicare and Medicaid, the concept of choice should also be personally important. ...With more than 230,000 people residing in these two counties and 3,800+ annual deaths; the fact this population is unable to comparatively shop for hospice services at home is wrong.

Choice in selecting end of life care is such an important facet for our seniors; unfortunately SA 8A does not offer choice in hospice providers. Choice and competition enhance quality of care. From both practical and regulatory standpoints, there should be an approval of an additional hospice provider to foster competition that enhances quality and access in any community in which there is only one licensed provider.

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Affinity Care shares that to carry out its mission and commitment, Affinity/Continuum offers a host of unique programs, services and features that truly set it apart from other hospice operators. Many of these offerings are not specifically covered by private insurance, Medicaid or Medicare. The applicant asserts that it will provide the following "Non-Core Services" as a condition of approval of this application to Charlotte and De Soto Counties:

Service Intensity

Affinity Care states that it prides itself on its service intensity, "which far surpasses NHPCO minimum requirements for staffing". The applicant presents three tables comparing Affinity Care's total FTEs and patient caseload per FTE by discipline compared to NHPCO's mean and median on pages 146-147 showing the time commitment differences in Tidewell Hospice's service intensity (i.e., skilled nursing, social worker, and home health) as presented in Case No. 20-1712CON compared to its projected caseload. Affinity notes that its outcomes are more beneficial due to staffing levels, having every new patient is engaged at Affinity Care within two hours of referral, seven days a week, patients are visited by a home health aide (HHA or aide) five to seven days per week, a registered nurse visits every patient at least two times weekly, and a social worker and chaplain (if the patient and family want a chaplain visit) at least weekly.

Affinity Care states its conditions that to provide the following minimum core staffing:

- The applicant will provide triage coverage 24 hours a day, seven days a week, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients).
- The applicant will offer a personal emergency response indicator such as Life Alert, to every patient at home.
- The applicant will assure each patient has five to seven home health aide visits per week, provided this is acceptable to the IDT, patient and family.
- The applicant will assure each patient has a minimum of two RN visits per week, provided this is acceptable to the IDT, patient and family.
- Affinity Charlotte DeSoto commits to increasing visit frequency during the final weeks of life to provide support. The applicant will utilize Muse Healthcare Analytics to assist in identifying patients who are entering their final days of life.

Concerning plans to develop and initiate a community paramedic program with local EMS to reduce unnecessary trips to the emergency room, Affinity Care indicates that this is a relatively new initiative and an

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emerging concept, a collaboration between EMS and the hospice provider. The applicant points out that 911 calls are often uncoordinated for hospice patients and is not beneficial for the hospice patients, the hospice provider, EMS, or the hospice if the patient is a readmission within 30 days. Affinity Care provides three diagrams to show a visual depiction of the process that takes place when a hospice patient's condition suddenly changes or deteriorates. The applicant offers four undesired consequences of this depicted pathway and proposes a collaborative partnership between hospice and EMS to support that patient and family in the home setting, averting unnecessary transports to the emergency department. Affinity bullets some of its Schedule C conditions.

- The applicant will develop and initiate a community paramedic program in coordination with local EMS providers, during year two.
- The applicant will provide funding to local EMS providers for community paramedics, beginning in year two.
- The applicant will provide education and training of community paramedics on the program and criteria.

Affinity states that it has budgeted \$5,000 for community paramedic training in year one and \$10,000 in year two and that these costs are included in Line 17, Schedule 8 of the financial schedules.

Concerning Specialty Disease Clinical Programs - Affinity states it will incorporate clinical pathways by using Homecare Homebase, which has built in clinical pathways to ensure the care is held to acceptable standards. Affinity states it will incorporate its Music Therapy program within the Alzheimer's Disease initiative and bullets nine benefits on page 154 of the application. The reviewer notes that the stated data and conclusions presented do not appear to be necessarily specific to SA 8A area residents, per se, but broadly address Alzheimer's in Florida and nationally.

Alzheimer's/dementia initiatives in hospice care in its Schedule C conditions cited on the application's page 158 include:

- The applicant will implement the Affinity Alzheimer's and Dementia Care program which was designed to bring the latest innovations in end-of-life care to Alzheimer's and dementia patients and their caregivers.
- All staff will be required to complete 2.5 hours of continuing education units (CEUs) covering evidence-based protocols for behavioral symptoms, in addition to Florida's minimum requirement.
- All patients in this program will be provided with music therapy and a textile box.

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- The applicant will offer a specifically tailored caregiver support group for those with loved ones battling Alzheimer's and dementia.
- Affinity Care will work with area facilities, such as nursing homes, who have patients with dementia, to educate their clinical staff on treatment criteria and programs.

Concerning a detailed program and outreach to enhance utilization for dementia and Alzheimer's Disease, nationwide data concerning Alzheimer's through the 2021 Alzheimer's Disease Facts and Figures, Alzheimer's Association is addressed. Specific to race and ethnicity, Affinity Care indicates an October 2020 Alzheimer's Association study pertaining to the impact of race or ethnicity on hospice quality of care, with some (but not all) study conclusions being as follows:

- Half of Black Americans and 33 percent of Hispanic Americans report having experienced discrimination when seeking health care
- 66 percent of Black Americans and 39 percent of Hispanic Americans believe that their own race/ethnicity makes it harder to get care for Alzheimer's and other dementias
- Minorities feel they not being listened to because of their race/ethnicity

Affinity addresses its Cardiac Care Program by stating that cardiac disease is the leading cause of death in SA 8A accounting for 25 percent of all deaths in 2020 and 40 percent in seniors over the age of 65. The applicant contends it will increase awareness and provision of services by collaborating with community cardiologists and other cardiac professionals on an ongoing basis to assist in patient assessments, education, and provision of services.

Affinity addresses its Pulmonary Care Program by stating that respiratory illness accounted for 11 percent of all SA 8A deaths in 2020 and that between 19 and 21 percent of all Medicare patients discharged from a hospital with a COPD diagnosis will be readmitted within 30 days of discharge. The applicant contends its program will:

- Increase the awareness among healthcare providers and SA 8A residents about hospice care for patients confronted with pulmonary diseases.
- Provide specialized education on the management of end stage cardiac patients for all its team members.
- Work with each of the hospitals in the service area on both palliative and end-of-life offerings to assist in reducing readmission rates and identifying potential early adopters of hospice care, who are underserved in the service area.

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- Will collaborate with community cardiologists and other cardiac professionals on an ongoing basis to assist in patient assessments, education, and provision of services.
- Will collaborate with a community pulmonologists and other pulmonary care professionals on an ongoing basis to assist in patient assessments, education, and provision of services.

Affinity notes that it has conditioned approval of the application on the provision it will employ a respiratory therapist upon certification who will manage the patient's respiratory plan of care and provide respiratory related education to the patient, their family and to the hospice team and the community. Affinity's discussion of its music therapy program includes a 13-point bullet list on page 160 of the application. The applicant asserts the music therapy program goals are to reduce the amount of suffering Affinity Care patients may be feeling, creating a space for more social interaction. Further, all Affinity Care music therapists achieve music therapist board certification and its music therapists FTEs are based on one music therapist for an average daily census (ADC) of 50 patients. Affinity contends that this is very meaningful as other hospices who provide 'music therapy' often utilize volunteers for this program or employ one music therapist for the entire program regardless of ADC and having certified therapists in sufficient number to regularly provide this therapy will be greatly beneficial for residents of SA 8A.

The applicant states its virtual reality (VR) program "was deployed at Affinity Care as a result of the organization's culture and mission to provide non-pharmacological interventions" to help with the experience of its patients and families. Affinity Care offers that there are two different elements of the Virtual Reality Program:

- Patient Virtual Reality Program which is where the patient wears the headset and has the experience.
- Community Virtual Dementia Tour is provided to patient families and community facilities (e.g., nursing homes and assisted living facilities), to give them a virtual tour of patients with dementia.

Affinity shares that it has a new VR program currently under development with RendeVer in response to the underserved Hispanic population in DeSoto County. Affinity Care notes that it also includes the CNet.com article on Continuum Care Hospice's virtual reality program titled, "How families are giving a fantastic trip to loved ones in hospice" and a clip from a PBS program which highlighted affiliate, Continuum Care of Mass. use of virtual reality in the application's Supporting Documents.

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Affinity Care offers a detailed description of its equine therapy program and states that it has identified area horse stables for a potential collaboration to provide equine therapy. Affinity has conditioned approval of this CON application on the provision that it will offer equine therapy to its patients once Medicare certified.

Veterans programming is discussed in detail on the application's pages 164-167. Affinity indicates it will serve and support the large population of Veterans in SA 8A working with the Douglas Jacobson State Veterans Nursing Home and participate in events and activities with that facility and reiterates the excerpt of support from the nursing home administrator.

Affinity cites its proposed condition to implement its Veterans outreach program:

- Participate in the We Honor Veterans, once certified and will strive to achieve Level 5 certification to increase access and improve the quality of care for Veterans in Charlotte and DeSoto Counties.
- The applicant will designate one of its hospice liaisons to carry out all Veterans outreach initiatives.
- The applicant's virtual reality platform will offer Veterans a virtual flightless experience for Veterans who are unable to participate in the Honor Flight Network trip.
- The Honor Flight Network is a national network comprised of independent hubs working together to show our nation's veterans the appreciation and honor they deserve.
- Establish its "Flag Salute" program which will provide each Veteran upon admission to Affinity Charlotte DeSoto with an American flag and when the patient passes and is being removed from his/her home, the carrier transporting the patient's body will be draped in the flag and all those in attendance will stand and salute the removal of the patient.

Affinity details its Continuum Palliative Resources plan defining it as a separate and distinct program that this is an advanced disease management program for patients who are at a maximum therapy level and have approximately 24 months from the end-of-life. Affinity contends that it focuses on three of the biggest diagnosis groups which have the highest implication of re-hospitalization, highest regulatory scrutiny, and the highest impact financially to payors, referred to as the 3C's: cancer, congestive heart failure and chronic obstructive pulmonary disease (COPD). The applicant contends its palliative care program will greatly benefit the SA 8A citing the two counties 30-day readmission rates compared to the national averages.

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Affinity Care states that this unique program and service:

- Improves communication between hospitals, SNFs, primary care physicians and specialists that result in positive outcomes for patients
- Improves medication management which would have otherwise led to unplanned emergency room visits and/or re-hospitalizations
- Includes ongoing patient and caregiver education on disease progression, alternative medical services available, expectations as disease progresses, how to manage symptoms, knowing when to call the physician
- Identifies goals of care and decreasing patient and caregiver anxiety by encouraging difficult conversation with patients nearing end-of-life about what they really want
- Serves as a connection to the community for resources to assist in providing additional services that can aid in transportation, food services, facility placement, spiritual care, amongst others
- Reduces the patient's propensity to use hospital and/or emergency department as their medical manager and reinforce better options
- Decreases cost of care as patients near end-of-life

A brochure on Continuum palliative resources is provided in Supporting Documents. The applicant argues that this is a competitive distinguisher as other applicants may suggest having to achieve a specific ADC to initiate the program or identify a partner to initiate the program and that it will initiate the program regardless of census at that time. Affinity contends that this program will provide patients with relief from symptoms and pain, supporting the best quality of life, before the patient terminates treatment and qualifies for hospice resulting in significantly improving the perception of hospice, repair the negative image hospice historically has amongst minorities and help to develop an end-of-life care plan designed for the individual.

Affinity reiterates its response regarding the minority population in SA 8A. The applicant contends that it has conditioned approval of this application on the provision it will provide specific initiatives to enhance access to and utilization of hospice throughout the service area including in DeSoto County where 45 percent of the population is Hispanic and Black. Affinity notes:

- The applicant will establish a physical presence, an office, in DeSoto County during the first year of operation to enhance access and availability of end-of-life care for the Hispanic and Black minority cohorts in this county representing 45 percent of that county's total population. The main office will be in Charlotte County which will be surveyed for licensure, with the DeSoto County office to open by the end of the first quarter.

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- The applicant's hospice care team will be representative of the minority community and bilingual. This team will include, at a minimum, a nurse, social worker, and chaplain.
- A designated community relations representative will be appointed to take the lead on minority outreach initiatives whereby this individual will regularly meet with hospice appropriate patients and answer all questions they or their caregivers may have about hospice and Affinity Care to optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary hospitalizations.
- The applicant will work with community organizations and health care providers throughout the service area to sponsor quarterly community education events and workshops regarding the benefits of hospice services, including an explanation of the hospice benefit available under Medicare, the interdisciplinary team approach to care for patients in hospice, and the ways in which hospice can meet the physical, emotional, and spiritual needs of Jewish patient and the patient's family at the end-of-life.
- The applicant will assure hospice services are available to minority patients and their families including but not limited to 24/7 triage coverage, physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients); and availability of palliative care programs for minority patients that are in need of support but do not presently meet the requirements for admission to hospice care.
- The applicant will become Medicaid certified so that it may accept any hospice patients, including those on Medicaid.
- The applicant will develop a bereavement program specifically designed to address the needs of the minority patients, families, caregivers, and those who are in need of grief support regardless if they are associated with hospice services.
- The applicant will work with Rendever, its virtual reality designer, to create a special virtual reality platform for the Hispanic population that honors their history and provides "travel" to significant sites and experiences throughout the world.
- The applicant will partner with DeSoto Memorial Hospital, the DeSoto Health and Rehab, and Arcadia Oaks Assisted Living to increase awareness of hospice services. A community relations representative will regularly be on site at these facilities to meet with hospice appropriate patients and answer any and all questions they or their caregivers may have about hospice and Affinity Charlotte DeSoto to optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary rehospitalizations.

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- The applicant will partner with existing community organizations and resources that service underserved Hispanic and Black communities throughout the service area such as but not limited to federally qualified health clinics, local churches, and community centers, to educate on the benefits of hospice.
- The applicant will implement its Continuum palliative resources program within six months of receiving its Medicare certification. This will provide patients with relief from symptoms and pain, supporting the best quality of life, before the patient terminates treatment and qualifies for hospice. This will significantly improve the perception of hospice, repair the negative image hospice historically has amongst minorities and help to develop an end-of-life care plan designed for the individual.

Affinity Care Hospice contends each team member is committed to the Affinity Care Hospice Pledge:

- Hospice Affirms Life
- Hospice recognizes dying as a process and so our care provides comfort rather than cure
- Hospice neither hastens nor postpones death
- Hospice provides physical, emotional, and spiritual care to terminally ill persons and their families
- Hospice helps the terminally ill person maintain quality of life and helps family members through an extremely stressful time in their lives

The applicant cites its other quality enhancements it has conditioned as:

1. It will offer a personal emergency response indicator such as Life Alert, to every patient at home and
2. the applicant will provide triage coverage 24 hours a day, seven days a week, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients).

Affinity contends the team it provides will be specially trained in hospice and palliative care so that they have the ability and expertise to efficiently manage symptoms, control pain, and care for psychological, social, emotional, and spiritual needs of every patient.

Team members include:

- Hospice Medical Director
- Patient's Primary Care Physician
- Care Managers (RN/Primary Care Nurse)
- Medical Social Worker
- Spiritual Counselors/Chaplain

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- Hospice Aides
- Music Therapists
- Trained Volunteers
- Bereavement Counselors
- Other Extended Services

Affinity Care includes a chart illustrating how its IDT “members surround the patient in care” on page 176 of this application. Affinity’s COVID 19 pandemic response is discussed on pages 178-182 of the application.

Affinity concludes its discussion here with its year one and two projected admissions and admissions by terminal illness as shown below:

**Affinity Care of Charlotte and DeSoto
Admissions by Terminal Illness and Under/Over Age 65
Years One and Two**

Disease	Year One Admissions	Year Two Admissions
Cancer	27	70
Cardiac	26	67
Respiratory	19	49
Renal Failure	4	11
Alzheimer's /Dementia	25	63
HIV/AIDS	1	3
Other	34	88
Total	137	352
Under 65	14	35
Over 65	123	317

Source: CON application #10714, pages 183 and 184

Florida Hospice, LLC (CON application #10715): The reviewer notes that the application does not have page numbers. The applicant summarizes 10 features/characteristics that it asserts best explain why its proposed project should be approved on the last page of its project summary. These are:

- 1) Residential Hospice is part of Graham Healthcare Group ("GHG"), which is a recognized leader in the provision of care transitions, disease management, and innovative health care solutions through its home health, palliative, and hospice companies. GHG is a wholly owned subsidiary of Graham Holdings Company, a publicly traded, diversified company with a market capitalization of over \$3.0 billion.
- 2) Residential Hospice's parent company, GHG (through its Residential Hospice and joint venture programs), has a long and distinguished history of providing exceptional, high-quality hospice services as evidenced by:

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- a. Ability to achieve full accreditation by ACHC for all seven of its current hospices.
 - b. All seven of GHG's hospices exceeded CMS National Benchmark Quality Scores on each of eight hospice item sets (HIS) in the Hospice Quality Reporting Program (HQRP).
 - c. GHG's quality scores on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) overall compared favorably to national benchmarks with room for improvement within some measures.
 - d. GHG's robust Quality Assessment and Performance Improvement (QAPI) Program is designed to measure and continuously work on performance and process improvement to achieve the best possible patient care.
 - e. GHG hospice programs have low ratios of patient to staff caseloads compared to NHPCO nursing staffing guidelines for hospice programs.
- 3) GHG has an outstanding reputation among health care, social services, universities, colleges, and other community organizations within its current markets as evidenced by the numerous letters of support included in this application. Residential Hospice intends to build similar relationships in the market.
 - 4) Residential Hospice has reached out to local healthcare, social services, universities, colleges, and other community organizations in Hospice SA 8A and has started to build broad-based community support. We will continue this community outreach. We have included local letters of community support.
 - 5) Residential Hospice has identified underserved populations in Hospice SA 8A including racial and ethnic minorities, the uninsured, working poor, persons living in poverty, low-income elderly, Veterans, the homeless, and other minority segments of the community and has committed to targeted interventions as detailed in Schedule C - Conditions to help address many of the underserved needs within these populations. Residential Hospice has received support from Douglas T. Jacobson State Veterans' Nursing Home.
 - 6) Residential Hospice will work with higher education in all its markets to train the next generation of healthcare providers. Residential Hospice has made a significant financial commitment toward local educational institutions, and has an existing partnership with Kaplan, based in Fort Lauderdale, to provide access to learning programs that directly align to opportunities and skill gaps in the local community, including courses like nursing, public health, IT, and business administration.

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- 7) Residential Hospice will utilize CHG's internally developed "Journey Program" dedicated to serving patients who have an interest in learning more about advanced illness and end-of-life care options. We will employ "Journey Counselors" who understand the unique and culturally specific issues and concerns related to end-of-life care in different racial, ethnic, and religious populations.
- 8) Residential Hospice will bring to market GHG's exclusive My Care Central app available to all authorized patients, families and caregivers that allows 24/7 access to on-demand information and the ability to communicate with their hospice care team from anywhere in the country. This is particularly reassuring to distance family members (e.g., adult children) who live in another city or state.
- 9) Residential Hospice will provide multiple programs and services to patients and family/caregivers including extensive bereavement and grief support services targeted to multiple age groups. In addition, our holistic approach to hospice care advances beyond traditional medical care, incorporating music and meditation therapy, massage and aromatherapy, art and pet therapy that have shown to be beneficial to both the patient and family/caregivers-
- 10) Residential Hospice will bring to market and leverage GHG's experienced hospice management team, who will be responsible for the start-up and management oversight of its new Residential Hospice operation. In addition, GHG has substantial clinical, operational, and financial resources to operate a "best in class", high quality, compassionate hospice program in the Florida market.

Florida Hospice comments that it has identified the following specific terminally ill populations not being served within those counties: Veterans and minority populations, i.e., Hispanic/Latino, African American and Black, Native Americans, and Asians/Pacific Islanders.

Florida Hospice utilizes the Agency's Florida Population Estimates and Projections by AHCA District 2015-2030, issued September 2021, to indicate that, in Charlotte and DeSoto Counties

- The total population in Charlotte County is expected to increase from 195,790 (2022) to 207,082 (2027) – a 5.8 percent increase
- The total population in DeSoto County is expected to increase from 38,158 (2022) to 39,083 (2027) – a 2.4 percent increase

Florida Hospice utilizes the National Hospice and Palliative Care Organization (NHPCO), Facts and Figures, 2021 Edition to share that

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nearly 63 percent of Medicare decedents age 85 years and older utilized the Medicare hospice benefit, while progressively smaller percentages of decedents in younger age groups received hospice care. Further, two of the four Medicare beneficiary age groups identified by MedPAC in its March 2021 Report to Congress saw increased usage of the Medicare hospice benefit over the five-year period from 2015 to 2019.

Florida Hospice utilizes the Agency’s Florida Population Estimates and Projections by AHCA District 2015-2030, issued September 2021, to indicate that, in Charlotte and DeSoto Counties:

- The population age 65 and older represents the most significant demographic in need of hospice services
- Have a considerably higher concentration of population age 65 and older compared to the state as a whole.
- Over 35 percent of residents in SA 8A are aged 65 and older compared to 21 percent statewide which is projected to increase significantly faster compared to the population younger than 65 in Charlotte and DeSoto Counties.
- The population age 75 and older has the highest use of hospice and is projected to increase rapidly in the near future.
- The percentage of population age 75+ in SA 8 (17.4 percent) is nearly twice the respective cohort population percentage statewide (9.7 percent) and is expected to increase steadily during the next five years.

Florida Hospice asserts that as the aging demographic continues to increase, the local need for hospice services will similarly increase and the concentration of and rapid growth in aging population will accelerate hospice use in SA 8A.

Florida Hospice states the use of the US Census Bureau, data.census.gov to reflect the following socioeconomic characteristics in SA 8A compared to Florida overall.

Table 4: Income & Poverty

	Charlotte Co.	DeSoto Co.	Florida
Median HH Income (in 2019 dollars)	\$51,499	\$35,438	\$55,660
Persons in Poverty	9.8%	20.8%	12.4%
Persons without health insurance, under age 65	17.4%	26.5%	16.3%

Source: CON application 10715, Fixed Need Pool Response, US Census Bureau, data.census.gov

Florida Hospice notes that:

- SA 8A residents have comparatively less income per capita than the state overall.

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- The U.S. Census Bureau estimates that the median household income in DeSoto County is \$35,438, which is much lower compared to Florida (\$55,660).
- Charlotte County also has a comparatively median household income compared to the state.
- Approximately 26.5 percent of DeSoto County's population is without health insurance compared to Florida, in which 16.3 percent of persons are uninsured.
- Approximately 26.5 percent of DeSoto County's population is in poverty compared to Florida in which 16.3 percent of persons are in poverty.
- 23 percent of DeSoto County's white population is in poverty, compared to 36.6 percent of the Black or African American population and 37.8 percent of the Hispanic/Latino population
 - One in three Black and Hispanic DeSoto County community members are in poverty
- SA 8A exhibits the fourth highest death rate among Florida service districts
- 17.4-26.5 percent of SA 8A residents that are under age 65 are without health insurance.

Florida Hospice maintains that Residential Hospice has a proven track record of providing hospice services to hospice patients including the socioeconomically disadvantaged and that it will treat all patients requiring hospice services regardless of the individual's financial situation or ability to pay for these services.

The applicant states that DeSoto County has a comparatively higher percentage of Hispanic or Latino population than the state overall and that there is a concentration of minority populations in SA 8A. A discussion of the correlation between race and hospice utilization and disparities in access to and quality of health care in the United States, including palliative and hospice care is presented. Florida Hospice utilizes US Census Bureau, data.census.gov and the MedPac Report to Congress, March 2021 to reflect the racial and ethnicity of characteristics in SA 8A compared to Florida overall.

Table 5: Race & Ethnicity, 2021

Race/Ethnicity	Charlotte Co.	Desoto Co.	Florida
White alone	90.6%	84.2%	77.3%
Black or African American alone	5.9%	12.7%	16.9%
Hispanic or Latino	7.7%	32.1%	26.4%
American Indian and Alaskan Native alone	0.4%	1.1%	0.5%
Asian alone	1.4%	0.5%	3.0%
Native Hawaiian and Other Pacific Islander alone	0.1%	0.2%	0.1%
Two or More Races	1.6%	1.2%	2.2%

Source: CON application #10714, Fixed Need Pool Response, US Census Bureau Quick Facts

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The applicant states that it supports the diverse communities it serves in many ways and provides that many of its clinical staff in existing markets are bilingual and it has translated its educational materials into prevalent community languages including Spanish, Hebrew, Mandarin, and Arabic.

Florida Hospice’s Tables 7 and 8 in the application⁴ are used to support the conclusions that:

- Tidewell controls nearly all the market share for DeSoto County resident hospice patients
- Tidewell's DeSoto County had an 86.9 percent annual market share for 2020
- Tidewell served 173 hospice patients during 2020
- DeSoto County had 448 resident deaths in 2020
- The number of Tidewell hospice patients served during 2020 reflects an extremely low hospice penetration rate of only 39 percent
- DeSoto County hospice patients served during 2020 reflects a hospice penetration rate of only 44 percent
- DeSoto County’s penetration rate is “alarmingly low” when compared to Florida's statewide hospice penetration rate during 2020 of 66.7 percent

Florida Hospice argues that it was the only hospice provider to recognize the unmet hospice need when it submitted its letter of intent to establish a new hospice program in this Service Area on February 28, 2022 and concludes that this “independent vision and recognition” should be considered in determining the applicant best suited to meet SA 8A’s unmet need.

**Table 7:
Tidewell Hospice, Inc.
Hospice Patient Data, 2020**

	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2020 Total
Hospice Patients: DeSoto County	44	43		46	173
Market Share	88.0%	89.6%	85.1%	85.2%	86.9%

Source: Trella Health Market Data, Tidewell Hospice, Inc. NPI 1417954645

The applicant next discusses the health status and disease incidence data it uses to support its argument of need for its proposed hospice

⁴ Trella Health Market Data, Tidewell Hospice, Inc. NPI 1417954645 and AHCA Florida Need Projections for Hospice Programs released February 2023 for the July 2023 Hospice Planning Horizon and Source: AHCA Florida Need Projections for Hospice Programs released February 2023 for the July 2023 Hospice Planning Horizon

program for SA 8A. The following table summarizes several health behaviors that negatively impact the health of a population below:

**Table 9:
Health Behaviors, Percent of Population**

Health Behavior	Charlotte County	Desoto County	Florida
Adult Smoking	16%	21%	16%
Adult Obesity	28%	32%	27%

Source: www.countyhealthrankings.org

Florida Hospice states that the most recent Behavioral Risk Factor Surveillance System (BRFSS) data, indicates the counties in SA 8A have comparatively higher rates of obesity compared to the state as a whole and that DeSoto County's rate of obesity (32 percent) is over 18 percent higher than the state average (27 percent). The applicant contends that this high rate of adult obesity in SA 8A will contribute to a variety of life-threatening and life-limiting diseases for which hospice may be appropriate.

Florida Hospice also cites a study by researchers at the University of Michigan Institute for Healthcare Policy and Innovation, published in the Annals of Internal Medicine, found an association between obesity and decreased hospice enrollment, duration of hospice services, and in-home death⁵ and concludes that the comparatively higher obesity rate in SA 8A may have a correlation to historically suppressed hospice utilization. The applicant affirms that assuming obese individuals and their families are disproportionately failing to access hospice services in Charlotte and DeSoto Counties, its education and outreach will expand the pool of potential hospice patients beyond what is reflected by the current methodology.

Florida Hospice notes that according to the CDC, not getting enough physical activity comes with high health and financial costs and can contribute to heart disease, type 2 diabetes, several cancers, and obesity. In addition, low levels of physical activity are associated with \$117 billion in health care costs every year. The applicant states that not getting enough physical activity can:

- lead to heart disease—even for people who have no other risk factors
- increase the likelihood of developing other heart disease risk factors (obesity, high blood pressure, high blood cholesterol, and type 2 diabetes)

⁵ Harris JA, Byhoff E, Perumalswami CR, Langa KM, Wright AA, Griggs J]. The relationship of obesity to hospice use and expenditures: a cohort study [published online February 7, 2017]. Ann Intern Med. 2017. doi: 10.7326/M16-0749.

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- raise the risk of many cancers, including cancers of the bladder, breast, colon, uterus, esophagus, kidney, lung, and stomach.⁶

The applicant contends that the rate of physical inactivity in DeSoto County is over 38 percent higher than the state average of 26 percent.

Florida Hospice again cites the CDC finding that more than 16 million Americans are living with a disease caused by smoking and that smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis and increases the risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis. The applicant notes that the rate of smoking in DeSoto County is over 30 percent higher than the state average.

Florida Hospice states that cancer is typically a chronic and persistent condition which can often impose heavy burdens on family caregivers of whom often utilize hospice services to assist with end-of-life care. Further, that as the average age of a population increases, the incidence of cancer will increase as well and offers the following table of historical cancer incidence rates within SA 8A:

Table 10: Cancer Incidence

County	2014	2015	2016	2017	2018	FOUR-YR CAGR
Charlotte Co.	420.7	429.0	409.0	505.5	542.4	6.6%
Desoto Co.	310.5	336.3	349.0	367.0	379.9	5.2%

Source: University of Miami (FL) Medical School, Florida Cancer Data System, <https://www.flhealthcharts.gov>

The applicant presents an additional table support that cancer incidence rates in Charlotte and DeSoto Counties have each increased by CAGRs of over five percent during the last four years and that Charlotte County has experienced a sharp recent increase in cancer incidence. Florida Hospice reiterates that SA 8A's population age 65 and older is projected to increase by 12.7 percent over the next five years and that the SA population is likely to experience a continued increasing cancer incidence rate, which will create additional demand for hospice services in Charlotte and DeSoto Counties.

Florida Hospice states that more Medicare hospice patients had a principal diagnosis of Alzheimer's/Dementia/Parkinson's than any other disease in 2019 and that Alzheimer's disease is the most common form of dementia, accounting for 50 to 80 percent of dementia cases. The applicant presents Table 11 below, to show that the counties in SA 8A

⁶ Centers for Disease Control and Prevention, Chronic Disease Fact Sheets: Lack of Physical Activity

have greater percentages of population age 65+ with Alzheimer's Disease compared to the statewide average.

**Table 11: Probable Alzheimer's Cases (65+)
Percentage of Population age 65+, 2020**

Area	Percentage of Population age 65+
Charlotte County	13.0%
DeSoto County	13.3%
Florida	12.7%

Source: Estimated proportions of persons 65-74, 75-84, and 85+ with Alzheimer's Disease are provided by the Department of Elder Affairs. <https://www.flhealthcharts.gov/>

Florida Hospice contends that the higher concentration of residents with Alzheimer's disease in SA 8A correlates to an increased demand for hospice services and Charlotte County's Alzheimer's disease death rate has recently risen above the respective statewide Alzheimer's disease death rate. The applicant offers a graph - Figure 5 of the application to support this statement.

Florida Hospice notes that Alzheimer's disease is a progressive disease, where dementia symptoms gradually worsen over several years which can often impose high burdens on family caregivers. The applicant argues that the aging population will continue to increase the number of Alzheimer's disease related deaths in Charlotte and DeSoto Counties resulting in need for increased access to hospice services.

Florida Hospice states that heart disease is a leading cause of death in the United States and Florida and that heart disease and stroke continue to be major causes of disability and significant contributors to increases in health care costs in the United States. The applicant contends that in 2020, the age-adjusted rate per 100,000 population of deaths from heart diseases in DeSoto County was 127.7 and in Charlotte County was 122.1. Florida Hospice argues that DeSoto County and Charlotte County are each in the first quartile for this measure which means that relative to other counties in Florida, heart disease occurs more often in about three quarters of DeSoto County and Charlotte County population.

The applicant argues that the high volume of heart disease cases is additional evidence that SA 8A patients will continue to need hospice services and summarizes that the previously described lifestyle and disease-specific data support the need service area residents have for its hospice program. AHCA Florida Need Projections for Hospice Programs released February 2023 for the July 2023 Hospice Planning Horizon to show that SA 8A has the fourth highest three-year death rate among all Florida service areas and that the three-year death rate in SA 8A is higher compared to the statewide three-year death rate (0.010197).

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Florida Hospice contends that the need for a new hospice program is supported by the comparatively higher death rates in SA 8A and that as the population continues to grow and age, the death rates are expected to continue to increase, further driving the demand for increased access to hospice services.

Florida Hospice states that veterans make up 13.4 percent of the Charlotte County population age 18 and older and that in DeSoto County, Veterans comprise 8.0 percent of the adult population compared to 8.4 percent for the state.

Table 13: Veteran Population, 2020

Area	Percent Veteran Population	Veteran Population
Charlotte County	13.4%	21 ,986
DeSoto County	8.0%	2,398
Service Area 8A		24,384

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

The applicant asserts that the overwhelming majority of SA 8As nearly 25,000 Veterans are aged 65 and older and presents the following three tables to support this:

Charlotte County		
Age Cohort	Veterans	Percent of Total Veterans
18 to 34 years	857	3.9%
35 to 54 years	1 ,940	8.8%
55 to 64 years	2,879	13.1%
65 to 74 years	6,923	31.5%
75 years and over	9,387	42.7%
Total	21 ,986	100.0%

DeSoto County		
Age Cohort	Veterans	Percent of Total Veterans
18 to 34 years	86	3.6%
35 to 54 years	463	19.3%
55 to 64 years	333	13.9%
65 to 74 years	678	28.3%
75 years and over	838	34.9%
Total	2,398	100.0%

Florida		
Age Cohort	Veterans	Percent of Total Veterans
18 to 34 years	102,808	7.3%
35 to 54 years	299 , 744	21.2%
55 to 64 years	252,306	17.8%
65 to 74 years	364,393	25.7%
75 years and over	397,221	28.0%
Total	1,416,472	100.0%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

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Florida Hospice notes that SA 8A has a higher proportion of veterans aged 65 and older compared to Florida statewide (53.9 percent) and that nearly 75 percent (16,310) of Charlotte County veterans are aged 65 and older. Further, over 63 percent (1,516) of in DeSoto County's veterans are age 65 and older. The applicant argues that the increasing population of veterans living in DeSoto and Charlotte Counties indicate the need for increased access to hospice services and that it is positioned to immediately support and engage these residents.

Florida Hospice offers its Schedule C conditions and that it has received support from Douglas T. Jacobson State Veterans' Nursing Home (see Appendix A) as support for its Veteran program.

The applicant reiterates that it was the first and only provider to recognize the clear need and underserved populations in these counties back in February of this year which it states should specifically support the approval its proposed new hospice program.

VITAS Healthcare Corporation of Florida (CON application #10716) provides the most voluminous response of the co-batched applicants, with CON application #10716 totaling 1,870 pages, including a 128-page Project Summary and numerous exhibits, tables, and diagrams. The reviewer highlights some of the applicant's narrative and exhibits that are reported as having unmet hospice need in SA 8A. The reviewer perused VITAS's identified unmet hospice need populations in SA 8A from VITAS' response to the following portions of this report:

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

Based on a perusal of the four referenced sections of this report, the reviewer notes that VITAS consistently identifies the following populations experience unmet hospice need in SA 8A:

- Growing minority populations, including Asian, Black/African American, Hispanic, and Jewish communities
- Impoverished, food insecure, and homeless communities, including migrant farm workers
- Patients with non-cancer diagnoses, such as coronary heart disease, diabetes, pulmonary disease, and Alzheimer's disease
- Cancer patients both under 65 and over 65
- Cancer patients in need of palliative care, high acuity patients in need of complex services, and those needing admissions during evenings and weekends
- Patients who reside in the 20 ALFs in the area

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- The large base of veterans that live in Charlotte County comprises a larger portion of the population than Florida as a whole

VITAS provides an executive summary which bullets 10 factors it indicates make VITAS the best applicant to meet the unmet needs of SA 8A. The reviewer summaries/condenses the 10 factors below:

- VITAS leadership and team members have spent a significant amount of time developing new relationships with community members, community organizations, and existing facilities in Subdistrict 8A. VITAS has collected 14 individual letters of support written by nursing homes, assisted living facilities ("ALF"), physicians, and community organizations who serve Subdistrict 8A residents.
- VITAS is not new to the southwest Florida region.
- VITAS understands the unique needs of the communities that comprise the two counties in the service area.
- With over 40 years of hospice care experience, VITAS' comprehensive outreach/education/staff training programs and resources are designed specifically to address the unique needs of a wide range of patient types, communities, and clinical settings with a specific new plans and programs proposed for SA 8A.
- VITAS has an unparalleled track record of opening quickly in its Florida markets, increasing hospice use rates exponentially and meeting all conditions without impacting existing hospice providers.
- VITAS will establish two offices — one in Arcadia in DeSoto County and one in Port Charlotte in Charlotte County in just 90 days from approval, expedited by the fact that VITAS can serve Subdistrict 8A from two existing offices in Hardee and Highlands counties.
- VITAS has the resources/programming necessary to compete with Tidewell and improve access to hospice services for the historically underserved groups, particularly in DeSoto County.
- VITAS' Florida market as a whole has an ALOS that is significantly higher than Tidewell. Currently, most patients in Subdistrict 8A are experiencing a length of stay far shorter than the state average.
- VITAS' experience related to continuous care far exceeds both Tidewell and the state average. VITAS has the resources and experience to provide high quality end-of-life care to patients in Subdistrict 8A

VITAS contends that through community contacts/meetings it verified seven needs based on the following categories, with an accompany goal and a VITAS solution for each:

- Geographic
- Demographic/Socioeconomic/Special Populations

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- Outreach and Education by Level of Care
- Disease Specific

The reviewer notes the needs identified in CON application #10716, pages 11-14, are relatively consistent with VITAS’ response to items E.1.a., E.2.a.(1) and E.3.a. in this report. VITAS provides the narrative heading - “Why VITAS is the Right Choice for Subdistrict 8A” (page 39 of the application). The applicant points out (and the reviewer confirms in the applicant’s response to item E.2.b.(1)(e) of this report) that VITAS has existing services in Wauchula and Sebring and is CON approved to establish two new offices in adjacent Lee and Glades Counties.

The applicant contends that VITAS provides hospice services to a wide range of health care needs and provides statistical data to justify why the hospice services are particularly needed for patients with the following conditions:

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

VITAS addresses the Agency’s published SA 8A fixed need pool data in its Exhibit 23: AHCA Need Publication Summary for Subdistrict 8A, on page 133 of the application. VITAS offers data from InfoMax to demonstrate and support its need argument. Exhibit 24 (CON application #10716, page 133) shows that Tidewell primarily served patients from Charlotte County with 1,377 Medicare patients or 97 percent of its admissions coming from this county.

**Exhibit 24
Estimated Total Patients Served by County - 2020**

	Total Patients Served		Tidewell Patient	
	2020 Total Medicare Patients*	% of Medicare Patients	2020 Medicare Patients	% of Medicare Patients
Charlotte	1,453	88.38%	1,377	88.78%
DeSoto	191	11.62%	174	11.22%
Total	1,644	100.00%	1,551	100.00%

Source: CON application #10716, page 133 from InfoMax, 2020 Medicare Cost Report , Report 10
Notes state *Includes only those patients served in Florida. It was assumed patients served out of State were not residing in Florida).

VITAS states the data clearly shows that Tidewell clearly focuses its program to serve Charlotte County.

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**Exhibit 25
2020 Comparison of Medicare Hospice Use
-Charlotte and DeSoto Counties**

	Medicare Deaths	Hospice Deaths	Hospice Penetration	County Rank
Charlotte	2,501	1,409	56.34%	27
DeSoto	353	171	48.44%	54
Florida	192,673	108,212	56.16%	

Source: CON application #10716, page 134 from InfoMax, Report 1, 2020 Medicare Cost Report).

VITAS goes on to show Charlotte County with a Medicare penetration rate of 56 percent while DeSoto County is almost eight percent lower at 48.44 percent. In terms of ranking Charlotte County is at 27, while DeSoto County is ranked 54th of 67 counties. VITAS contends that while AHCA’s need publication does not show a need in the service area, this is distorted by Charlotte County, which masks the deficit in DeSoto County. The applicant concludes that the data clearly documents that DeSoto County residents are not getting hospice services at the rate they deserve, which represents a special circumstance.

VITAS notes that having only one hospice provider in the service area does not meet Florida’s Medicaid Managed Care (MMC) statutory requirements. Exhibit 26 below shows the population per square mile of each SA 8A county and that U.S. Census Bureau Quickfacts show Charlotte is designated “urban” and DeSoto “rural” areas.

**Exhibit 26
Service Area 8A – Population per Square Mile**

	2021 Population	Square Miles	Residents per Square Miles	Designation
Charlotte	194,843	235.2	828.41	Urban
DeSoto	34,408	637.1	54.01	Rural

Source: CON application #10716, page 135.
(Source applicant listed: U.S. Census Bureau Quickfacts).

VITAS provides Managed Medicaid enrollment figures from AHCA in Exhibit 27, on page 135 of the application. As of February 28, 2022, there were 25,072 enrollees in Charlotte County and 8,202 enrollees in DeSoto County. VITAS restates that MMC contracts are required to provide a choice of hospice providers in both types of counties and argues that the lack of choice in providers supports the need for a new hospice in the SA. VITAS states it has been previously recognized by the Agency as a basis for approval through Special Circumstances citing the example of Brevard HMA (CON #10695) in Indian River County. Therefore, the status of Tidewell being the only hospice provider in SA 8A should be found to be a “Not Normal or Special Circumstance” and VITAS should be approved.

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Special Circumstances VITAS believe support approval of its application include:

- 1) DeSoto County residents are underserved
 - DeSoto County is underserved with respect to hospice services at based on the following analyses:
 - DeSoto County is rural and has a small population making it more difficult to serve from the hospice operations perspective.
 - Overall, DeSoto County has a low Medicare hospice penetration rate compared to both Charlotte County and Florida as a whole.
 - DeSoto County has a large minority population with many Hispanic and Black residents, which makes targeted outreach and education critical to ensure hospice access.
 - DeSoto County's Hispanic and Black residents are not accessing hospice services at the same rate as white residents of DeSoto County or service area 8A as a whole.
 - For DeSoto County residents discharged from hospital to hospice care, white residents comprise approximately 90 percent of the patients, which is in stark contrast to the high percentage of minorities living in DeSoto County.
 - DeSoto County has a large base of low-income residents making access for Medicaid patients and charity care patients critical.
 - DeSoto Memorial Hospital is discharging patients to hospice at far less than the statewide average and at half the rate of the Charlotte County hospitals.
 - The sole existing provider does not provide the level of Medicaid services that would indicate the needs of DeSoto County low-income residents are being met.
 - Both Charlotte and DeSoto Counties have a sole hospice provider and thus patients, including Managed Medicaid patients, do not have a choice of hospice providers and that Tidewell demonstrates operational characteristics that demonstrate that all needs of the service area are not being met and there is no other provider to meet these needs. These factors include:
 - Tidewell Hospice has a very low ALOS indicating patients are only getting care at the end-of-life.
 - Tidewell Hospice demonstrates a high percentage of patients receiving care in its three hospice houses demonstrating a lack of focus on serving hospice patients in their home or residence.

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- Tidewell Hospice offers virtually no continuous care, which limits the ability of patients at the end-of-life to remain in their homes and receive crisis care.

VITAS reiterates that it will provide the resources and experience required to build relationships within SA 8A and educate the community members on the benefits of hospice care, and along with its vast range of disease-specific programs will make certain they have sufficient access to comprehensive hospice and support care services.

VITAS offers the following chart comparing its differences with Tidewell:

**Exhibit 29
Comparison of Tidewell and VITAS**

Tidewell	VITAS
Not-for Profit	For-Profit
Very Short ALOS	Longer than Average ALOS
Little to No Continuous Care	High Level of Continuous Care
Focus on Inpatient Care in its own Hospice Houses	Focus on Serving Patients in their Home
Comparatively Few Visits at End of Life	High Visits at End of Life
Limited Disease Specific Programming	Robust Disease Specific Programming
Low % of Care to Medicaid patients	Track record of Care to Low-Income and Medicaid patients
Low % of Care to Minority Populations	Track record of Serving Large Minority Population Bases
Accepts Donations from the Community	Does not Accept Donations Provides Donations to the Community

Source: CON application #10716, Exhibit 29, page 138

The applicant states that Tidewell reports an ALOS of 43.9 days for CY 2020, 43 percent lower than the statewide average and only five other agencies in Florida have a shorter ALOS than Tidewell. VITAS contends this indicates that patients are only getting care at the end-of-life and are not benefiting from hospice services that would be available through earlier admission. Further, this demonstrates a lesser quality of care is available in SA 8A. VITAS shares that it has a higher ALOS than the state overall average which it says shows its commitment to outreach and education, which translates to increased benefits for the patient with longer lengths of stay.

**Exhibit 30
Comparison of Average Length of Stay – 2020**

	Statewide Average	VITAS	Tidewell Hospice, Inc.
Admissions	152,323	32,953	10,003
Patient Days	11,829,043	3,638,592	439,280
ALOS	77.7	110.4	43.9

Source: CON application #10716, page 138 from AHCA 2020 Hospice Demographic and Outcomes Measure Report dataset. ; VITAS (1)- Miami, VITAS (2) – Palm Beach, VITAS (3) – Central and N Florida Note: Sum of Days by Setting/Sum of Admissions by age

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VITAS offers Exhibit 31 on page 140 of the application to support its findings that Tidwell’s three owned inpatient units SA 8A has more hospice inpatient beds per 100 deaths than all but four other service areas in Florida. The applicant contends that Tidwell provided 4.9 percent of days in freestanding hospice inpatient facility/hospice house compared to just 1.90 percent days in this setting statewide. VITAS states that this emphasis on hospice house care removes the patient from their home setting and often adds to the cost of care.

**Exhibit 31
Comparison of Freestanding Hospice
Inpatient Beds per 100 Deaths as of 2/2022**

Setting	Statewide Average	VITAS (1)	VITAS (2)	VITAS (3)	Tidwell Hospice
Private Residence	57.80%	63.68%	52.34	60.65%	51.51%
ALF	23.34%	20.81%	30.07%	25.07%	22.56%
Nursing Home – Non-Inpatient	14.01%	13.23%	15.15%	12.88%	19.23%
Hospital or NH Inpatient Care	2.37%	2.29%	2.23%	0.41%	1.80%
Freestanding Hospice/ Residential Facility	1.90%	0.00%	0.21%	0.50%	4.90%
Other	0.59%	0.00%	0.00%	0.49%	0.00%

Source: CON application #10716, page 140 from AHCA 2020 Hospice Demographic and Outcomes Measure Report dataset.

Exhibit 32 below presents Charlotte and DeSoto County leakage to other providers in CY 2020. VITAS indicates that DeSoto County patients also out-migrated to its programs but as the total was less than 11 patients these VITAS patients are included in the “Other FL” column in the table below. VITAS contends that this data shows that SA 8A residents are not fully served and the preference from both counties VITAS service area residents.

**Exhibit 32
2020 Medicare Patient Leakage**

	Tidwell Hospice, Inc	VITAS	Other FL	FL Total	Percent FL Leakage
Charlotte	1,377	12	64	1,453	5.2%
DeSoto	174	*	17	191	8.9%
Total	1,554	12	81	1,644	5.7%

Source: CON application #10716, page 141 from Infomax, 2020 Medicare Cost Reports, Report 10
Note: *Value suppressed for less than 11 patients; therefore, VITAS patients are included in Other FL. Only those patients served in Florida were included as it is assumed patients served out of state were not residing in Florida.

VITAS provides a summary of demographic and socioeconomic analysis of SA 8A which notes:

- Charlotte County is very old with a high percentage of residents aged 65 and older. The population in SA 8A is large and growing. Both the total population and age 65+ population of Charlotte County are growing faster than Florida as a whole.

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- DeSoto County is a younger population base, which is also growing and aging but as not as fast.
- The minority populations of both counties are growing faster than the white population.
- There is a growing Hispanic population in both counties.
- DeSoto County is almost 30 percent Hispanic, which is higher than the average for Florida.
- DeSoto County has a larger population percentage with incomes below \$35,000, much larger than the percentage for Charlotte and Florida as a whole.
- The rate of homelessness in DeSoto County is much higher than Charlotte County and Florida as a whole.
- There is a large base of migrant farm workers in DeSoto County who are low income and primarily Hispanic.
- The percentage of residents with food insecurity in DeSoto County is higher than Charlotte County and Florida as a whole.
- There is a very large adult and senior citizen Veteran population in Charlotte County, exceeding the percentage of Veterans in Florida as a whole.
- The hospice use rates among minority populations including, Asian American, Black, and Hispanic patients, are low in comparison to the number of minority residents in DeSoto County and Charlotte County.
- VITAS serves a significantly higher percentage of Black and Hispanic patients in all its Florida markets than Tidewell's experience in its collective markets.

VITAS provides map showing SA 8A and its existing locations, Exhibit 33, page 143 of the application and Exhibit 34 on page 144 of the application has a map of the geographic features and communities of Charlotte and DeSoto Counties. The applicant indicates that there is a geographic disconnect from the populated areas of Charlotte County along the coast and harbor, and Arcadia in DeSoto County, which is inland. VITAS lists the age 55 and older deed restricted communities, and 55 and older focused apartment complexes and condominiums to support the claim that there is a large and growing number of retired population in the area that will need access to hospice care.

Exhibit 35 on page 146 of the application provides the SA 8A population statistics by age group for the 2022-2027 period using AHCA Florida Population Estimates 2015 – 2030, July 1st Projections. The growth in the elderly population is significant because this population utilize hospice care at a higher rate than all other age groups. VITAS states that the over 65 population growth supports its case for increased need of hospice services in SA 8A.

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VITAS notes the total Population for both counties (Charlotte 197,297 and DeSoto 38,322) and the percentages (Charlotte 5.6 percent and DeSoto 2.3 percent) of residents 65 and older increase from 2022 and 2027. In 2022, the 65 and older population in Charlotte County (38.5 percent) is estimated to be nearly double that of Florida (21.3 percent). Charlotte County’s population of residents 65 and older is projected to increase by 13 percent from 2022 (76,033) to 2027 (85,934). DeSoto County’s 2022 population of 7,589 is projected to increase to 8, 243 or 1 an 8.6 percent increase. The growth among residents 65 is the largest expected of any growth rate in SA 8A.

**Exhibit 35
Subdistrict 8A Population by Age Group – 2022-2027**

County	Under 65	65 and Older	Total Population	Percent 65 and Older
2022 Population				
Charlotte	121,264	76,033	197,297	38.5%
DeSoto	30,733	7,589	38,322	19.8%
Subdistrict 8A	151,997	83,622	235,619	35.5%
Florida	17,572,409	4,751,736	22,324,145	21.3%
2027 Population				
Charlotte	122,431	85,934	208,365	41.2%
DeSoto	30,967	8,243	39,210	21.0%
Subdistrict 8A	153,398	94,177	247,575	38.0%
Florida	18,184,936	5,563,347	23,748,283	23.4%
Percent Change 2022-2027				
Charlotte	1.0%	13.0%	5.6%	
DeSoto	0.8%	8.6%	2.3%	
Subdistrict 8A	0.9%	12.6%	5.1%	
Florida	3.5%	17.1%	6.4%	

Source: CON application #10716, page 146 Florida Population Estimates 2015-2030 – July 1st Projections

VITAS contends that because it operates in rural counties surrounding DeSoto County, it can quickly serve SA 8A with its relationships “already established” in locations such as Sebring. The applicant assures that the different needs of these counties will be better served with its “extensive experience” in serving both urban and rural populations regardless of race, ethnicity, and socioeconomic status. VITAS offers the DeSoto Community Health Improvement Plan from 2018-2021 citing the county is:

- Increasingly diverse
 - 29.9 percent residents identify as Hispanic
 - 12.7 percent identify as Black or African American
- Experiencing increasing poverty levels
 - 28.6 [percent live below the poverty level, exceeding state figure of 14.8 percent

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VITAS notes that a study by *Gerontology and Geriatric Medicine* found that Medicare spends about 20 percent more on last year of life for Black (African American) and Hispanic people than it does white people. A copy of the study is included in the application’s Tab 48. VITAS contends that it will bridge the gap in care to minority patients, through outreach programming and building relationships with minority communities.

VITAS states it utilized Claritas Spotlight from Environcs Analytics data to indicate the percentage of SA 8A population growth rate by race from 2022 through 2027 and in Florida overall. See the exhibit below.

**Exhibit 36
2022 Population by Race – Rate of Growth and Percent of Population**

	American Indian/ Alaskan Native	Asian	Black/ African American	Native Hawaiian/ Pacific Islander	Some Other Races	Two or More Races	White	Total
Charlotte County								
2022	688	2,809	11,306	109	3,079	4,166	174,704	196,861
2027	804	3,171	11,995	132	3,658	4,792	183,340	207,892
% of Change	16.9%	12.9%	6.1%	21.1%	18.8%	15.0%	4.9%	5.6%
DeSoto County								
2022	209	162	4,643	13	7,572	1,079	24,795	38,473
2027	241	152	4,705	15	8,180	1,190	25,399	39,882
% of Change	15.3%	-6.2%	1.3%	15.4%	8.0%	10.3%	2.4%	3.7%
Subdistrict 8A								
2022	897	2,971	15,949	122	10,651	5,245	199,499	235,334
2027	1,045	23,323	16,700	147	11,838	5,982	208,739	247,774
% of Change	16.5%	11.8%	4.7%	20.5%	11.1%	14.1%	4.6%	5.3%
Florida								
2022	91,374	642,063	3,587,728	16719	1,032,445	704,479	15901505	21,976,313
2027	98,958	720,657	3,803,168	18483	1,182,122	804,234	16354761	22,982,383
% of Change	8.3%	12.2%	6.0%	10.6%	14.5%	14.2%	2.96%	4.6%
Percent of Total Population								
Charlotte County	0.3%	1.4%	5.7%	0.1%	1.6%	2.1%	88.7%	100.0%
DeSoto County	0.5%	0.4%	12.1%	0.0%	19.7%	2.8%	64.4%	100.0%
Subdistrict 8A	0.4%	1.3%	6.8%	0.1%	4.5%	2.2%	84.8%	100.0%
Florida	0.4%	2.9%	16.3%	0.1%	4.7%	3.2%	72.4%	100.0%

Source: CON application #10716, page 148 from Caritas Spotlight.

VITAS notes that it serves more racial and ethnic minorities than the state average, but it also serves significantly more of these groups than the sole provider in SA 8A and across all its Florida markets. VITAS’ percent of black patients is also significantly higher than the statewide average. VITAS also serves more black and Asian Americans patients than the state average and SA 8A’s existing provider. VITAS states that it will work to expand access to hospice care for all patients, including the large minority populations in DeSoto County, which are not receiving access to hospice services at the same rate as non-minority populations.

The applicant’s Exhibit 37 is cited as support for its argument that the current provider is not serving the Latino population in Charlotte County. VITAS notes this population in Charlotte County is growing at a

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faster rate (19.9 percent) than in Florida, 13.4 percent). DeSoto County’s Latino population makes up 33.2 percent of the total population in 2022, which is higher than the state at 27.8 percent. VITAS contends that DeSoto County’s Latino population is growing at a rate of 8.1 percent and the Latino population in SA 8A is significantly underserved with need for expanded access to hospice services. VITAS contends that it will provide equitable access to care, as demonstrated by its admissions by race and ethnicity statistics and notes it has historically served a much higher percentage of Latinos than the statewide average and significantly more than the current provider. VITAS also offers that it will have a representative that can speak Spanish to ensure outreach and education to this community.

**Exhibit 37
Percent of Admissions by Race/Ethnicity - 2020**

	Statewide Average	VITAS (1)	VITAS (2)	VITAS (3)	Tidewell Hospice
Asian	0.58%	0.74%	0.89%	0.81%	0.44%
Black	8.04%	12.43%	13.95%	9.83%	3.16%
Caucasian	70.37%	27.77%	68.12%	75.29%	93.94%
Hispanic	11.03%	57.83%	13.90%	11.72%	2.12%
Other	9.98%	1.23%	3.14%	2.36%	0.35%

Source: CON application #10716, page 149. AHCA, 2020 Hospice Demographic and Outcomes Measure Report dataset; VITAS (1)- Miami, VITAS (2) – Palm Beach, VITAS (3) – Central and N Florida

**Exhibit 38
2022 and 2026 Population by Ethnicity**

	2022			
	Latino	Non-Latino	Total	% Latino
Charlotte	16,640	180,221	196,861	8.5%
DeSoto	12,783	25,690	38,473	33.2%
Total 8A	29,423	205,911	235,334	12.5%
Florida	6,117,090	15,859,223	21,976,313	27.8%
	2027			
	Latino	Non-Latino	Total	% Latino
Charlotte	19,954	187,938	207,892	9.6%
DeSoto	13,817	26,065	39,882	34.6%
Total 8A	33,771	214,003	247,774	13.6%
Florida	6,934,395	16,047,988	22,383	30.2%
	Percent Change 2022-2027			
	Latino	Non-Latino	Total	
Charlotte	19.9%	4.3%	5.6%	
DeSoto	8.1%	1.5%	3.7%	
Total 8A	14.8%	3.9%	5.3%	
Florida	13.4%	1.2%	4.6%	

Source: CON application #10716, page 150 Caritas Spotlight

VITAS notes an article by Rabbi Tsurah August, the Hospice chaplain for Jewish Family and Children’s Services of Greater Philadelphia provides information about hospice and the Jewish faith. Tab 48 of the application includes this article. VITAS addresses the Jewish population and its beliefs about hospice care and notes that it has several programs that are accredited by the National Institute for Jewish Hospice to ensure

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that hospice care adheres to Jewish ideals as they care for patients and their families. VITAS stipulates that patient care teams and volunteers are trained in the beliefs, customs, philosophies, and ethics of both practicing and non-practicing Jews along with Jewish ethics related to medical care of the terminally ill. Certification by National Institute for Jewish Hospice will be sought for the SA 8A program.

VITAS next breaks down SA 8A's socioeconomic factors into three different categories: homelessness, access to food, and education level. Exhibit 39 includes data on the homeless populations for the three-year period of 2019 through 2021. VITAS applicant states that this supports the contention that there is a dramatic variance between Charlotte County and DeSoto County, noting that while Charlotte County is below the state average, DeSoto County is double the state average. Because of its experience in serving the homeless population in counties with similar demographic and geographic status, VITAS assures that it will address the needs of this population by working in tandem with homeless shelters and their staff to provide end of life planning and care, offering its full range of hospice services to shelter residents and their caregivers, along with personalized care according to the patient's needs, including:

- Visits from a social worker to help the patient learn what benefits they have and to connect the patient with 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.

VITAS notes that it conditions project approval to granting up to \$20,000 per year for the first two years of operation to DeSoto Cares Homeless Services or another homeless assistance organization, that provides support to homeless populations, specifically in DeSoto County.

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**Exhibit 39
2019 - 2021 Homelessness in SA 8A and Florida**

	Homeless Persons	Population	Rate Per 1,000
Charlotte County			
2019	156	183,108	0.85
2020	169	189,369	0.89
2021	122	194,001	0.63
DeSoto County			
2019	104	36,310	2.86
2020	104	37,302	2.79
2021	NA	37,941	NA
Florida			
2019	28,590	21,306,460	1.34
2020	27,679	21,682,372	1.28
2021	21,141	22,005,587	0.96

Source: CON application #10716, page 152 *Total Population based on www.flhealthcharts.com Homeless Estimates, AHCA Population Estimates, July 1 estimates, Published September 2021

VITAS shares that there is a large base of primarily Hispanic migrant farm workers in DeSoto County, many of whom reside at Casa San Juan Bosco Farm Worker Housing, which is a Catholic Charities development in Arcadia that provides 97 homes with two community centers, a community garden, playgrounds, and a soccer field. VITAS states that a high percentage of Florida farmworkers are Latin American and Caribbean immigrants who may not speak English well or understand our healthcare system and culture. Fear of deportation, family separation, negative legal consequences is a barrier for the undocumented who are uninsured at higher rates than citizens, have higher rates of poverty and are ineligible for public assistance. They can't drive legally drive, making transportation a problem. VITAS assures that it has worked with such communities in other parts of the state and will provide additional outreach to these residents and referral sources in order to raise awareness of hospice care. The applicant conditions the application on granting up to \$15,000 per year for the first two years of operation, to local organizations serving the Hispanic population and/or agricultural and migrant workers, that promote academics, healthy communities, and the engagement of the Hispanic population. VITAS also conditions this application on providing a dedicated VITAS representative, who is fluent in Spanish, to provide education in SA 8A.

VITAS provides Exhibit 40, page 153 to present the education attainment for SA 8A stating that again there are significant differences between Charlotte and DeSoto Counties. While both have a lower percentage of the population with a bachelor's degree than the state average (30.5 percent), DeSoto County sits at just s 12.2 percent. The applicant notes that "hospice education for illiterate individuals adds a distinct level of complexity."

Exhibit 40

Percent of Population 25+ by Education Attainment for Subdistrict 8A

	High School or Higher	Percent of Population	Bachelor's or Higher	Percent of Population
Charlotte County	51,546	33.4%	36,727	23.8%
DeSoto County	11,812	43.7%	3,284	12.2%
Florida	4,308,542	28.2%	4,659,946	30.5%

Source: CON application #10716, page 154. 2019 – 1 Year Estimate, American Community Survey, US Census

VITAS reiterates that poverty rates and food insecurity in DeSoto County is higher than the state average and offers two charts on page 154, Exhibit 40, and Exhibit 41 and Exhibit 43, page 155 to support that income level and unemployment is below the state average of \$35,000 and 4.6 percent, respectively. DeSoto is above the state average of 18.9 percent in food insecurity. VITAS confirms that when poverty and food insecurity are considered, DeSoto County will be a clear focus for hospice services. The applicant shares that the Executive Vice President Of Operations Patty Husted met with the All Faiths Food Bank in DeSoto County at its Food and Resource Center, to learn more about the community's needs. The applicant conditions this application on granting up to \$17,500 per year for the first two years of operation, to the All Faiths Food Bank or other food assistance organizations to provide support for the food and secure, specifically in DeSoto County.

Exhibit 41

Percent of Households with Income <\$35K Income in 8A (2022)

	Households <\$35K Income	Total Households	Percent Below \$35K Income
Charlotte County	25,330	91,957	27.5%
DeSoto County	5,694	12,793	44.5%
Florida	2,224,193	8,659,093	25.7%

Source: CON application #10716, page 154 Caritas Spotlight

The applicant states that both counties experienced a high unemployment rate in 2020, related in part to COVID, significantly dropping from 2021 and 2022. The applicant cites a survey conducted by Pew Research Center Describing the effects of the COVID-19 pandemic particularly among adults with lower incomes, those without a college degree, and Black and Hispanic Americans. VITAS states that from this article impoverished individuals not only require more preventive health care education, but also require a concerted effort to increase education related to hospice and palliative care. The applicant states it is committing to providing this education with its experience and resources.

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**Exhibit 42
Subdistrict 8A Unemployment Rates**

Area	2020	2021	2022
Charlotte County	7.9%	4.4%	3.7%
DeSoto County	5.6%	3.8%	3.1
Florida	8.2%	4.6%	

Source: CON application #10716, page 154. Florida Department of Economic Opportunity, Unemployment Released 3/14/22 Note Not seasonally adjusted.

VITAS points out that lower household income, long-term unemployment and those with food insecurity generally have poorer health status. The applicant assures that its dieticians will provide nutritional services including counseling to terminally ill patients and their families so that their quality of life might be enhanced. VITAS states these responsibilities will include:

1. Making in-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 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 plan of care; and
5. Meeting with the interdisciplinary team whenever needed and acting as a consultant to the patient/family.

**Exhibit 43
2020 Food Insecurity**

Area	2020
Charlotte County	17.2%
DeSoto County	18.9%
Florida	17.0%

Source: CON application #10716, page 154. Feeding America. Impact of Coronavirus on Food Insecurity in 2021

VITAS offers exhibit 44, page 157 with data from US census Bureau, showing that Veterans comprise approximately 13.4 percent of the total population and 44.1 percent of the 65 and older population in Charlotte County, compared to 8.4 percent and 37.3 percent, respectively in Florida overall. The applicant offers that the Veteran population will be a significant focus both through tailored outreach and availability of hospice care at home for this service area, noting it conditions this application on the implementation of these specialized Veterans programs in SA 8A. The applicant contends that if approved it will ensure that Veterans have ample access to hospice services and that they and their families feel honored, comfortable, and safe during their end-of-life care. These programs will include:

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- Participation in Veterans Administration We Honor Veterans Program
- Virtual Reality/"Flightless" Honor Flight visits to DC War Memorials
- Veterans Walls in Area Assisted Living Facilities and Nursing Homes
- VITAS Veterans Benefit Assistance program

VITAS conditions this response and notes that with its "extensive experience providing hospice care in service areas" like 8A in its current, surrounding areas it will expand access to all settings of care for Veterans but that most importantly it will ensure that Veterans in need of hospice care are served in the setting of their choice.

**Exhibit 43
Veterans Total Veterans and 65 and Older in Subdistrict 8A**

	Veterans 18+	Veterans 18+ % of Population	Veterans 65+	Veterans 65+ % of Population
Charlotte County	21,986	13.4%	15,786	44.1%
DeSoto County	2,398	8.0%	1,434	35.1%
Florida	1,416,472	8.4%	732,086	37.3%

Source: CON application #10716, page 157, Exhibit 43. 2020 5 Year Estimate American Community Survey via U.S. Census American Factfinder

VITAS notes the four hospitals that discharge to hospice and provides Exhibit 45 a map on page 159 to show the location of these three hospitals within the service area. The applicant also provides Exhibit 46, page 159 showing the discharge is to hospice for Medicare patients served in Charlotte and DeSoto Counties.

- Fawcett Memorial Hospital – (Reviewer notes that Healthfinder shows this as HCA Florida Fawcett Hospital)
- Bayfront Health - Port Charlotte (Reviewer notes that Healthfinder shows this as Shorepoint Health) Port Charlotte
- Bayfront Health - Punta Gorda (Reviewer notes that Healthfinder shows this as Shorepoint Health) Punta Gorda
- Desoto Memorial Hospital

VITAS notes that Bayfront Health Port Charlotte has an untypically low hospice utilization rate and most notable is the fact that hospice ALOS for all hospitals in the service area are very low compared to the state average. The applicant states that this is consistent with the fact that the sole provider reports an ALOS of less than 45 days.

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Exhibit 46

CMS Hospital Discharges to Hospice: All Patients (Medicare Only)

	Hospice Utilization %		Hospice ALOS		Readmission Rate (30-Day)	
	This Facility	State Average	This Facility	State Average	This Facility	State Average
Fawcett Memorial Hospital	9.3%	7.7%	19	34	17.1%	16.9%
Bayfront Health - Port Charlotte	6.7%	7.7%	23	34	16.7%	16.9%
Bayfront Health - Punta Gorda	8.9%	7.7%	16	34	16.7%	16.9%
Desoto Memorial Hospital	10.5%	7.7%	15	34	16.8%	16.9%

Source: CON application #10716, page 159, Exhibit 46 Trella Health, Medicare Claims data, Q4 2020 -Q3 2021

VITAS applicant presents Exhibit 47, page 160 sharing that only 45 Black patients and 59 other non-white patients were discharged to hospice out of 1,329 and 1,218 hospital discharges respectively. The applicant notes that this is 3.9 percent for Black residents and 5.1 for non-white residents with blacks being 6.8 percent and non-white patients making up only 5.1 percent of the total hospice discharges despite making up 8.5 percent of the total population.

Exhibit 47

Subdistrict 8A Hospital Hospice Discharges by Race for CY 2020

	Discharges to Hospice	Total Hospital Discharges	Percent of Total Discharges to Hospice	Percent of Total Hospice Discharges	Percent of Population
White	773	24,811	3.1%	66.5%	84.8%
Black/African American	45	1,329	3.4%	3.9%	6.8%
Other Non-White	59	1,218	4.8%	5.1%	8.5%
Unknown	286	205	139.5%	24.6%	0.0%
Total	1163	27,563	4.2%	100.0%	100.0%

Source: CON application #10716, page 160, Exhibit 47. AHCA Hospital Inpatient Database 2020 Q1-Q4, 2022 Spotlight Population Data, Note Excludes MDCs 14,15,19 and 20

VITAS explains that relatively large portions of both these populations are either not referred to hospice or are refusing hospice services and that this offers an opportunity to improve hospice access for these populations through tailored outreach, education, and care. Further, VITAS admits a much larger percent of African American Hospice patients in its Florida markets than the current provider in the service area and is committed to providing increased accessibility to minority populations in SA 8A. Exhibit 48 of the application shows that Black and other non-white DeSoto County patients were discharged to hospice at a significantly lower rate than whites. See the table below.

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Exhibit 48

DeSoto County Hospital Hospice Discharges by Race for CY 2020

	Discharges to Hospice	Total Hospital Discharges	Percent of Total Discharges to Hospice	Percent of Total Hospice Discharges	Percent of Population
White	111	2,890	3.8%	86.7%	64.4%
Black/African American	8	378	2.1%	6.3%	12.1%
Other Non-White	8	375	2.1%	6.3%	23.5%
Unknown	1	60	1.7%	0.8%	0.0%
Total	128	3,703	4.2%	100.0%	100.0%

Source: CON application #10716, page 161, Exhibit 48. AHCA Hospital Inpatient Database 2020 Q1-Q4, 2022 Spotlight Population Data, Note Excludes MDCs 14,15,19 and 20

Exhibit 49 shows Hispanic residents are also discharged to hospice at a significantly lower rate than whites. The applicant provides that out of the 1,132 Hispanic residents in the service area that were discharged from the hospital only 31 or 2.7 percent were discharged to hospice and that the Hispanic population makes up 12.5 percent of the overall population in the service area. VITAS notes that the total hospice discharges for non-Hispanic residents of the service area (96.6 percent) is more than 10 percent higher than the percent of the total population that is non-Hispanic (87.5 percent) showing that it is consistent with the fact that the current provider reports only a small portion of admissions identifying as Hispanic/Latino. The applicant states that this is problematic for residents of DeSoto County which is almost 30 percent Hispanic/Latino.

Exhibit 49

Hospital Discharges to Hospice by Ethnicity for CY 2020 for Subdistrict 8A

	Discharges to Hospice	Total Hospital Discharges	Percent of Total Discharges to Hospice	Percent of Total Hospice Discharges	Percent of Population
Hispanic or Latino	31	1,132	2.7%	2.7%	12.5%
Non-Hispanic or Latino	1,123	26,098	4.3%	96.6%	87.5%
Unknown	9	333	2.7%	0.8%	0.0%
Total	1,163	27,563	4.2%	100.0%	100.0%

Source: CON application #10716, page 162, Exhibit 49. AHCA Hospital Inpatient Database 2020 Q1-Q4, 2022 Spotlight Population Data, Note Excludes MDCs 14,15,19 and 20

The reviewer notes that VITAS' table above has a typographical error in that it shows "or Latino" in two categories – Hispanic and Non-Hispanic. VITAS notes that Hispanic or Latinos represent just 4.7 percent of the total DeSoto County discharges to hospice they are 31.4 percent of the population, which indicates the disparity and access to hospice services faced by this large Hispanic/Latino population in DeSoto County.

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**Exhibit 50
DeSoto Resident Hospital Discharges to Hospice by Ethnicity
CY 2020 for DeSoto County**

	Discharges to Hospice	Total Hospital Discharges	Percent of Total Discharges to Hospice	Percent of Total Hospice Discharges	Percent of Population
Hispanic or Latino	6	479	1.3%	4.7%	31.4%
Non-Hispanic or Latino	120	3,152	3.8%	93.8%	68.6%
Unknown	2	72	2.8%	1.6%	0.0%
Total	128	3,703	3.5%	100.0%	100.0%

Source: CON application #10716, page 162, Exhibit 50 (Source applicant listed: AHCA Hospital Inpatient Database 2020 Q1-Q4, 2022 Spotlight Population Data, Note Excludes MDCs 14,15,19 and 20)

VITAS notes that barriers to access end-of-life and palliative care experienced by Hispanic/Latino, Asian American and Black populations may be largely unique however the common barriers include language, socioeconomic, health literacy, and spiritual factors.

The reviewer notes that VITAS references Exhibit 15 which does not exist on page 162 as support for its track record of serving patients regardless of race or ethnicity. The applicant notes that it conditions this application offering the Bridging the Gap Program in SA 8A as well as developing a medical and spiritual toolkit for physicians with resources to improve communication on end-of-life discussions.

VITAS’s Exhibits 51 and 52 depict the number of SA resident hospital discharges to hospice, home hospice, and inpatient hospice. The applicant notes that DeSoto County’s only hospital discharged 2.4 percent of patients to hospice which is less than half of the state average. This demonstrates a special circumstance and lack of access for DeSoto County’s patients.

**Exhibit 51
Percent of Hospital Discharges to Hospice for CY 2020**

	Discharges to Hospice	Total Discharges	Percent of Total Discharges To Hospice
Fawcett Memorial Hospital	370	7539	4.9%
Bayfront Health - Port Charlotte	305	7257	4.2%
Bayfront Health - Punta Gorda	152	3276	4.6%
Englewood Community Hospital	131	1887	6.9%
Sarasota Memorial Hospital	71	2355	3.0%
DeSoto Memorial Hospital	23	942	2.4%
Venice Regional; Bayfront Health	18	591	3.0%
Complex Care Hospital at Ridgelake	12	82	14.6%
All Other	81	3636	2.2%
Total	1,163	23,929	4.9%
Florida Total	76,830	2,109,193	3.6%

Source: CON application #10716, page 163, Exhibit 51. AHCA Hospital Inpatient Database 2020 Q1-Q4, 2022, Note Excludes MDCs 14,15,19 and 20

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VITAS contends that’s only 28.4 percent of hospice discharges for the service area residents are to home hospice compared to 38.7 percent for Florida total residents. The applicant notes that every hospital within the service area is discharging patients to home hospice at a lower rate than the state average specifically Bayfront Health Port Charlotte nearly 10 percent lower than the state average. VITAS asserts that this supports that Tidewell’s significant focus is on serving patients in its own hospice houses which appear to be driving patients to an inpatient setting opposed to home hospice care and patients do not have another choice of a provider that focuses on residential hospice.

**Exhibit 52
Hospital Discharges to Hospice for CY 2020**

	Home Hospice	Inpatient Hospice	Total	Discharged to Home Hospice
Fawcett Memorial Hospital	113	257	370	30.5%
Bayfront Health - Port Charlotte	60	245	305	19.7%
Bayfront Health - Punta Gorda	44	108	152	28.9%
Englewood Community Hospital	45	86	131	34.4%
Sarasota Memorial Hospital	22	49	71	31.0%
DeSoto Memorial Hospital	8	15	23	34.8%
Venice Regional; Bayfront Health	4	14	18	22.2%
Complex Care Hospital at Ridgeland	5	7	12	41.7%
All Other	29	52	81	35.8%
Total	330	833	1,163	28.4%
Florida Total	29,707	47,123	76,830	38.7%

Source: CON application #10716, page 164, Exhibit 52 AHCA Hospital Inpatient Database 2020 Q1-Q4, 2022 Note Excludes MDCs 14,15,19 and 20

VITAS proposes to remedy this issue by expanding adequate access to hospice services for SA 8A residence in the most appropriate setting at the most appropriate time. VITAS notes this hospice home setting is a cost-effective alternative to inpatient hospice with the average cost of \$32,379 and home hospice care for \$4,760 for the last month of life. The reviewer notes that the applicant presents no documentation to support this statement.

The applicant notes that necessary programs in place to educate and support patients and their families to keep the patients comfortable through hospice care and the comfort of their home are already provided by their program. VITAS states it has already reached out to specific hospitals in the service area to increase education on the benefits and cost savings associated with referrals to home hospice and that specific outreach efforts will be targeted to hospitals that have unusually low rates have discharged to hospice, in particular home hospice.

VITAS notes that it offers monthly education webinars for health care professionals with live presentations for disease focused education and awareness that have proven to be effective as a means of education

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physicians in the community and for the applicant to gain valuable input on patient needs. The applicant notes the subject matter experts present are on a variety of topics:

- Hospice Basics
- End-of-life Care
- Pain Management
- Hospice for Special Diagnoses
- Hospice Eligibility

VITAS notes its representatives receive extensive training and certification via the Evolution Training Program to become the best possible resources to assist clinicians and helping their hospice eligible patients. VITAS provides Exhibits 53 and 54 to support its claim that the existing provider in SA 8A serves a much lower percentage of patients in their home. During CY 2020, 4.9 percent of Tidewell’s patients were served in one of its hospice houses compared to the state average of 1.9 percent.

Exhibit 53
Percent of Days by Location of Care - 2020

Setting	Statewide Average	VITAS (1)	VITAS (2)	VITAS (3)	Tidewell Hospice
Private Residence	57.80%	63.68%	52.34	60.65%	51.51%
ALF	23.34%	20.81%	30.07%	25.07%	22.56%
Nursing Home–Non-Inpatient	14.01%	13.23%	15.15%	12.88%	19.23%
Hospital or NH Inpatient Care	2.37%	2.29%	2.23%	0.41%	1.80%
Freestanding Hospice/Residential Facility	1.90%	0.00%	0.21%	0.50%	4.90%
Other	0.59%	0.00%	0.00%	0.49%	0.00%

Source: CON application #10716, page 166. AHCA, 2020 Hospice Demographic and Outcomes Measure Report dataset; VITAS (1)- Miami, VITAS (2) – Palm Beach, VITAS (3) – Central and N Florida

VITAS states that through its research it found that in SA 8A that of the nine nursing homes two facilities have lower hospital readmission rates than the state average meaning that patient care is not well managed and that they are likely being readmitted to the hospital unnecessarily. The applicant notes that there are 23 ALFs with a total of 13,190 beds in the service area and that they will partner with these facilities to ensure adequate access to hospice care for their residents focusing in particular on the high rate of Alzheimer’s diseases and deaths.

VITAS assures that it conditions this response with its team manager, social worker, and hospice representative covering SA 8A complete the AHCA Assisted Living Unit ALF Core training program to improve access to hospice for ALF residents.

The applicant reiterates that it:

- Is dedicated to improving the quality of end-of-life care that patients received, particularly the 65 and older population

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- Will work with staff and patients to ensure hospice patients can remain in their setting of choice
- Will provide educational programming to staff to keep patients in the setting they call home
- Is committed to ongoing communication with the patient, their family, and the staff who care for the patient.

VITAS states that it understands that not all hospice care is manageable in a home setting and prefers contractual agreements with local health care facilities to meet patients’ needs and will partner with area providers. Further, it is actively in communication with existing providers (ALFs and SNFs) to ensure residents have access to inpatient hospice units and refers to the letter of support provided by Solaris Healthcare expressing willingness to enter into a contractual GIP agreement.

VITAS states that its analysis of mortality rates for Subdistrict 8A by race and ethnicity show that residents of DeSoto County are dying at rates that are significantly higher than the mortality rate for the state, particularly for the non-Hispanic population in Desoto County which has the highest mortality rate of all other races and ethnicities. The applicant contends that the mortality rate for the overall death rate in DeSoto County is 829.4 per 100,000 population which is 110.8 percent of the mortality rate for all of Florida and when it is not age-adjusted, Charlotte County also has high death rates. VITAS asserts that this shows that DeSoto County residents are not accessing hospice at the rate of Charlotte County residents, thus there is an unmet need among the high minority population in DeSoto County.

**Exhibit 54
Subdistrict 8A - Hospice Utilization in SNF**

Facility	Hospice Utilization Percent		Readmission Rate (30-Day)	
	This Facility	State Average	This Facility	State Average
Port Charlotte Rehabilitation Center	10.7%	10.2%	20.3%	16.9%
Solaris Healthcare Charlotte Harbor LLC	10.9%	10.2%	15.5%	16.9%
Harbour Health Center	12.1%	10.2%	17.0%	16.9%
Life Care Center of Punta Gorda	16.8%	10.2%	17.7%	16.9%
Signature Healthcare of Port Charlotte	12.4%	10.2%	20.6%	16.9%
Englewood Healthcare And Rehabilitation Center	16.8%	10.2%	16.1%	16.9%
Village Place and Rehabilitation Center	13.6%	10.2%	22.1%	16.9%
Consulate Health Care of Port Charlotte	ins	10.2%	20.0%	16.9%
Desoto Heal and Rehab	ins	10.2%	17.8%	16.9%

Source: : CON application #10716, page 167, Exhibit 54. Trella Health, Medicare Claims data, Q4 2020 - Q3 2021.

VITAS reiterates that there is a large percentage of the population in DeSoto County living in poverty, larger than the state average and that

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these socioeconomic factors contribute to the overall mortality rate of those who reside in the area. The applicant has discussed at length the specific programs that will be put in place to address the unique needs of this community.

**Exhibit 55
Age-adjusted Deaths from All Causes, Rate per 100,000 Population, 2020**

	Charlotte	DeSoto	Florida	Charlotte Percent of Florida Rate	DeSoto Percent of Florida Rate
All Populations	701.9	829.4	748.4	93.8%	110.8%
Black Alone*	671.0	621.2	914.2	73.4	68.0%
White	694.9	625.1	730.7	95.1	85.5%
Black and Other	591.1	554.8	827.2	71.5	67.1%
Hispanic/Latino	613.4	563.9	620.0	98.9	91.0%
Non-Hispanic	715.4	902.2	783.2	91.3	115.2%

Source: CON application #10716, page 168, Exhibit 55. Florida Charts * Black Alone is a subset of Black and Other

VITAS notes that the leading causes of death in Subdistrict 8A include cancer and heart, or cardiovascular disease followed by Chronic Lower Respiratory Disease and Influenza/Pneumonia.

The applicant notes specifically that DeSoto County’s death rates exceed the state average for age adjusted cancer death rate (2020) and that it has had more causes of deaths from chronic lower respiratory disease (i.e., chronic obstructive pulmonary disease including emphysema and chronic bronchitis, asthma, pulmonary hypertension, and occupational lung disease) in 2019 and 2020 and diabetes in 2019.

VITAS assures that its disease specific programs, will address the high death rate from diabetes as a specific concern for DeSoto County and will introduce specific educational efforts to address these patients' needs which is supported by its proven track record of entering a new market and rapidly increasing access to care, resulting in increased hospice use rates that meet or exceed the statewide average thus will ensure patients have access to hospice care noting that non-cancer-related deaths exceed cancer-related deaths in Subdistrict 8A.

VITAS contends that the patients that are discharged to an inpatient hospice facility are away from the comfort of their home and the constant support of their families, friends, and community. The applicant notes that it has proven its ability to serve these patients at home as much as possible by offering services that meet their complex needs including IV inotropes, sub-Q diuretics, LVADs, ventilation (CPAP and BIPAP), as well as home vent withdrawals.

VITAS share the example of its program in Subdistrict 3E where there was a need for greater access to hospice services for cardiac patients noting that since VITAS opened in Subdistrict 3E in Quarter 3 of 2018, it

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has admitted 849 cardiac patients and provided 1,969 continuous care days.

**Exhibit 56
Subdistrict 8A – Leading Causes of Death by County – 2019 and 2020**

Leading Cause of Death	2019			2020		
	Charlotte	DeSoto	FL Total	Charlotte	DeSoto	FL Total
Malignant Neoplasm (Cancer)	142.2	141	412.8	135.6	177.4	138.7
Heart Disease	118.9	107.5	143.5	122.1	127.7	145.8
Other Causes of Death	117.9			121.2	102.3	107.7
COVID-19 (U07.1)				46.5	95.2	57.4
Chronic Lower Respiratory Diseases	29	48.9	36.1	34.9	38.8	34.2
Influenza and Pneumonia	9.1	3.3	8.4	16.3	27.7	9.7
Chronic Liver Disease and Cirrhosis	15.3	4.8	11.3	18.5	25.7	13
Cerebrovascular Diseases	25.5	23.8	41.4	30	23.9	44.4
Diabetes Mellitus	18.6	49.8	19.7	21.9	22.5	23.2
Nephritis, Nephrotic Syndrome and Nephrosis	8.4	14.6	10.1	8.5	21.4	9.6
In Situ, Benign, Uncertain Behavior Neoplasms	2.6	4.6	3.7	3.3	11.2	3.6
Parkinson Disease	8.1	6.2	7.9	8.0	8.9	8.9
Alzheimer Disease	18.4	12.4	18.8	21.7	7.9	20.3
Essen Hypertension and Hypertensive Renal Dis	6.6	12.2	8.4	7.6	3.1	9.5
Congenital Malformations	4.1	6.6	3	3.5	3.9	3
Septicemia	8.5	11.1	8	8.7	3.8	8.1

Source: CON application #10716, page 170, Exhibit 56. FL Charts

VITAS asserts that the death rate from Septicemia in both Charlotte and DeSoto Counties exceeds the state average age adjusted death rate and was the ninth leading cause of death for DeSoto County residents in 2016.

**Exhibit 57
Subdistrict 8A 2019 Sepsis Death Rate**

Disease Category	Charlotte	DeSoto	FL Total
Septicemia	8.5	11.1	8.0

Source: CON application #10716, page 171, Exhibit 57 (Source applicant listed: FL Charts)

VITAS contends its analysis of the Community Health Needs Assessments (CHNA) and the Community Health Improvement Plans (CHIPs) published by the Florida Department of Health in terms of chronic disease rate impacting Charlotte and DeSoto Counties which includes:

- Age adjusted hospitalization rates for Congestive Heart Failure (534.2 per 100,000) for African American residents of DeSoto County that more than double the rate (238.0 per 100,000) for White residents
- HIV infection cases for black residents of DeSoto County that are almost 14 times higher than that of white residents

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- A higher prevalence of adults diagnosed with diabetes, particularly for the Hispanic/Latino population, in DeSoto County and the county overall for Charlotte County compared to the state as a whole

VITAS notes that lifestyle factors and chronic disease factors prevalence rates align with many of the comparatively high rates of death for causes such as COPD, Coronary Heart Disease, and Diabetes and directs that TAB 48 of this application contains an excerpt of this report.

VITAS uses Exhibits 58 and 59, pages 172 and 173 to support that the rate of diabetes hospitalization in Desoto County has increased from 2001 to 2020, the rate and increased by 35.5 percent with the 2019 hospitalization rate for DeSoto County residents. As shown in Exhibit 59, page 173 the number of hospitalizations from diabetes in DeSoto County has increased by 17 percent during this period. The applicant notes that diabetes is more prevalent in Black/African American populations and that DeSoto County has a larger Black population than Charlotte County which the applicant reiterates is underserved.

VITAS conditions this application by offering its Diabetes Program to improve the end-of-life care for patients with diabetes and other comorbidities (including dementia and heart disease). The applicant asserts it will provide a dietician to serve the subdistrict and support the program and related community education VITAS initiatives include staff training, various provider educational committees and training, along with community education and outreach. The applicant states it will donate \$10,000 annually for the first two years of operation, to an organization that provides diabetes education programming or to the American Diabetes Association, to support education and support services for the prevention and treatment of diabetes and diabetes-related diseases.

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**Percent of Statewide Discharges to Hospice - Exhibit 60
Hospital Discharges to Hospice by MDC for CY 2020**

MDC	MDC Description	Discharges to Hospice	Total Discharges	Percent of Total Discharges	Percent of Statewide Discharges to Hospice
5	Diseases and Disorders of the Circulatory System	117	5,280	2.2%	2.8%
8	Diseases and Disorders of the Musculoskeletal System And Connective Tissue	50	3,694	1.4%	1.2%
4	Diseases and Disorders of the Respiratory System	202	3,492	5.8%	3.7%
6	Diseases and Disorders of the Digestive System	79	2,852	2.8%	3.2%
1	Diseases and Disorders of the Nervous System	116	2,223	5.2%	4.7%
18	Infectious and Parasitic DDS (Systemic or unspecified sites)	288	2,115	13.96%	8.3%
11	Diseases and Disorders of the Kidney And Urinary Tract	68	1,761	3.9%	3.1%
7	Diseases and Disorders of the Hepatobiliary System And Pancreas	48	1,101	4.4%	4.6%
10	Diseases and Disorders of the Endocrine, Nutritional And Metabolic System	26	859	3.0%	1.9%
16	Diseases and Disorders of the Blood and Blood Forming Organs	14	834	1.7%	0.6%
21	Injuries, Poison And Toxic Effect of Drugs	5	791	0.6%	6.2%
9	Diseases and Disorders of the Skin, Subcutaneous Tissue And Breast	5	642	0.8%	2.4%
23	Factors Influencing Health Status and Other Contacts with Health Services	12	415	2.9%	1.9%
24	Multiple Significant Trauma	89	298	29.9%	16.3%
Ungroupable	Ungroupable	13	228	5.7%	4.9%
3	Diseases and Disorders of the Ear, Nose, Mouth And Throat	3	206	1.5%	0.8%
17	Myeloproliferative Disorders (Poor Differentiated Neoplasms)	16	198	8.1%	4.2%
13	Diseases and Disorders of the Female Reproductive System	1	162	0.6%	1.5%
12	Diseases and Disorders of the Male Reproductive System	1	149	0.7%	13.7%
Pre	PreMDC	8	133	6.0%	4.8%
2	Diseases and Disorders of the Eye		89	0.0%	0.2%
25	Human Immunodeficiency Virus Infection	1	24	4.2%	28.0%
22	Burns	1	17	5.9%	9.9%
Total		1,163	27,563	4.2%	
Statewide Total		76,830	2,109,193	3.6%	

Source: CON application #10716, page 174, Exhibit 57. AHCA Hospital Inpatient Database 2020 Q1-Q4
Note: Excludes MDCs 14, 15, 19, 20, & 22

Continuing with the applicant's disease-specific hospice needs assessment (pages 175-178 of the application), VITAS provides both narrative and exhibits/tables (identifying sources for each) that address prevalence/occurrence and other data pertaining to currently unmet hospice need in SA 8A patients with:

- Diabetes and diabetes hospitalizations
- Area hospital discharges to hospice specific to:

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- Cardiac
- Respiratory
- Sepsis

VITAS notes in the exhibit below that SA 8A that one hospital in Charlotte County is utilizing hospice for cardiac patients at less than the state average. The applicant contends that all the hospitals in the service area had an average hospice length of stay that was far shorter than the state average, which is consistent with the short ALOS of Tidewell, which is far below the state average.

**Exhibit 61
CMS Hospital Discharges to Hospice: Cardiac Patients (Medicare Only)**

	Medicare Patients	Percent of Discharges	Hospice Utilization Percent		Hospice ALOS	
	This Facility	This Facility	This Facility	State Average	This Facility	State Average
Fawcett Memorial Hospital	822	21%	7%	7%	25	37
Bayfront Health - Port Charlotte	963	31%	5%	7%	22	37
Bayfront Health - Punta Gorda	215	15%	8%	7%	23	37
Desoto Memorial Hospital	56	21%	INS	7%	INS	37

Source: CON application #10716, page 175, Exhibit 61. Trella Health, Medicare Claims data, Q4 2020-Q3 2021

VITAS states that respiratory disease or COPD is a leading cause of death in Subdistrict 8A, and a much higher age adjusted death rate in DeSoto County for chronic, lower-respiratory diseases such as COPD than the state average. The applicant contends that that respiratory patients who are seen at three the local acute care hospitals have low ALOS and likely links to Tidewell's very short ALOS. VITAS asserts that it has conditioned the application on offering its Pulmonary Care program in Subdistrict 8A and on donating \$10,000 annually for the first two years of operation to an organization that provides pulmonary disease educational programming or the American Lung Association, to support education and services for the prevention and treatment of pulmonary diseases.

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Exhibit 61

CMS Hospital Discharges to Hospice: Respiratory Patients (Medicare Only) CMS Hospital Discharges to Hospice: Respiratory Patients (Medicare Only)

	Medicare Patients	Percent of Discharges	Hospice Utilization Percent		Hospice ALOS		Readmission Rate (30-Day)		Mortality Rate (30-Day)
	This Facility	This Facility	This Facility	State Average	This Facility	State Average	This Facility	State Average	This Facility
Fawcett Memorial Hospital	185	5%	14%	12%	16	43	19%	22%	12%
Bayfront Health - Port Charlotte	289	9%	12%	12%	8	43	19%	22%	11%
Bayfront Health - Punta Gorda	133	9%	14%	12%	31	43	22%	22%	12%
Desoto Memorial Hospital	42	15%	INS	12%	INS	43	16%	22%	9%

Source: CON application #10716, page 175, Exhibit 61. Trella Health, Medicare Claims data, Q4 2020 -Q3 2021

VITAS asserts that DeSoto County residents had a high age adjusted death rate from sepsis compared to the statewide average in 2019. The applicant attributes this from this analysis as the short ALOS for sepsis patients served at both hospitals and Tidewell's low ALOS.

VITAS contends that all acute care hospitals report very short hospice ALOS across each hospital's topmost common discharge diagnosis categories for the acute care hospitals in Subdistrict 8A and that in almost every diagnostic category, the hospice ALOS is significantly shorter than the statewide average. The applicant this links to Tidewell's short ALOS of under 45 days, which is among the lowest of existing hospice providers in the state.

Exhibit 63

Hospital Discharges to Hospice: Sepsis Patients (Medicare Only)

	Medicare Patients	Percent of Discharges	Hospice Utilization Percent		Hospice ALOS		Readmission Rate (30-Day)		Mortality Rate (30-Day)
	This Facility	This Facility	This Facility	State Average	This Facility	State Average	This Facility	State Average	This Facility
Fawcett Memorial Hospital	633	16%	22%	18%	12	25	20%	19%	22%
Bayfront Health - Port Charlotte	163	5%	26%	18%	11	25	16%	19%	26%
Bayfront Health - Punta Gorda	106	7%	21%	18%	4	25	19%	19%	18%
Desoto Memorial Hospital	27	10%	INS	18%	INS	25	19%	19%	INS

Source: CON application #10716, page 177, Exhibit 63. Trella Health, Medicare Claims data, Q4 2020 -Q3 2021

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VITAS contends that all SA 8A acute care hospitals report very short ALOS across each hospital's topmost common discharge diagnosis categories compared to the statewide average. The applicant presents the exhibit below to show that for almost every diagnostic category, the hospice ALOS is significantly shorter than the statewide average. VITAS again links this to Tidewell's very short ALOS of under 45 days, which is among the lowest of existing hospice providers in the state. VITAS maintains that earlier admission to hospice results in substantial savings and indicates its program will improve SA 8A's hospice utilization.

Exhibit 64
Comparison of Hospice ALOS for Hospital Discharges by Diagnosis

Diagnostic Group	Fawcett Memorial	Bayfront - Port Charlotte	Bayfront Punta Gorda	Desoto Memorial	State Average
Circulatory System	25	22	23	INS	37
Sepsis	12	11	11	INS	25
Digestive System	16	53	18	INS	39
Musculoskeletal System	INS	INS	INS	INS	34
Genitourinary System	31	31	INS	INS	48
Respiratory System	16	8	31	INS	43

Source: CON application #10716, page 177, Exhibit 64. Trella Health, Medicare Claims data, Q4 2020 - Q3 2021.INS = insufficient volume/suppressed

VITAS states that its analysis demonstrates that Tidewell serves a very low percentage of patients with heart disease, which is inconsistent with the high age adjusted death rates for these diagnoses/causes of death and that it will implement specific programs for cardiac, pulmonary, and renal/diabetes to address this and other unmet needs.

Exhibit 65
Percent of Admissions by Diagnosis - 2020

	Statewide Average	VITAS (1)	VITAS (2)	VITAS (3)	Tidewell
Cancer	27.53%	31.20%	26.13%	16.41%	28.12%
Pulmonary Disease	11.63%	8.16%	10.90%	9.29%	14.65%
Renal Disease	2.13%	0.00%	0.00%	2.90%	3.09%
Heart Disease	17.57%	13.71%	15.54%	19.58%	10.65%
Other	41.13%	46.93%	47.44%	51.83%	43.50%
Total Non-Cancer	72.47%	68.80%	73.87%	83.59%	71.88%

Source: CON application #10716, page 179, Exhibit 65. AHCA, 2020 Hospice Demographic and Outcomes Measures Report dataset VITAS(1) - Miami, VITAS(2) - Palm Beach, VITAS(3)- Central and N Florida

VITAS presents Exhibit 66 to demonstrate that Tidewell provides far less Medicaid care than VITAS and the state average. VITAS contends it will improve access to hospice care for medically underserved populations, including Medicaid patients, in Subdistrict 8A, in part through increased patient and provider education and will be able to admit more patients to hospice when clinically indicated, rather than just before death occurs,

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when benefits are greatly reduced. VITAS asserts it will provide more continuous care and a higher number of visits in the last seven and three days of life, well above the state average and reiterates that Tidewell is not educating the community and providing guidance about hospice services and that its care in the last seven and three days of life is below the state average.

**Exhibit 66
Percent Payor Mix - 2020**

	Statewide Average	VITAS (1)	VITAS (2)	VITAS (3)	Tidewell
Medicare	88.8%	92.0%	94.0%	91.1%	93.0%
Medicaid	5.1%	4.0%	3.0%	4.1%	2.0%
Third Party	3.8%	2.0%	2.0%	3.7%	3.0%
Self-Pay/ Uncompensated	2.2%	2.0%	1.0%	0.9%	2.0%
Other	0.1%	0.0%	0.0%	0.2%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Source: CON application #10716, page 180, Exhibit 66. AHCA, 2020 Hospice Demographic and Outcomes Measures Report dataset VITAS(1) - Miami, VITAS(2) - Palm Beach, VITAS(3)- Central and N Florida

VITAS argues that it will provide more continuous care and a higher number of visits in the last seven and three days of life, well above the state average. VITAS states that it conditions this application on offering an End-of-Life Nursing Education Consortium (ELNEC) training program for nurses within the first two years of operation and offer an Education in Palliative and End-of-Life Care (ELNEC) training program for physicians within the two years of operation.

**Exhibit 67
Existing Providers in Subdistrict 8A:
Percent Continuous Care Days Comparison**

Provider	Continuous Care (Percent of Patient Days)
Tidewell Hospice Inc.	0.15%
VITAS	1.83%

Source: CON application #10716, page 181, Exhibit 67. InfoMAX Medicare Hospice Cost Report data, 2020

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

- Cardiac Care Program
- Pulmonary Care Program
- Diabetes Program
- *Bridging the Gap* Program for African American Community Outreach
- Partnership with Food Insecurity Assistance Programs
- Partner with Housing Assistance Programs and Homeless Shelters
- Veterans Programs

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- VITAS representatives and liaison personnel who work with and help educate referral sources such as local hospitals, nursing homes and ALFs, on hospice care
- Partnerships with local organizations and facilities, including:
 - Hospitals
 - Nursing homes
 - ALFs
 - Clinics

VITAS states having approached projected utilization based on several considerations:

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

The reviewer notes as part of its projected utilization estimates, VITAS provides an exhibit/table as follows in CON application #10716:

- Weekly COVID Deaths in Florida (page 183, Exhibit 68)
- Historical and Projected Deaths for– SA 8A Considering COVID (page 184, Exhibit 69)
- Projected Deaths SA 8A (page 184, Exhibit 70)
- Projected Penetration Rates and Admissions (page 185, Exhibit 71)
- Projected Hospice Admissions SA 8A (page 185, Exhibit 72)
- VITAS Recent Experience in New Markets (page 186, Exhibit 73)

A portion of VITAS projected hospice SA 8A admissions is shown below.

**Exhibit 72
Projected Hospice Admissions – SA 8A**

Age and Diagnosis	VITAS Market Share		VITAS Admissions	
	Year One	Year Two	Year One	Year Two
Cancer Under 65	8.5%	17.0%	14	28
Cancer 65+	7.5%	14.0%	50	92
Non-Cancer Under 65	8.5%	17.0%	11	22
Non-Cancer 65+	7.5%	13.5%	123	224
Total	7.6%	14.0%	197	366

Source: CON application #10716, page 185, Exhibit 72 (partially reproduced) Notes: Patients rounded to whole numbers, totals may not foot due to rounding.

2. Agency Rule Criteria and Preferences

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

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

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

Each co-batched applicant discussed hospice licensure standards in Rule 59A-38 Florida Administrative Code, demonstrating their understanding of these standards.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) states it is committed to meeting the needs of all patients and their families in need of end-of-life care in SA 8A.

The reviewer notes that the applicant fully provides a voluminous omissions response, with CON application #10714 totaling 1,501 pages, including a 162-page Fixed Need Pool response and numerous exhibits, tables, and diagrams. Therefore, the reviewer reiterates some of the applicant's narrative and exhibits that are reported by the applicant as having unmet hospice need in SA 8A.

Based on a perusal of the four referenced sections of this report, the reviewer notes that the applicant consistently reports the following populations experiencing unmet hospice need in SA 8A:

- Charlotte County and DeSoto County residents
- Minorities (both Hispanic and Black)
- Terminally-Ill Hispanic and Black Minority groups in the service area
- Patients who will benefit from hospice care throughout their six-month hospice benefit eligibility - and not limited to final days of life
- Persons who need more than 1 to 2 home visits per week - but do not need GIP care - whose needs in the home Tidewell does not meet
- Persons that are not offered a choice in hospice care who do not want to use Tidewell
- Persons who had a prior negative incident with Tidewell and choose not to use Tidewell again
- Persons who reside in a facility which does not have a relationship with Tidewell

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- Patients of home care service agencies who do not work with Tidewell

Florida Hospice, LLC (CON application #10715) states it is commitment to serve populations in SA 8A with unmet needs. The reviewer notes that the applicant provides an omissions response with CON application #10715 totaling 693 pages, including a 16-page Fixed Need Pool response and numerous exhibits, tables, and diagrams. Therefore, the reviewer reiterates some of the applicant's narrative and exhibits that are reported by the applicant as having unmet hospice need in SA 8A.

- The aging populations of 65 and older and 75 and older
- The medically indigent
- The Hispanic and Black or African American, and American Indian populations
- Those with health behaviors that negatively impact the health of a population
 - Adult Smoking
 - Adult Obesity
 - Physical Inactivity
- Those with
 - Cancer
 - Alzheimer's/Dementia/Parkinson's
 - Heart disease
 - COVID
- Veterans

VITAS Healthcare Corporation of Florida (CON application #10716) provides the most voluminous omissions response of any of the co-batched applicants, with CON application #10716 totaling 1,870 pages, including a 128-page Project Summary and numerous exhibits, tables, and diagrams. Therefore, the reviewer highlights some of the applicant's narrative and exhibits that are reported by the applicant as having unmet hospice need in SA 8A.

VITAS states the SA 8A populations experiencing unmet hospice need include:

- DeSoto County residents are not accessing hospice at the same rate as Charlotte County and lower than the statewide average penetration rate.
- Minority population including African Americans and Hispanic populations.
- Impoverished and/or homeless populations.

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- Patients with diabetes, Alzheimer's, respiratory, cardiac and sepsis diagnoses near the end of life in Subdistrict 8A have unmet hospice needs.
- Patients requiring continuous care and high acuity services.
- Patients residing in ALFs, including those with Alzheimer's and dementia.
- Patients who would benefit from earlier admission to hospice.

VITAS references its Schedule C conditions to serve these populations references its ability to establish agreements with service area providers.

- (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.**

Affinity Care of Charlotte and De Soto LLC (CON application #10714) provides a narrative stating intent to have contractual agreements with SA 8A nursing homes and hospitals expecting these services will be both routine and inpatient on a scattered bed basis. Affinity also references its memorandum of understanding to establish a dedicated inpatient unit which is signed by its CEO and Melissa Shepard Administrator, representing Village Place NH, LLC d/b/a Village Place Health and Rehabilitation Center, a 104-bed community nursing home in Charlotte County. Key points of the memorandum include:

- Affinity will be available to provide hospice services to residents of Village Place who select Affinity as their hospice care provider in accordance with Medicare conditions of participation and any applicable state and federal regulations and requirements.
- Village Place shall make available for lease a to be determined number of co-located private patient rooms in its Skilled Nursing Facility to serve as a dedicated unit for the purpose of providing hospice general inpatient (GIP) and/or respite care services to Affinity Care hospice patients in need of such services.
- All agreements and the provision of services shall at all times comply with all state and federal regulatory requirements including, but not limited to, Medicare conditions of participation and state licensure laws.

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- The parties will continue to meet and cooperate in negotiating in good faith all terms and conditions of the lease agreement for the dedicated hospice inpatient unit.

Florida Hospice, LLC (CON application #10715) provides a narrative and case study examples and states it will provide the inpatient care component of the hospice program through contractual arrangements with existing health care facilities (hospitals, skilled nursing facilities, or hospice inpatient units) when the clinical needs and best interests of quality patient care require. The applicant states it will do so by utilizing:

- Using Comfort Kits which are ordered at admission by their attending physician and contain medications used to treat common end-of-life symptoms that patients often experience, including pain, nausea, vomiting, anxiety, agitation, and constipation. The applicant notes that these symptom relief kits include morphine for pain, fever, and shortness of breath; lorazepam for anxiety and restlessness; Tylenol suppositories for body aches, mild pain, and fever over 100; haloperidol for extreme agitation, aggression, nausea, and vomiting; hyoscyamine to treat excess secretions (terminal secretions) and "noisy" wet breathing; and bisacodyl suppositories to treat constipation.
- Macy Catheter protocols which are FDA-cleared and is utilized proactively to prevent symptom crisis or aspiration when patients lose the ability to swallow prior to the onset of severe symptoms and to continue medications that have been controlled with oral medications. The applicant notes that can be particularly relevant for patients presenting with symptoms such as:
 - a. Terminal agitation
 - b. Pain
 - c. Nausea and vomiting
 - d. Seizes
 - e. Shortness of breath
 - f. Fever

The applicant contends that its expertise and experience using Macy Catheters is a differentiator in the market with the benefit of reducing the need for inpatient care.

Florida Hospice asserts it has met with several hospitals and nursing facilities to support the program's inpatient needs when the new program becomes licensed and operational and that these discussions and negotiations for inpatient services contracts are

ongoing and it expects it will be able to successfully establish formal written contractual arrangements. The applicant cites its letters of support from healthcare facilities included in Appendix A, and a draft of its Inpatient Services Agreement in Appendix J. Appendix A includes Mark Wortley of Signature Healthcare letter stating the willingness of Signature Healthcare of Port Charlotte to coordinate with Florida Hospice.

VITAS Healthcare Corporation of Florida (CON application #10716) maintains that when a patient needs a higher level of care than can be managed with routine or continuous home care, VITAS will partner with hospital and nursing home facilities to provide inpatient or respite care. VITAS reiterates its VITAS Partnership of Care and that it anticipates entering an inpatient contract with Solaris Healthcare.

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

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

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

Affinity Care of Charlotte and De Soto LLC (CON application #10714) state it is committed to serving all SA 8A patients including those who do not have primary caregivers at home, the homeless and patients with AIDS. The applicant again reiterates its previous response but includes that in 2020, there were six AIDS related deaths in Charlotte County and zero AIDS deaths in DeSoto County and notes that Tidewell's AIDS admissions during 2020 for all three service areas were redacted due to the low volume.

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Florida Hospice, LLC (CON application #10715) states it will utilize its experience at its existing hospice operations to establish protocols and programs for serving patients who do not have a primary caregiver at home, the homeless, and patients with HIV/AIDS at its new hospice program in SA 8A. The applicant cites its:

Patients Without a Primary Caregiver at Home

- It will develop a plan with the hospice social worker to provide his/her care in the event his/her condition dictates the need for additional care. Such care may be arranged through friends, volunteers, and/or private pay attendant services.
- It will develop a plan for future needs with the assistance of the hospice social worker
- The hospice care team will develop an individualized care plan providing increased hospice support and volunteer resources as well as the hospice patient's network of family, friends, neighbors, and other members of their community to assist them and allow the hospice patient to remain in their home among comfortable and familiar settings

Homeless Patients

- It will provide care to hospice-appropriate patients with all efforts being made to provide care through collaboration with a homeless shelter where the patient is known (call home) or attempt to find patient placement at a shelter or long-term care facility so long as patient is willing and consents to the hospice service

Patients with AIDS

- It will provide services to persons with multiple diagnoses including patients with AIDS as it does throughout the organization

Florida Hospice states it does not discriminate against personnel, patients, or organizations based on race, color, religion, age, sex (an individual's sex, gender identity, sex stereotyping, pregnancy, childbirth, and related conditions), sexual orientation, disability (mental or physical), communicable disease, or national origin. The applicant's Appendix G includes its Nondiscrimination Policy and Grieve Process Policy.

VITAS Healthcare Corporation of Florida (CON application #10716) provides narrative to describe serving patients without primary caregivers at home, individuals experiencing homelessness, as well as patients with HIV and AIDS and

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reiterates that it will implement its Elder Orphans program in Subdistrict 8A. The applicant contends it will tailor its homeless patients' needs to the following:

- Visits from a social worker to help the patient learn what benefits they have and to connect the patient with funding and area resources
- Grief support by chaplains and social workers to other residents and shelter staff
- Education for shelter staff on who to call if a hospice-enrolled resident has an exacerbation or needs immediate help
- Coordination with shelter staff to ensure a patient's medication can be securely stored
- Providing advanced care planning education at shelters (Examples are in TAB 38.)

VITAS references its condition of granting \$20,000 per year for the first two years of operation to DeSoto Cares Homeless Services or a similar homeless assistance organization and/or shelter in the local area or similar organization that provide support to homeless populations specifically in Subdistrict 8A.

- (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.**

The Agency notes that this rule criteria and preference is not applicable, as the total SA 8A geographic area is comprised of two counties – DeSoto and Charlotte Counties, Florida.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) will establish an office in DeSoto County during the first year of operation to enhance access and availability of end-of-life care for the Hispanic and Black minority cohorts in this county that represent 45 percent of that county's total population. Affinity's main office will be in Charlotte County which will be surveyed for licensure, with the DeSoto County office to open by the end of the first quarter.

Florida Hospice, LLC (CON application #10715) states that this is not applicable. The applicant noted in its E.3.a. response that it expects to locate its office in leased office space in the northern portion of Port Charlotte which would strategically position the office proximate to DeSoto County and near the largest number of

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potential hospice patients and that all portions of Charlotte and DeSoto Counties will be within 40 miles of the expected location.

VITAS Healthcare Corporation of Florida (CON application #10716) explains that while SA 8A is composed of two counties – DeSoto and Charlotte Counties, it will provide two office locations in DeSoto and Charlotte Counties along with its existing nearby offices located in Sebring and Wauchula and with its approved two new offices in adjacent Lee and Glades Counties. The applicant asserts it will provide educational programming and outreach for area residents through the following:

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

The applicant references VITAS education programs for physicians (CON application #10716, Tab 10) and as one of its Schedule C, C.4 Conditions.

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

Affinity Care of Palm Beach LLC (CON application #10714) reiterates portions of its service intensity, personal emergency response indicator, music therapy, virtual reality program, equine therapy, veterans programming, Continuum palliative resources and minority outreach. These were also addressed in item E.1.a. of this report.

Florida Hospice, LLC (CON application #10715) indicates it will provide: The Journey Program (see Appendix C of the application), internally developed dedicated to serve patients who have an interest in learning more about advanced illness and end-of-life care options, and individuals who have chronic, advanced, and/or terminal illness.

Journey Counselors, a complimentary service, provides advocacy and educational services on advanced care planning, available care options, and when it may be time to consider another level of care for patients and their families.

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My Care Central, a proprietary mobile application and text-based messaging solution developed specifically for home health and hospice by CHG gives 24/7 access to an on-demand information and communication channels from a smartphone or tablet, allowing patients and caregivers to easily connect and communicate with their hospice care team to:

- a. Request Residential Hospice Care Team visits
- b. Receive a face-to-face video visit with a Care Team member
- c. Send secure messages to the patient's care Team
- d. Write personal notes
- e. Replenish home supplies
- f. View health and safety information in the care guide
- g. View the Care Team schedule and add care team and physician visits

The applicant references the My Care Central in Appendix D-My Care Central.

Florida Hospice offers that it provides that its Bereavement Services include:

Bereavement Risk Assessment – described as-

- a. Standard Risk Level: A person who is assessed to be at standard risk for complicated grief is thought to be able to grieve and process their grief appropriately. At this level, the bereavement team will offer standard bereavement service such as supportive calls, grief support groups, literature, and annual memorial services.
- b. Moderate Risk Level: An individual who is assessed to be at moderate risk for complicated grief is like someone at standard risk but has additional risk factors that may contribute to a person's likeliness to experience complicated grief. At this level, the bereavement team will offer the same services as they would for standard risk clients but maintain contact with the bereaved sooner and more often than they would otherwise. The team will also continue to monitor the client's process and more closely monitor signs for complicated grief.
- c. High Risk Level: An individual who is assessed to be at a high risk of complicated grief is experiencing multiple risk factors that contribute to the likeness that the individual will experience complicated grief. High risk individuals typically have multiple factors involved or sometimes few, but the factors that are involved are given a higher weight. For example, an individual who has been assessed to be suicidal

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is automatically considered high risk. An individual who has mental health issues and a lack of family support or financial strain is also considered high risk.

The applicant asserts that with a high-risk individual the interdisciplinary team will communicate with the bereavement team and work to create a smooth transition which may include dual visits introducing the bereavement department and having bereavement services begin early.

Florida Hospice states that this individual will be contacted by the bereavement team at a minimum one week after the passing (if not already involved) and will be followed more closely (increased phone support and visits) if the individual agrees.

The applicant offers the following Grief Workshops:

- 1st Grief Workshop - Helping to navigate through grief
- 2nd Grief Workshop - Creative ways of coping
- 3rd Grief Workshop - Managing grief and loss through the holidays
- Virtual Teens- Teen Grief Support Groups an 8-week grief support group - Eight one-hour virtual sessions for teens aged 13-18 who have experienced a significant loss of a loved one
- An Evening With Elves - an outreach to bereaved youth ages 0-17 where kids can join for fun and surprises at our Santa Youth Workshop
- Healing Heart Children's Camp - two days of grief support and fun for children who have suffered a significant loss and is designed for children ages 5-17 and is not restricted to families of its hospice patients (reviewer notes that there is an example of the two-day program offerings included in this narrative)
- Passages- A Bereavement Newsletter (reviewer notes that there a brief description of each newsletter is included in this narrative)
- Music And Meditation Therapy -will employ credentialed professionals
- Massage and Aromatherapy- will provide licensed therapists on staff
- We Honor Veterans Program and the applicant states:
 - We understand the unique needs of our nation's Veterans and their families
 - We will educate our staff and communities on best practices for Veteran care

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- We will coordinate with the VA and other healthcare organizations
- We are committed to providing the best quality health care
- Pet Therapy – will provide volunteers and certified therapy dogs
- Drumming Circle – the applicant offers that participants select a drum and listen to each other as they speak from the heart, or they may choose to simply listen
- Nibble And Stitch – staff, volunteers and patients crafting handmade quilts
- Legacy Projects - staff will offer to work with patients to create a tangible keepsake - a photograph, an original music composition, or a collection of personal stories
- Residential Hospice Foundation - supports patients, families, and their communities by:
 - Helping to arrange hospice care for those who are underinsured or do not have insurance
 - Assisting patients who are having difficulty covering medical expenses and utility payments and are unable to meet food and shelter needs
 - Awarding grants to outside charities that offer grief and bereavement counseling to those who cannot afford these services

Florida Hospice includes descriptions of these in the application's appendices C, D, E, and F.

VITAS Healthcare Corporation of Florida (CON application #10716) provides a diagram of services that VITAS provides that are not specifically covered by private insurance, Medicaid, or Medicare (page 194 of the application). VITAS reiterates its Schedule C, C.3 and C.4 conditions and states that it provides the following programs:

Diagnostic Specific Programs

- Includes Cardiac, Respiratory, Sepsis, Alzheimer's
 - Specialized staff training on cardiac care
 - Meetings with area cardiologists to discuss patients' needs
- Life Bio
 - A nationally recognized program that helps ease social isolation and loneliness through recording life stories
 - Enables patients to leave a legacy for their family and friends

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- 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

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.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) projects 14.63 FTEs total year one ending September 30, 2023 and 42.49 total FTEs in year two ending September 30, 2024. The FTEs exclude the equine therapist, which would be under contract.

Affinity asserts that it will have access to a national dedicated pharmacist to assist staff with medication indicators, other treatment, or medication options for the palliation at end-of-life and that the corporate office provides for financial services and billing.

Florida Hospice, LLC (CON application #10715): Schedule 6 shows FTE staff added by this project total 16.25 FTEs in year one (CY 2023) and 29.5 FTEs in year two (CY 2024).

In the applicant's discussion of hospice licensure standards in Rule 59A-38 Florida Administrative Code, item (f), Florida Hospice states that it will hire a paid Volunteer Coordinator who will be responsible for coordinating and managing all volunteer activities, responsible for recruiting and training volunteers to provide the appropriate level of support and comfort to meet the needs of hospice patients, caregivers, and families as part of its multidisciplinary approach for hospice care.

Florida Hospice provides its process for the onboarding, training, and supervision for volunteers is described below:

- 1) The potential volunteer completes an application and is interviewed by the volunteer coordinator.
- 2) If accepted, the potential volunteer will complete various background checks, drug screens, and TB testing.
- 3) Once processed and accepted by Human Resources, the volunteer completes classroom volunteer training and in-service education.
- 4) The volunteer receives hands-on training from the volunteer coordinator for their specific volunteer role in the form of shadowing and attending patient visits and in office training for administrative volunteers.
- 5) Volunteer competency checks are completed prior to a volunteer beginning independent volunteer work.

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- 6) If the volunteer is determined to be competent in their assigned role, they will begin volunteering independently. The volunteer coordinator provides on-going supervision of the volunteer. Hospice volunteers attend continuing education throughout each year. On-going supervision is provided by check-ins (phone calls, in person meetings, etc.), receiving feedback and updates from team, and by reviewing volunteer documentation.
- 7) The volunteer is checked for competence annually by the volunteer coordinator and provided with an annual evaluation.

Florida Hospice includes copies of its volunteer training program, volunteer skills checklist and evaluation, administrative volunteer competency checklist, and volunteer supervisory evaluation visit in Appendix B of the application.

VITAS Healthcare Corporation of Florida (CON application #10716) notes that Schedule 6 shows its current total number of FTE staff and the FTE staff added by this project. The FTEs staff added for the project total 30.1 FTEs in year one (ending September 30, 2023) and 49.2 FTEs in year two (ending September 30, 2024). Schedule 6A notes list central office support/services/functions provided to all Florida programs. VITAS notes that volunteer staff hours will equal or exceed five percent of total direct care staff hours.

The reviewer notes that all positions are provided by VITAS staff and volunteers (no contracted services indicated) and the applicant's Tab 40 has its supplemental service offerings.

(b) Expected sources of patient referrals.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) states referrals will be coming from the community at large, nursing homes, assisted living facilities, home health agencies, physicians, hospitals and community leaders. Affinity also cites its support from eight out of ten SA 8A nursing homes, as well as assisted living facilities, home care organizations, senior day care and both Departments of Health.

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Florida Hospice, LLC (CON application #10715) states that it will not discriminate against any person based on age, sex, race, color, ethnicity, national origin, religion, spiritual preference, disability, sexual orientation, or ability to pay for services and expects to generate hospice patient referrals to our new program in Florida from physicians, hospitals (hospitalists and hospital discharge planning staff), home health agencies, skilled nursing facilities, assisted living facilities, independent living facilities, continuing care retirement communities, personal care and companion services, managed care organizations, social workers, social service agencies, community health programs, communities of faith (churches, mosques, synagogues, temples, etc.), family and friends, and patient self-referrals.

Florida Hospice adds that it anticipates patient referrals from its three home health agencies that presently serve Charlotte and DeSoto Counties.

Florida Hospice notes that it has received letters (Appendix A) letters of support from the Director of Physician Outreach at ShorePoint Health (Julie Price, DPT, MBA); the Program Director at the Veterans Nursing Home (JocelynWurster); home care providers; and community leaders that support its efforts to develop a new hospice program in SA 8A.

VITAS Healthcare Corporation of Florida (CON application #10716) contends that having successfully started more than 30 hospice programs in Florida since 2001, it has proven the ability to start up new hospices. Referrals will come from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates and other healthcare providers, family members and the patients themselves. VITAS cites Solaris Healthcare's letter confirming willingness to contract with VITAS for inpatient level care.

- (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.**

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**Affinity Care of Charlotte and De Soto(CON application #10714)
Admissions by Payer Source
Years One and Two**

	Year One	Year Two
Medicare	174	324
Medicaid	9	16
Charity	3	6
Self-Pay	11	20
Total	197	366

Source: CON application #10715, page 210.

**Florida Hospice, LLC (CON application #10715)
Admissions by Payer Type
Years One and Two**

	Year One		Year Two	
	Admissions	Percent of Total	Admissions	Percent of Total
Medicare	159	90.5%	330	90.5%
Medicaid	9	5.0%	18	5.0%
Commercial Insurance	6	3.5%	13	3.5%
Self-Pay/Charity	2	1.0%	4	1.0%
Total	175	100%	365	100.0%

Source: CON application #10715, unnumbered page

The reviewer notes that line 16 of the applicant’s year two Schedule 7A does not agree with the tables that the applicant placed in this application regarding the Medicaid and self-pay percentages.

**VITAS Healthcare Corporation of Florida (CON application #10716)
Admissions by Payer Source
Years One and Two**

	Year One	Year Two
Medicare	174	324
Medicaid	9	16
Indigent/Charity	3	6
Private Insurance/Self-Pay	11	20
Total Admissions	197	366

Source: CON application #10716, page 198.

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

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**Affinity Care of Charlotte and DeSoto CON application #10714
Admissions by Terminal Illness and Under/Over Age 65
Years One and Two**

Disease	Year One Admissions	Year Two Admissions
Cancer	27	70
Cardiac	26	67
Respiratory	19	49
Renal Failure	4	11
Alzheimer's /Dementia	25	63
HIV/AIDS	1	3
Other	34	88
Total	137	352
Under 65	14	35
Over 65	123	317

Source: CON application #10714, page 211

**Florida Hospice, LLC (CON application #10715)
Hospice Admissions by Terminal Illness
Years One and Two**

Terminal Illness	Year One Admissions			Year Two Admissions		
	Under 65	65 and over	Total	Under 65	65 and over	Total
Cancer	4	40	44	9	82	91
Other	13	119	131	26	247	274
Total	17	158	175	35	330	365
Percent Annual Total	9.6%	90.4%	100.0%	9.6%	90.4%	100.0%

Source: CON application #10715, unnumbered page

VITAS Healthcare Corporation of Florida (CON application #10716) notes it conditions the application to providing palliative chemotherapy and radiation to appropriate cancer patients, to optimize pain and symptom management.

**VITAS Healthcare Corporation of Florida (CON application #10716)
Admissions by Terminal Illness
Years One and Two**

Terminal Illness	Year One Admissions	Year Two Admissions
Cancer	64	120
HIV/AIDS	29	53
Respiratory	32	59
Cardiac	18	33
Alzheimer's/Dementia	23	42
Cerebrovascular/Stroke	12	22
Other	20	38
Total	197*	366*

Source: CON application #10716, page 199 *Reviewer notes that Year One Total should be 198 and Year Two should be 367.

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

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**Affinity Care of Charlotte and DeSoto CON application #10714
Admissions by Terminal Illness and by Age Cohort
Years One and Two**

Age Cohort	Year One Admissions	Year Two Admissions
Under 65	14	35
Over 65	123	317

Source: CON application #10714, page 211

**Florida Hospice, LLC (CON application #10715)
Projected Admissions by Age Cohort
Years One and Two**

Payer	Year One		Year Two	
	Admissions	Percent of Total	Admissions	Percent of Total
Under 65	17	9.6%	35	9.6%
Over 65	158	90.4%	330	90.4%
Total	175	100.0%	365	100.0%

Source: CON application #10715, unnumbered page

VITAS Healthcare Corporation of Florida (CON application #10716) stresses that it can quickly meet the needs of SA 8A from its existing offices in immediately adjoining counties.

**VITAS Healthcare Corporation of Florida
Projected Admissions by Age Group
for Subdistrict 8A**

Age Group	Year One Admissions	Year Two Admissions
Under 65	24	50
65 and Older	173	316
Total	197	366

Source: CON application #10716, page 200.

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

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

- **Section 400.609 (1) (a) & (b) Florida Statutes,** states (a):
 - *The hospice care team shall directly provide the following core services: nursing services, social work services, pastoral or counseling services, dietary counseling, and bereavement counseling services. Physician services may be provided by the hospice directly or through contract. A hospice may also use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients*

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during periods of peak patient loads or under extraordinary circumstances

(b):

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

Affinity Care of Charlotte and De Soto LLC (CON application #10714) states that staff and volunteers will directly provide all core services, including physician services, nursing services, social work services, pastoral/counseling, and dietary counseling. Affinity will contract for and purchase certain services as needed by the patients. These include durable medical equipment, medical supplies, pharmaceuticals, physical therapy, speech therapy and occupational therapy.

Affinity Care indicates that non-core services including music therapy and virtual reality will be provided by Affinity Care staff and will not be a contract service. Equine therapy will be provided by a therapist at the contracted stable, supported by Affinity staff “who are always present during these sessions”.

Florida Hospice, LLC (CON application #10715) states it will provide the following services directly from members of the hospice care team:

- Individualized case management
- Routine care
- Continuous care
- Physician medical services
- Nursing services
- Hospice aide
- Counseling and social services
- Bereavement - grief and spiritual counseling services
- Patient, family, and caregiver education
- Volunteer services
- Community outreach and education

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- Hospice staff training and continuing education
- Quality assurance and utilization review

Florida Hospice notes it will provide the following services through contractual arrangements:

- General inpatient care
- Respite care
- Physical, occupational and speech therapy
- Nutritional and dietary services
- Durable medical equipment (StateServ DME Solutions)
- Medical supplies (McKesson Medical-Surgical)
- Pharmaceuticals (One Point Patient Care)
- Patient transportation services
- Other services deemed necessary to maintain quality hospice care and services

VITAS Healthcare Corporation of Florida (CON application #10716) will establish inpatient agreements within the subdistrict and that inpatient and respite need of its patients will be met by existing hospital and nursing home facilities. The applicant provides that sample inpatient agreements are in TAB 41 and provides the inpatient service patient days in Schedule 5. VITAS notes that it has numerous inpatient agreements throughout its Florida service areas and will develop contracts with local hospitals and nursing homes in Subdistrict 8A. The applicant refers to its letters of support included in TAB 49 to show the facilities that are interested in contracting with VITAS for inpatient care.

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

(g) Proposed arrangements for providing inpatient care.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) states that no inpatient beds are proposed in this application. The applicant contends it will arrange for inpatient care through contractual arrangements with SA 8A nursing homes, hospitals, and other facilities to meet the needs of its patients. Affinity cites its MOU with

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Village Place Health and Rehabilitation Center (Charlotte County) and its support from eight of the SA's 10 nursing homes.

Florida Hospice, LLC (CON application #10715) states that it will contract with hospitals, skilled nursing facilities, or hospice inpatient units to provide inpatient care for hospice patients as needed within the hospice service area and reiterates its previous response.

VITAS Healthcare Corporation of Florida (CON application #10716) states it will establish inpatient agreements within the subdistrict and that Solaris Healthcare has provided a letter of support confirming their willingness to contract with VITAS for inpatient level care.

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

Affinity Care of Palm Beach LLC (CON application #10714) states it will develop relationships with existing ALFs, SNFs and hospitals to use their existing infrastructure to provide the residential and inpatient component of hospice care and intends to have contractual arrangements with eight existing SNFs.

Florida Hospice, LLC (CON application #10715) states that this is not applicable it will contract with existing hospitals and skilled nursing facilities, or hospice inpatient units to provide inpatient beds as needed for residents of its service area.

VITAS Healthcare Corporation of Florida (CON application #10716) restates the intent to establish inpatient agreements within the subdistrict and notes that the total number of inpatient bed days projected in year two are 470. The applicant notes that the exact number of beds has not been determined and will contract for more beds as needed. VITAS 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.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) indicates that general inpatient care will be provided in a contractual hospital or nursing home within SA 8A, for patients who need pain control or acute/chronic symptom management which cannot be managed in other settings.

The applicant contends that the necessity for inpatient care will be determined by the interdisciplinary team. If a patient needs hospitalization for any reason unrelated to the terminal diagnosis, traditional Medicare Part A would be utilized.

Affinity Care indicates that in addition to general inpatient care, it will employ admission criteria for inpatient respite care which is offered on an “as needed” basis for a maximum of five days per respite admission under Medicare or Medicaid. The applicant comments that for patients covered under other insurance, the duration of respite services may be longer.

Affinity asserts that to assure continuity of care between home and the inpatient setting it will maintain a specific policy focused on communication among team members, hospital/nursing home staff, physicians and others and will aim to assure there are no gaps in services, treatment or patient needs through the transitions in levels of care.

Affinity Care provides its policy and procedure on inpatient services (general and respite) is supplied in Supporting Documents of this application.

Florida Hospice, LLC (CON application #10715) provides a brief narrative detailing its understanding of the criteria that needs to be met to admit a patient for inpatient care and reiterates its response to (e).2. The applicant states that admission decisions are made on an individual case-by-case basis after evaluation by the hospice interdisciplinary group and in consultation with the patient's attending physician. Florida Hospice provides such criteria below

- Pain control that is unable to be managed appropriately in the home setting

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- Rapid decline related to varied factors, such as bleeding, that are inconsistent with home management
- Fluctuating/deteriorating mental status, psychosis, severe confusion and/or combativeness necessitating titration of medications, change in environment, or consultation and intervention by psychologist or psychiatrist
- Severe shortness of breath or respiratory distress that creates an unmanageable situation for patient and family/caregiver in the home care setting
- Intractable nausea or vomiting
- Open lesions requiring frequent professional care (decubiti, malignant ulcerations, burns, severe abrasions. or fistulas - at least b.i.d. dressing changes)
- Other complicated care - frequent nasotracheal suctioning or GI suctioning, frequent parenteral injections, management of draining fistulas
- Need for continued close monitoring of unstable recurring medical conditions, e.g., hemorrhage, severe anemia, severe hypertension, unstable diabetes, recurrent severe electrolyte disturbance, recurrent seizures, rapidly reaccumulating ascites or pleural effusion requiring recurrent tapping, recurrent aspiration
- Evaluation of disturbed mental status, e.g., hallucinations, delusions, paranoia, excessive agitation, combativeness, requiring intensive monitoring
- Depression, anxiety in the extreme-suicidal ideation, euthanasia, assisted suicide ideation, extreme withdrawal, including inadequate P.O. intake
- Other presenting problems may be identified and evaluated on an individual basis

VITAS Healthcare Corporation of Florida (CON application #10716) contends that the patient's physical condition, family caregiving capacity, and patient wishes will guide decisions regarding inpatient admissions. The applicant states that hospice patients may be admitted if their pain/symptoms cannot be managed adequately at home.

VITAS states intent:

- To deliver intensive comfort care services to its patients in their homes in shifts up to 24 hours a day,

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and when medically appropriate VITAS patients can often avoid being admitted to inpatient units.

- That VITAS hospice patients remain comfortably at home in their final days as opposed to dying in a hospital.

VITAS notes it has written guidelines defining eligibility for facility-based care. Samples of inpatient agreements between VITAS and various provider types are included in the application's Tab 41.

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

Affinity Care of Charlotte and De Soto LLC (CON application #10714) states it is committed to serving all patients including those who do not have primary caregivers at home.

The applicant shares that these patients will be offered the personal emergency response indicator for as long as they remain in their home under the hospice service. Affinity proposes to recommend placement with assistance from social workers for those patients without financial resources to obtain residential care in a hospice unit within an ALF or nursing home, as determined by their medical condition.

Florida Hospice, LLC (CON application #10715) answers that it will not provide primary family/caregiver or 24-hour coverage for its patients through its hospice program of services. The applicant restates its response to E. 2.a.(3).

VITAS Healthcare Corporation of Florida (CON application #10716) states it will assist the patient in developing a network of caregivers to assist the patient or recommend that qualified adult sitter services be obtained should that not pose a financial hardship. VITAS contends it will develop an Elder Orphan program in SA 8A to address the high percentage of elderly patients without primary caregivers at home.

(k) Arrangements for the provision of bereavement services.

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

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

Affinity Care of Charlotte and De Soto LLC (CON application #10714) states that it will have a social worker and spiritual counselor available to assist families during the emotionally difficult time of loss, as well as provide information on common aspects of anticipatory grief. Affinity indicates it plans to employ a bereavement coordinator to be responsible for the planning, implementation, and maintenance of the bereavement program and will continue to provide bereavement support to grieving families for up to 13 months.

Florida Hospice, LLC (CON application #10715) reiterates its response to E. 2.a.(5) and outlines its bereavement services below.

- 1) At the time a patient starts care, the interdisciplinary group (IDG) team offers & determines which friends, family members and caregivers should receive bereavement services.
- 2) Within five days of start of care an IDG team member completes a bereavement risk assessment that identifies if a bereavement client is at standard, moderate or high risk to experience complicated grief.
- 3) Throughout a patient's time on care the IDG team will monitor a bereavement client's risk level and anticipatory grief. The IDG team will support a bereavement client throughout the patient's time on service.
- 4) If a bereavement client is determined to be moderate or high risk for complicated grief or experiencing increased anticipatory grief, the IDG team will increase support to the bereavement client and begin to introduce bereavement staff and services to the bereavement client.
- 5) Within 72 hours of patient's death an IDG team member will reach out to the bereavement client to offer condolences.

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- 6) At the IDG meeting after the patient's death the team will share details of bereavement risk level, death circumstances, and concerns with the bereavement team.
- 7) The hospice bereavement team will contact all bereavement clients within 1-3 weeks post patient's death to offer condolence and bereavement services.
- 8) If services are accepted by the bereavement client, the bereavement team member and bereavement client will determine a plan of care. When determining a plan of care the bereavement clients risk level and needs will be considered. Each bereavement client's care is individualized to meet their needs. Bereavement Services can include:
 - In person visits
 - Supportive phone calls
 - Grief Support Groups
 - Literature & Newsletters
 - Outside resources and referrals
 - Children's Workshops and Grief Support Camps
 - Grief Support Groups for Teens
 - Grief Support Groups for caregivers Annual memorial services
 - Legacy projects
- 9) Services are typically offered up to 13 months after a patient's death but can be extended as needed. Bereavement services are also offered to community members, facility residents, and staff. Information on bereavement services is included in Appendix E.

VITAS Healthcare Corporation of Florida (CON application #10716) indicates that VITAS staff and volunteers provide grief support and bereavement services for survivors, as needed, and requested. VITAS comments that bereavement support will be available 24 hours a day, seven days a week and references the application's Tab 27 and Schedule C – C.4 that bereavement services will be available beyond one year, as needed or requested

VITAS offers a more in-depth description of bereavement services, including such topics as bereavement assessment, the development of a bereavement plan of care, grief support, Camp B.E.A.R. (a once-a-year bereavement camp for children and their parents), and others on pages 88-92 of the application.

(1) Proposed community education activities concerning hospice programs.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) indicates it will provide extensive community education activities surrounding the benefits of hospice to increase hospice awareness and utilization. The applicant maintains its Hospice Liaison/Educators will be responsible for leading the outreach for specific minority populations, Veteran outreach, and all other community education activities. Affinity assures that its Hospice Liaison/Educator will engage in disease focused programming, further developing relationships throughout the community, coordinating educational sessions, presentations, and other outreach activities throughout SA 8A.

Additionally, Affinity Care comments its minority team will be involved in educating NH and ALF constituents on the myths and benefits to hospice. Affinity Care indicates that it will host hospice educational events at senior organizations, religious affiliated groups, Hispanic organizations, Veterans organizations and health fairs, all to educate the community at large on the benefits of holistic end-of-life care through hospice.

The applicant again directs particular interest regarding this rule preference toward minorities, Black and Hispanic residents of the area and includes that it will be combined with culturally like personnel.

The reviewer notes that these populations were discussed in the applicant's response to item E.1.a. of this report.

Florida Hospice, LLC (CON application #10715) reiterates its response to E. 2.a.(5) and that it will utilize its experience in supporting community education and hospice outreach activities concerning hospice programs from its existing hospice operations to develop similar community education and hospice outreach activities at its proposed new hospice program in Florida.

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The applicant contends its staff will reach out and offer community education and outreach to:

- Churches, Mosques, Synagogues, Temples, and other places of worship
- Senior Community Centers
- Assisted Living Facilities Skilled Nursing Facilities
- Continuing Care Retirement Communities
- Active Senior Living communities
- Physicians and Physician Groups
- Hospitals
- Home Health Agencies
- Health Care Training Programs
- Business Groups and Chamber of Commerce
- Civic Groups

VITAS Healthcare Corporation of Florida (CON application #10716) bullets five community education efforts and an additional 27 entities/ projects/services that it explains are within these areas of interest: education, health, and civic and cultural arts. Further, VITAS staff and volunteers have historically participated in these areas of interest. VITAS notes its plans include:

- Two hospice offices in the subdistrict located in DeSoto and Charlotte Counties
- A Spanish speaking VITAS Representative committed to providing hospice outreach and education
- Advanced Care Planning for residents of homeless shelters
- Ask the Doctor and/or Clinician events focused on Cardiac, Sepsis, Diabetes, and Pulmonary diagnoses
- Bridging the Gap Panel Discussion and Toolkit
- 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 Glasser Pediatric AIDS Foundation
- Florida Immigrant Advocacy Center

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- Foundation for Hospice in Sub-Saharan Africa (recently renamed Global Partners in Care)
- Goodwill Industries
- 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 provides the educational brochures and materials concerning hospice care and programs listed in CON application #10716's Table of Contents. VITAS reiterates CON application #10716, Schedule C – C.3 c.

(m) Fundraising activities.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) comments that the Continuum Care Hospice Foundation (the Foundation) is a 501(c)(3) charitable organization, and that the Foundation is run entirely by a team of volunteers and knowledgeable staff. The applicant points out that most funds that the Foundation has is from generous gifts from former patients/families and that the applicant will not actively raise funds from the community but that if an individual desires to make a charitable donation, the applicant will direct such individuals to the Foundation.

Florida Hospice, LLC (CON application #10715) states that it will be supported by The Residential Hospice Foundation ("RHF") a non-profit, separate entity established in 2012 by the parent organization Graham Healthcare Group, whose purpose is to provide support and financial assistance to patients and families impacted by a family member facing a terminal illness.

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The applicant states that RHF's Mission is to assure the promise of hospice and is accomplished by increasing access to hospice care, helping communities understand the truth of hospice, and providing financial assistance to benefit hospice patients and their caregivers.

Florida Hospice contends that RHF provides funding for community events that are:

- In line with the Residential Hospice Foundation's Mission
- Focus on Hospice Issues
- Grief/Bereavement
- End-of-Life Issues
- Pain Management
- Benefits of Hospice Care
- Charitable non-profit events
- Open to the public

The applicant assures that RHF provides basic needs assistance to hospice patients who have a demonstrated financial need related to their terminal illness and that this funding is designed for individuals, hospice patients, and/or their caregiving family members, who are experiencing financial distress due to circumstances relating to a terminal illness. Florida Hospice asserts that funding requests may be submitted by healthcare professionals on behalf of a hospice patient and that those requesting funding complete a detailed grant application and agree to follow the Foundation's provisions and that the grant applications include community events grant application and basic needs grant application.

Florida Hospice states that individuals in need may request financial assistance for quality-of-life items that help provide a stable living environment such as food, shelter assistance, utility services, clothing, or furniture.

The applicant assures that RHF has provided funding for the following and will provide similar funding for community events in SA 8A:

- Healing Hearts Children's Grief Camps in 2019, 2020, and 2021
- An Evening with Elves, along with Karmanos Cancer Center (on hiatus due to pandemic)

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- Funding provided through membership in "100 Businesses Who Care"
- Skyline Camp - camp for children with special needs
- Variety - an organization that provides services to children in need
- Living & Learning Enrichment Center - support to teens and adults with autism
- First Step - a domestic violence shelter program
- Friends of Foster Kids — foster children program
- Wheelchair Ramp for hospice patient
- Welcome Veterans Home for the Holidays
- Children's Monthly Virtual Grief Workshop

VITAS Healthcare Corporation of Florida (CON application #10716) maintains that it will not solicit charitable contributions from patients, family, or friends relating to its services in Subdistrict 8A, nor will it engage in fundraising events for its program. Further, 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.

- c. 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.**

All applicants indicate they will comply with all reporting requirements.

3. Statutory Review Criteria

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

In Volume 48, Number 24, of the Florida Administrative Register, dated February 4, 2022, zero need was published for a hospice program SA 8A (DeSoto and Charlotte Counties) for the July 2023 hospice planning horizon. However, the co-batched applicants indicate that Not Normal &

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Special Circumstances exist in SA 8A constitute a net need for its proposed hospice program.

**Service Area 8A Admissions
Five Years Ending December 31, 2021**

Ending December 31	Admissions
2021	2,596
2020	2,447
2019*	2,368
2018	2,340
2017	2,303

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued for the referenced time frames

Note: *CY 2019 includes July-December utilization which was not published due to the batching cycle realignment for the first hospice 2020 batch.

As previously stated in item E.1.a. of this report, SA 8A is currently served by the following provider:

- Empath Tidewell Hospice

Empath Tidewell Hospice has had no substantiated complaints for a three-year period ending April 27, 2022.

Charlotte County has three acute care hospitals with 715 licensed beds, nine skilled nursing facilities (SNF) with 1,260 beds, 20 assisted living facilities (ALF) with 1,303 licensed beds, 20 home health agencies and hundreds of physicians. DeSoto County has one hospital with 49 licensed beds, one SNF with 49 beds, three ALFs with 87 licensed beds, and one home health agency.

Affinity Care of Charlotte and De Soto LLC (CON application #10714)

repeats its response to E.1.a. and summarizes its argument for Special Circumstances and Not Normal Circumstances:

1. Charlotte County and DeSoto County Residents Are Not Being Served.
2. Terminally-Ill Hispanic and Black Minority Groups in the Service Area Are Underserved.
3. Patients Who Will Benefit from Hospice Care Throughout Their Six-Month Hospice Benefit Eligibility Are Underserved.
4. Out-Migration from Tidewell Hospice's SA 8A,
5. Migration Among Tidewell's Hospice Service Areas Created by Tidewell's Operating Pattern Distorts Extent of Utilization and Masks True Need in the Hospice Service Area.
6. Double Counting of Patients Distorts Extent of Utilization and Masks True Need in the Hospice Service Area Revealing a Pool of Underserved Patients.
7. Tidewell House Model of Care Breaks the Continuity of Care for the Patient and Adversely Impacts SA 8A Nursing Homes & ALFs

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8. Florida's Medicaid Managed Care Statute Requires "Hospice Choice" to Maintain Network Adequacy and Health Plans Have the Right to Terminate Hospice Providers Based on Quality Metrics.
9. Tidewell Hospice Operates as a Sole Provider in SA 8A, Contiguous SA 6C and Seeks to Reinstitute this Same Status in a Third Contiguous Area 8D.
10. The Need for Choice and Lack of Competition in Hospice Programs Has Been Voiced by the Community.
11. Sole Provider Status Precludes Competition from Fostering Quality and Cost-Effectiveness.

Florida Hospice, LLC (CON application #10715) reiterates the Agency's fixed need pool for SA 8A for the January 2023 hospice planning horizon in that there is no published need. The applicant's response to quality of care is addressed in item E.3.b. of this report.

Regarding availability, the applicant offers that it will deliver integrated programs, specialized therapies that set its hospice experience apart and lists them below:

- Unparalleled response and same-day admissions
- Expertise at "Courageous Conversations"
- Seamless transitions along Residential's continuum of care: home health, palliative, and hospice
- Individualized care plans and protocols developed in collaboration with the patient's physician
- Support for spiritual, community, and bereavement needs
- Certified nurse aide visits for personal care and companionship
- Education to the patient and family on disease progression and management
- Massage, music, aroma, and pet therapies offered when appropriate and available to address physical and emotional needs

VITAS Healthcare Corporation of Florida (CON application #10716) maintains that its proposal seeks to address the entirety of the needs of the terminally ill population, regardless of age, race, gender, disability, or income level. VITAS indicates that specific groups to be served include, but are not limited to:

- Minority populations, including:
 - African American
 - Hispanic
 - Asian
 - Jewish residents

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- Patients with respiratory, cardiac and/or sepsis diagnoses
- Veterans
- Residents, ages 65 and up, with a life-limited diagnosis outside of cancer

VITAS also identified other populations stated to be in need of hospice services in its response to items E.1.a. and E.2.a (1) of this report. The applicant's response to quality of care is addressed in item E.3.b. of this report. VITAS responds to the Health Care Access Criteria on pages 224-225 of the application.

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

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

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

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

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

VITAS is the only applicant with current licensed hospice operations in Florida that was licensed during the rating periods above. Its CAHPS score for “willing to recommend this hospice” was 78 percent during the rating period and its HIS “patients who got an assessment of all 7 HIS measures” was 95.3 percent.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) begins by reiterating that it is a development stage entity established for the purpose of initiating hospice service in SA 6B. However, Affinity Care comments that Affinity/Continuum, through its existing and past affiliate agencies, has been providing quality hospice care since 2015. The applicant cites the experience of its Florida hospices - Continuum Care of Broward LLC, Continuum Care of Sarasota LLC, and Continuum Care of Miami-Dade.

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The applicant provides three bar charts (pages 228-230) that

- Compare both the actual experience versus CON forecasted average daily census on a cumulative basis for both the Continuum Broward and Continuum Sarasota start-ups.
 - Continuum Broward is spot on target year to date (16 months) and Continuum Sarasota has surpassed expectations.
- During the most recent month, both hospices have exceeded average daily census as they continue to gain momentum and market acceptance through community education, networking, and service differentiation.
- Compares both the actual experience versus CON forecasted patient days for both the Continuum Broward and Continuum Sarasota start-ups.
 - Continuum Broward is on target for its first 16 months and Continuum Sarasota has exceeded its CON forecasted patient days year to date.

Affinity Care maintains that its Florida hospice affiliates have robust quality assurance and performance improvement (QAPI) Plans in place and its SA 8A program will develop and maintain a QAPI program that will be similar to its affiliates.

The applicant discusses its

- QAPI Plan, services intensity, and unique/specialty programming to enhance quality in detail on pages 235-237 of the application.
- The purpose of Affinity/Continuum's QAPI Plan is to provide a strategy for the systematic organization-wide implementation of quality assessment and performance improvement activities.
- This ensures that the organization provides appropriate, high-value, effective and efficient services in accordance with its mission and current standards of practice.
- Through QAPI activities, Affinity/Continuum provides a mechanism for identification and prioritization of opportunities for problem identification and improvement in care and operations.

Continuing education/in-service training and CHAP accreditation are further described on pages 237 and 238 of the application. See the applicant's response in item E.1.a. of this report.

Agency records indicate that as of April 27, 2022, Affinity Care's affiliated Florida hospices had no substantiated complaints since their licensed operations began.

Florida Hospice, LLC (CON application #10715) begins by confirming its commitment, like its parent company, to quality and that its mission is to be the recognized market leader in homecare, palliative, and hospice services by:

- Fostering a culture of growth, excellence, accountability, and efficiency
- Being an employer-of-choice that attracts and empowers an exceptional workforce
- Focusing our offerings on the dynamic needs of our constituents — patients, caregivers, family members, physicians, and other providers across the health care continuum
- Integrating impactful and innovative solutions to improve our constituents' service experience
- Ensuring full compliance with all applicable laws and regulations.

The applicant also includes that it will be governed by the core values of its parent company GHG in dealing with one another, patients, their families and caregivers, our partners, customers, and vendors and lists these below:

- Respect. We recognize the inherent value of all persons and treat them with dignity and respect.
- Innovation. We understand that in the dynamic health care environment, we must continually seek out and embrace new treatments, technologies, and protocols.
- Collaboration. We acknowledge that providing outstanding care and services requires the combined talents, knowledge, wisdom, and insight of our co-workers, our patients, our customers, and our partners.
- Empowerment. We empower employees to use their training and experience in order to achieve the best possible outcomes for those we serve.

Florida Hospice assures that it will:

- Utilize its experience and clinical expertise developed at its existing operations to provide the same high quality, compassionate hospice care to patients at its proposed new hospice program in SA 8A
- Use its significant financial resources, well established quality assurance and performance improvement processes, state-of-the-art technology, robust employee and volunteer recruitment, screening, onboarding, training, and supervision to establish a new hospice program that provides quality care hospice services to residents of the SA 8A

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- Will have a performance improvement plan and committee to follow all quality monitoring and use this data to measure performance, identify opportunities for improvement, and determine whether changes have improved processes and affected patient experiences
 - Monitor the effectiveness and safety of services and quality of care, as well as to identify opportunities and priorities for improvement
 - Will take actions aimed at performance improvement and, after implementing those actions, measure success and track performance to ensure improvements are sustained
- Will develop, implement, and evaluate performance improvement projects to ensure an ongoing program for quality improvement and patient safety is defined, implemented, maintained, and evaluated annually.

Florida Hospice briefly discusses its infection control and safety safeguards, and the reviewer summarizes them below:

- Will have an infection surveillance plan designed to minimize the transmission of infection between care providers and clients, to perform surveillance, identification, prevention, control, and reporting.
- Will have an orientation program designed for all newly hired staff, students/trainees and volunteers will include an overview of the infection control program and Occupational Safety and Health Administration programs including blood borne pathogens, sharps handling, Hepatitis B vaccination, and exposure follow-up.
- Will use CDC guidelines to for its tuberculosis, control and management training which will be mandatory for newly hired staff, students/trainees, and volunteers, as well as annually for all current employees
- Will educate staff members, students/trainees, volunteers and (as appropriate) visitors, patients, and families on newly discovered trends in infection control as they are discovered
- Will also have a home safety policy to assist patients and families to identify safety hazards in the home, educate patients and families/guardians about safety hazards, and instruct and/or assist families/guardians in actions necessary to correct the identified safety hazards.

Florida Hospice states it will seek accreditation by the Accreditation Commission for Health Care (ACHC) for the proposed program and that all affiliated existing hospice operations are ACHC accredited. Copies of accreditation certificates are in the application's Appendix H.

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Regarding accessibility, Florida Hospice states being able to serve residents in all geographic areas of SA 8A. The applicant maintains it will increase programmatic access for hospice patients within the service area allowing them to access care earlier in the end-of-life phase of their terminal with/for the following:

- Cancer Specialty Program which addresses the unique concerns that accompany advanced cancer, including:
 - Pain, dyspnea, and other advanced cancer symptoms
 - IV infusions and pain pumps
 - Fluid retention requiring pigtail, PluerX TM or other catheters for drainage
 - Tracheostomy care and suctioning
 - PEG tube feedings and care
 - GI obstruction with PEG tube to dependent drainage
 - GI and GU fistulas and ostomies
 - Wound care for decubitus ulcers, fungating cancer tumors and other needs
- Heart Failure Patients
 - A specialized hospice care, we can help patients remain comfortably in the place they call home, addressing the unique symptoms caused by advanced cardiac disease.
- Dementia Patients will offer specialty services having specific applications for dementia patients, including:
 - Aromatherapy - to prompt memories
 - Massage Therapy - to alleviate anxiety
 - Music Therapy - to foster recall
 - Pet Therapy - to relieve stress

Concerning financial accessibility, the applicant contends it will admit all hospice appropriate patients, regardless of their financial resources or ability to pay, in part with assistance from the Residential Hospice Foundation.

When addressing cultural accessibility, Florida Hospice contends that it will draw from its culturally diverse existing hospice staff to recruit, screen, train and engage hospice staff who understand the unique and culturally specific issues related to end-of-life care in different racial, ethnic, and religious populations which will help increase access to hospice services for all populations within SA 8A.

Regarding geographic accessibility, Florida Hospice states being able to serve residents in all geographic areas of SA 8A by strategically locating the position of its office proximate to DeSoto County, in the northern portion of Port Charlotte which is near the largest number of potential hospice patients. The applicant notes that all portions of Charlotte and

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DeSoto Counties will be within 40 miles of the expected location assuring that it will be geographically accessible to all residents throughout Charlotte and DeSoto Counties.

Florida Hospice will have access to all its company resources when establishing its new hospice program in SA 8A including:

- Recruitment, screening, onboarding, education and training and employee satisfaction programs
- Quality measurement, reporting, performance improvement and corporate compliance
- Information technology and our exclusive My Care Central App for patients and caregivers
- Managed care contracting, billing and collections, financial services, and decision support
- Real estate and leasing development, medical and equipment purchasing and procurement
- Contract administration, legal services, and risk management
- Licensure, accreditation, association representation, and advocacy
- Marketing, public relations, communications, and social media

Florida Hospice briefly describes its efficiency in that it:

- Is enabled by robust technology infrastructure and strong supporting workflows Its back-office support functions (e.g., Intake, Quality Assurance, Performance Improvement, Education, Finance) will be able to operate at high levels of productivity and efficiency mitigating the need for additional workforce investments to support the growth projections of this proposed hospice program, while limiting overhead and operating expenses.
- Uses these assets support continued organizational growth as staff can work more efficiently and productively with improved workflow, enhanced communication, and connectivity with virtual capabilities.
- Will access Graham's existing home health operations serving Charlotte and DeSoto Counties to provide natural efficiencies in supporting this proposed new hospice program.

Regarding extent of utilization of existing services, the applicant again reiterates the Agency's fixed need pool. Florida Hospice responds to the Health Care Access Criteria and provides a narrative description under the heading of "Efficiency" within the application. The reviewer notes again that CON application #10715 does not have numbered pages to cite.

VITAS Healthcare Corporation of Florida (CON application #10716) states that it is a national leader in hospice and palliative care and that in CY 2021, VITAS Healthcare had:

- 86,900 patients served
- Average daily census (ADC) of 18,003 patients
- 49 hospice programs in 14 states and DC
- 4,966 employees including 2,051 nurses

VITAS provides its “Florida Overview (CY 2021)” on page 30 of the application which states:

- 44,697 patients served
- 3.9 million days of care
- 1.94 percent of Medicare patient days as continuous care
- ADC of 10,687 patients
- 4,966 employees including 2,051 nurses
- 185 interdisciplinary teams
- 1,489 active volunteers
- 67,571 volunteer hours
- 24-hour clinical staff through the Telecare Program
- \$8.24 million in charity care

VITAS points out partnering with universities and colleges to provide end-of-life care curricula to healthcare students and new graduates, listing a total of 13 Florida institutions with which VITAS indicates having such a partnership (page 30 of the application).

VITAS discusses having had a positive impact in Florida and particularly regarding natural disasters and emergency preparedness as it relates to Hurricanes Irma, Michael, and Dorian, as well as the COVID-19 Pandemic (pages 32 through 37 of the application).

VITAS Healthcare states having the following mission, values, and vision:

- Mission
 - VITAS is a growing family of hospices providing the highest quality human services, products and case management to terminally ill and other appropriate patients and their families with measurable advantages for the patient, the family, the medical community, the employee, and the stockholder
- Values
 - Improving the quality of life, empowerment and personal dignity are fundamental values and principles at VHC. VITAS' values are instilled in all of its employees, from the corporate office to the field staff member-
 - ✓ Patients and families come first.
 - ✓ We take care of each other.

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- ✓ I'll do my best today and do even better tomorrow.
- ✓ I am proud to make a difference.
- Vision
 - For over 40 years, VITAS has advocated for the rights of terminally ill patients and their families. VITAS believes that patients should be apprised of their clinical prognosis and be involved in the decision-making process that determines how their end-of-life care is provided.

The applicant emphasizes that:

- VITAS is 100 percent focused on hospice and palliative care which is the core of the business and that
- Without other service lines competing for its attention, it is able to provide programs that exceed state and federal requirements.

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. The applicant provides narrative discussion and tables/diagrams of hospice quality measures and VITAS comparative performance with respect to quality care and compliance. This includes:

- Hospice Quality of Care and VITAS Initiatives
 - Tab 33: VITAS Quality Initiatives and Documentation
- Measures of Meeting the Patients' Needs
- CMS Compare Data-HIS and CAHPS
 - Per VITAS
 - o Existing HQRP measure set, calculated using data collected from the HIS and the CAHPS hospice survey, does not access quality of hospice care during a hospice election (between admission and discharge)
 - o The current measure set does not directly address the full range of hospice services or outcomes
 - o VITAS has identified a need for a new quality measure to address this gap, without increasing data collection burden
- Cost of Care
- Accreditation and Quality of Care
- Licensure Surveys as a Measure of Quality

VITAS provides a three-page bulleted list of recognitions and honors from 2010 - 2021 in the application's Tab 5: Corporate and Program Awards. VITAS discusses its Quality Assurance/Utilization Review (QAUR) Plan and Committee, its Quality Assessment and Performance Improvement (QAPI) process and the QAPI Dashboard (pages 209-211 of the

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application). According to VITAS, the goals of its QAPI program are ongoing improvement of patient/family palliative outcomes, experience of care and overall hospice performance and that these are achieved and maintained through the following mechanisms:

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

The applicant references and the reviewer confirms CON application #10716, Tab 44: QAPI Data Elements includes the VITAS QAPI Plan.

VITAS bullets two initiatives that the applicant plan to implement in SA 8A and maintains that its SA 8A program, like all other VITAS Healthcare programs, will adhere to the same policies, procedures and standards for the VITAS Healthcare programs externally accredited by The Joint Commission and CHAP. The applicant indicates that the proposed VITAS SA 8A governing body will implement a quality assurance program consistent with its existing programs in Florida.

The applicant provides its three existing VITAS Healthcare Corporation of Florida Agency-issued hospice licenses (CON application #10716, Tab 16: Hospice Licenses). Regarding pain management strategies, the reviewer notes the five extensive VITAS-generated pain management learning/reference modules (CON application #10716, Tab 15: Pain Management Modules):

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

The reviewer notes that VITAS' five pain management modules indicate it provides continuing education (CE) credits through VITAS Healthcare Corporation of Florida, Inc./CE Broker Number 50-2135.

VITAS indicates that recognizing the importance of providing culturally relevant care, it will build a diverse and highly skilled work force.

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Further, that as an affirmative action employer, VITAS participates in diversity recruitment efforts as part of its rigorous recruitment strategy.

The applicant states that it complies with the Equal Employment Opportunity Commission and provides equal employment opportunity for all qualified applicants and employees without regard to race, color, religion, national origin, non-job-related disability, Vietnam-era and disabled veteran status, sexual orientation, age, or gender. VITAS briefly discusses its competitive benefits package and its management tool (VITAS CARES--Coach, Assist, Recognize, Engage and Satisfy) and indicates that VITAS CARES has contributed to lower employee turnover and created an environment of appreciation and recognition.

VITAS maintains that it will assess every patient within 24 hours of admission to any of its programs and that the IDT visits patients in their place of residence. VITAS emphasizes that the most recent CMS HIS data does not allow for acuity adjustment for comparison among providers but does reflect updates to the measure deemed important by CMS. VITAS indicates each of the seven most recent HIS measure scores and the HIS scores. The 'Patients Who Got an Assessment of All 7 Quality Measures' score is 95.3 percent, which is consistent with what the Agency documented earlier in item E.3.b.

As previously stated, VITAS serves 16 SAs. Agency records indicate that for the three-year period ending April 27, 2022, VITAS had a total of 17 substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. Below is a table to account for the substantiated complaints by the applicable complaint category.

**VITAS Substantiated Complaint History by Category
Three-Year Period Ending April 27, 2022**

Complaint Category	Number Substantiated
Quality of Care/Treatment	15
Resident/Patient/Client Rights	6
Administration/Personnel	2
Resident/Patient/Client Neglect	2
Misappropriation of property	1

Source: AHCA Substantiated Complaint History

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

Applies to all applicants: The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital projects. Our review includes an analysis of the short and long-term position of the applicant, parent, or other related parties

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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.

Affinity Care of Charlotte and De Soto LLC (CON application #10714): The applicant provided the audited financials for a development stage company with minimal assets and liabilities.

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$374,060, which includes \$324,060 for the CON currently under review, non-specified capital expenditures, and hospice IPU beds. The applicant indicates on Schedule 3 of its application that funding for the project will be from cash on hand. In support of its access to the funding claimed, the applicant provided audited financial statements showing \$500,000 in cash on hand and a letter of financial support pledging additional funds from a personal account.

Conclusion:

The applicant appears capable of funding this project and projected capital projects.

Florida Hospice, LLC (CON application #10715): Below is an analysis of the audited financial statements for the parent, where the short term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

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CON 10715 - Florida Hospice, LLC		
	Dec-21	Dec-20
Current Assets	\$1,847,174,000	\$1,774,192,000
Total Assets	\$7,425,525,000	\$6,444,119,000
Current Liabilities	\$1,166,338,000	\$949,646,000
Total Liabilities	\$2,999,545,000	\$2,665,798,000
Net Assets	\$4,411,669,000	\$3,766,393,000
Total Revenues	\$3,185,974,000	\$2,889,121,000
Excess of Revenues Over Expenses	\$353,327,000	\$299,968,000
Cash Flow from Operations	\$202,426,000	\$210,663,000
Short-Term Analysis		
Current Ratio (CA/CL)	1.6	1.9
Cash Flow to Current Liabilities (CFO/CL)	17.36%	22.18%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	41.6%	45.6%
Total Margin (ER/TR)	11.09%	10.38%
Measure of Available Funding		
Working Capital	\$680,836,000	\$824,546,000

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$1,983,202, which includes \$493,975 for the CON currently under review, \$432,321 for CON 10670, \$533,355 for CON 10688, and \$523,551 for CON 10701. The applicant indicates on Schedule 3 of its application that funding for the project will be from non-related company financing.

The applicant provided letters from the Chief Financial Officers of Graham Holdings and Graham Healthcare Group pledging financial support. The applicant provided audited financial statements for Graham Holdings Company to demonstrate access to funds.

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Conclusion:

The applicant appears capable of funding this project and projected capital projects.

VITAS Healthcare Corporation of Florida (CON application #10716):

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

CON 10716 - Vitas Healthcare Corporation of Florida		
	Dec-20	Dec-19
Current Assets	\$52,333,822	\$56,480,038
Total Assets	\$911,011,782	\$768,780,476
Current Liabilities	\$42,509,302	\$45,687,952
Total Liabilities	\$85,483,887	\$73,424,071
Net Assets	\$825,527,895	\$695,356,405
Total Revenues	\$721,468,057	\$660,724,078
Excess of Revenues Over Expenses	\$130,171,490	\$99,300,655
Cash Flow from Operations	\$140,274,017	\$95,036,118
Short-Term Analysis		
Current Ratio (CA/CL)	1.2	1.2
Cash Flow to Current Liabilities (CFO/CL)	329.98%	208.01%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	5.2%	4.0%
Total Margin (ER/TR)	18.04%	15.03%
Measure of Available Funding		
Working Capital	\$9,824,520	\$10,792,086

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$11,828,403, which includes \$424,758 for the CON currently under review, \$10,502,628 for current year capital expenditures, and CON 10655. The applicant indicates on Schedule 3 of its application that funding for the project will be from operating cash flows.

In support of its access to the funding claimed, the applicant provided audited financial statements of its parent company (recapped above) indicating \$140.2 million in cash flow from operations. In addition, the applicant provided a letter of financial commitment from its parent company president and CEO.

Conclusion:

The applicant appears capable of funding this project and projected capital projects.

d. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035 (6), Florida Statutes

Applies to all co-batched applicants: The immediate and long-term financial feasibility of the project is tied to expected profitability. Profitability for hospice is driven by two factors, volume of patients and length of stay/condition of the patient. A new hospice program in a service area with published need is more likely than not to be financially feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

The vast majority of hospice days are paid by Medicare (Medicaid is the next largest payer with similar reimbursement rates). As such, revenue is predictable by day and service type. Schedule 7 includes revenue by service type. We have divided the applicant's projected revenues by the estimated Medicare reimbursement rates for each level of service in year two to estimate the total patient days that would be generated by that level of revenue. The results were then compared to the applicant's estimated number of patient days. Calculated patient days that approximate the applicant's projected patient days are considered reasonable and support the applicant's assumptions of feasibility. Calculated patient days that vary widely from the applicant's projected patient days call into question the applicant's profitability assumptions and feasibility. The results of the calculations are summarized below. Because Service Area 8A consists of two counties, the Agency used a weighted average for the wage component of the Medicare reimbursement.

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Affinity Care of Charlotte and De Soto LLC (CON application #10714):

CON 10714	Affinity Care of Charlotte and DeSoto LLC				
Charlotte and DeSoto	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	134.24	0.842081	\$113.04	\$69.16	\$182.20
Routine Home Care 61+ days	\$106.09	0.842081	\$89.34	\$54.65	\$143.99
Continuous Home Care	\$1,099.82	0.842081	\$926.14	\$362.70	\$1,288.84
Inpatient Respite	\$288.99	0.842081	\$243.35	\$184.76	\$428.11
General Inpatient	\$678.36	0.842081	\$571.23	\$389.92	\$961.15
Service Intensity Add-On					\$52.53
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.095	\$199.47	\$3,371,811		16,904
Routine Home Care 61+ days	1.095	\$157.63	\$1,141,960		7,244
Continuous Home Care	1.095	\$1,410.97	\$43,061	24	31
Inpatient Respite	1.095	\$468.68	\$45,778		98
General Inpatient	1.095	\$1,052.24	\$102,773		98
Service Intensity Add-On	1.095	\$52.53	\$0		0
Total			\$4,705,383		24,374
				Days from Schedule 7	26,048
				Difference	1,674
				Percentage Difference	6.42%

As such, the applicant’s projected patient days are 6.42 percent or 1,674 days more than the number of patient days calculated by staff. The applicant failed to include revenues related to the service intensity add-on and physician services in the total revenues. The Agency did not include these revenues when performing analysis. Operating profits from this project are expected to increase from a loss of \$602,522 in year one to a profit of \$241,381 in year two.

Conclusion:

This project appears to be financially feasible, while total revenues and patient days appear to be overstated.

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Florida Hospice, LLC (CON application #10715):

CON 10715	Florida Hospice, LLC				
Charlotte and DeSoto	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	134.24	0.842081	\$113.04	\$69.16	\$182.20
Routine Home Care 61+ days	\$106.09	0.842081	\$89.34	\$54.65	\$143.99
Continuous Home Care	\$1,099.82	0.842081	\$926.14	\$362.70	\$1,288.84
Inpatient Respite	\$288.99	0.842081	\$243.35	\$184.76	\$428.11
General Inpatient	\$678.36	0.842081	\$571.23	\$389.92	\$961.15
Service Intensity Add-On					\$52.53
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.102	\$200.83	\$2,126,798		10,590
Routine Home Care 61+ days	1.102	\$158.71	\$2,214,265		13,951
Continuous Home Care	1.102	\$1,420.65	\$0	24	0
Inpatient Respite	1.102	\$471.90	\$41,782		89
General Inpatient	1.102	\$1,059.45	\$246,813		233
Service Intensity Add-On	1.102	\$52.53	\$0		0
		Total	\$4,629,658		24,863
			Days from Schedule 7		25,185
			Difference		322
			Percentage Difference		1.28%

As such, the applicant’s projected patient days are 1.28 percent or 322 days more than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a loss of \$274,246 in year one to a profit of \$463,125 in year two.

Conclusion:

This project appears to be financially feasible, while total revenues and patient days appear to be overstated.

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VITAS Healthcare Corporation of Florida (CON application #10716):

CON 10716	VITAS Corporation of Florida				
Charlotte and DeSoto	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	134.24	0.816419	\$109.60	\$69.16	\$178.76
Routine Home Care 61+ days	\$106.09	0.816419	\$86.61	\$54.65	\$141.26
Continuous Home Care	\$1,099.82	0.816419	\$897.91	\$362.70	\$1,260.61
Inpatient Respite	\$288.99	0.816419	\$235.94	\$184.76	\$420.70
General Inpatient	\$678.36	0.816419	\$553.83	\$389.92	\$943.75
Service Intensity Add-On					\$52.53
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.095	\$195.70	\$1,472,603		7,525
Routine Home Care 61+ days	1.095	\$154.65	\$3,081,200		19,924
Continuous Home Care	1.095	\$1,380.08	\$185,099	16.5	92
Inpatient Respite	1.095	\$460.56	\$48,618		106
General Inpatient	1.095	\$1,033.18	\$474,195		459
Service Intensity Add-On	1.095	\$52.53	\$12,129.00		231
		Total	\$5,273,844		28,336
			Days from Schedule 7		28,793
			Difference		457
			Percentage Difference		1.59%

As such, the applicant’s projected patient days are 1.59 percent or 457 days more than the number of patient days calculated by staff. Operating losses from this project are expected to decrease from a \$1,140,353 in year one to \$186,728 in year two.

Conclusion:

This project appears to be financially feasible on a time frame longer than the provided projections, while total revenues and patient days appear to be overstated.

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

Applies to all co-batched applicants: Strictly, from a financial perspective, the type of price-based competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost effectiveness through

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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.

None of the co-batched projects, strictly, from a financial perspective, will have a material impact on price-based competition. However, the introduction of a new provider in the SA should foster competition to improve quality and cost-effectiveness.

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

There are no construction costs and methods associated in establishing the proposed hospice programs.

- g. Does the applicant have a history of providing health services to Medicaid patients and the medically indigent? Does the applicant propose to provide health services to Medicaid patients and the medically indigent? ss. 408.035 (9), Florida Statutes.**

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal Regulations 418.108). Hospice care also must be provided regardless of ability to pay and regardless of age, race, religion, sexual orientation, diagnosis, payer source or financial status. Therefore, the Agency will not impose a charity care or Medicaid patient day condition on an applicant.

The applicants Medicaid and charity care projections are shown below.

**Service Area 8A Co-Batched Applicants
Years One and Two
Medicaid and Charity Care Patient Day Projections**

Applicant/CON application #	Year One Medicaid Proposed	Year Two Medicaid Proposed	Year One Charity Care	Year Two Charity Care
Affinity Care of Charlotte and De Soto LLC/CON 10714	6.0%	6.0%	3.5%	3.5%
Florida Hospice, LLC /CON 10715	5.0%	5.0%	1.0%	1.0%
VITAS Healthcare Corporation of Florida/CON 10716	3.5%	3.4%	1.2%	1.0%

Source: The applicants Schedule 7A and 7A notes for years one and two.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) states “Historically, Affinity/Continuum on average provided approximately 3 ½ percent of its patient days for charity patients and an additional two percent for Medicaid patients”.

Florida Hospice, LLC’s (CON application #10715) direct response is that it “has a strong and proven history of providing health services to all patients requiring hospice regardless of age, sex, race, ethnicity, medical condition, or ability to pay within its existing hospice operations” and will do so in SA 8A. Schedule 7A notes indicate Medicaid will be five percent and self-pay/charity care one percent of years one and two total revenues. Schedule 7A computes to these percentages although the applicant’s percentage of patient days on line 16 for year two are inaccurate.

VITAS Healthcare Corporation of Florida (CON application #10716) states that it “has a long history of providing services to Medicaid patients and proposes to provide services to Medicaid patients in SA 8A”. Further, it “has met its commitments and obligations to serve the medically indigent and will do so in Subdistrict 8A”. VITAS discusses its provision of care to Medicaid and charity care patients in SAs 1, 4A and 2A comparing its projections with the actual results, which exceeded its projections. Charity care is stated to be one percent or more of annual venues with VITAS providing over \$7.76 million in CY 2020 and \$8.24 million in CY 2021 to charity care.

F. SUMMARY

A hospice program net need of zero was published for a new hospice program in SA 8 - 8A DeSoto and Charlotte Counties. Therefore, it is incumbent upon the applicants to demonstrate other criteria in Rule 59C-1.0355 Florida Administrative Code and Sections 408.035 and 408.043(1) outweigh the lack of a numeric need.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) referenced as Affinity Care, or the applicant, is a development stage corporation, and an affiliate of Continuum Care Hospice and Affinity Health Management. Collectively, the organization operates seven affiliate hospice programs across five states including Florida, New Jersey, Ohio, Virginia, and Washington.

Affinity Global Management, LLC d/b/a Continuum Palliative of Florida was established on January 7, 2021, and is the entity that will provide palliative care to patients who reside in the Affinity/Continuum SA that are pre-hospice.

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Affinity has three Florida operational hospice affiliates - Continuum Care of Sarasota LLC in SA 8D (licensed 6/18/2021), Continuum Care of Broward LLC in SA 10 (licensed 11/5/2020) and Continuum Care of Miami-Dade LLC (licensed 2/25/2022) and one CON-approved pending licensure - Affinity Care of Manatee County (CON #10651).

Total project cost is \$324,060. Affinity expects issuance of license in October 2022 and initiation of service in November 2022.

Pursuant to project approval, Affinity Care of Charlotte and De Soto LLC offers 21 Schedule C conditions.

Florida Hospice, LLC (CON application #10715) also referenced as the applicant, is a for-profit, development stage Florida Limited Liability Company established on August 20, 2021. Florida Hospice is an affiliate of Residential Healthcare Group, Inc., and The Graham Healthcare Group, which are a wholly-owned subsidiaries of Graham Holdings Company (the ultimate parent).

The companies that comprise Graham Healthcare Group, provide hospice services in Illinois, Michigan and Pennsylvania but do not have hospice programs in Florida.

Total project cost is \$493,975. Florida Hospice, LLC expects issuance of license and initiation of service on or about January 2023.

Pursuant to project approval, Florida Hospice, LLC offers 23 Schedule C conditions.

VITAS Healthcare Corporation of Florida (CON application #10716) is an existing for-profit Florida hospice provider, parented by CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 9B, 9C, 10 and 11.

Total project cost is \$424,628. VITAS expects issuance of license on September 1, 2022, and initiation of service on October 1, 2022.

Pursuant to project approval, the reviewer's count indicates VITAS offers a total of 24 Schedule C conditions.

Need/Access:

The co-batched applicants' proposed projects are not in response to published need in SA 8A. The applicants are applying to establish a new hospice program based on special and not normal circumstances.

Affinity Care of Charlotte and De Soto LLC (CON application #10714) contends that the following Special and Not Normal Circumstances exist in SA 8A:

1. Charlotte County and DeSoto County Residents Are Not Being Served.
2. Terminally-Ill Hispanic and Black Minority Groups in the Service Area Are Underserved.
3. Patients Who Will Benefit from Hospice Care Throughout Their Six-Month Hospice Benefit Eligibility Are Underserved.
4. Out-Migration from Tidewell Hospice's 8A Service Area
5. Migration Among Tidewell's Hospice Service Areas Created by Tidewell's Operating Pattern Distorts Extent of Utilization and Masks True Need in the Hospice Service Area.
6. Double Counting of Patients Distorts Extent of Utilization and Masks True Need in the Hospice Service Area Revealing a Pool of Underserved Patients.
7. Tidewell House Model of Care Breaks the Continuity of Care for the Patient and Adversely Impacts Service Area 8A Nursing Homes & ALFs.
8. Florida's Medicaid Managed Care Statute Requires "Hospice Choice" to Maintain Network Adequacy and Health Plans Have the Right to Terminate Hospice Providers Based on Quality Metrics.
9. Tidewell Hospice Operates as a Sole Provider in Service Area 8A, Contiguous Service Area 6C and Seeks to Reinstitute this Same Status in a Third Contiguous Area 8D.
10. The Need for Choice and Lack of Competition in Hospice Programs Has Been Voiced by the Community.
11. Sole Provider Status Precludes Competition from Fostering Quality and Cost-Effectiveness.

Affinity projects 137 admissions (6,165 patient days) in year one (CY 2023) and 352 admissions (26,048 patient days) in year two (CY 2024).

Florida Hospice, LLC (CON application #10715) indicates Special and Not Normal Circumstances exist in SA 8A and the populations with unmet needs include:

- The aging populations of 65 and older and 75 and older
- The medically indigent

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- The Hispanic and Black or African American, and American Indian populations
- Those with health behaviors that negatively impact the health of a population
 - Adult Smoking
 - Adult Obesity
 - Physical Inactivity
- Those with
 - Cancer
 - Alzheimer's/Dementia/Parkinson's
 - Heart disease
 - COVID
- Veterans

Florida Hospice projects 175 admissions (9,275 patient days) in year one (CY 2023) and 365 admissions (25,185 patient days) in year two (CY 2024).

VITAS Healthcare Corporation of Florida (CON application #10716)

identifies the following groups as underserved/having unmet hospice need in SA 8A and offers specialized programs to particularly reach the populations listed below as justification to support project approval:

- Growing minority populations, including Asian, Black/African American, Hispanic, and Jewish communities
- Impoverished, food insecure, and homeless communities, including migrant farm workers
- Patients with non-cancer diagnoses, such as coronary heart disease, diabetes, pulmonary disease and Alzheimer's disease
- Cancer patients both under 65 and over 65
- Cancer patients in need of palliative care, high acuity patients in need of complex services, and those needing admissions during evenings and weekends
- Patients who reside in the 20 ALFs in the area
- The large base of Veterans that live in Charlotte County comprises a larger portion of the population than Florida as a whole

VITAS projects 197 admissions (9,642 patient days) in year one ending September 30, 2023 and 366 admissions (28,793 patient days) in year two ending September 30, 2024.

Quality of Care:

All co-batched applicants demonstrate the ability to provide quality care.

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Affinity Care of Charlotte and De Soto LLC/CON application #10714) commits to develop and maintain a Quality Assurance Performance Improvement Plan like those already utilized by its affiliated programs.

Affinity's three Florida operational hospices had no substantiated complaints during the three-year period ending April 27, 2022.

Affinity's affiliated hospices do not have CHAP and HIS quality scores.

Florida Hospice, LLC (CON application #10715) has no licensed hospice operations in Florida.

The applicant commits to develop and maintain a Quality Assurance Performance Improvement Plan similar to those already utilized by its affiliated programs.

Florida Hospice states that its parent's hospice programs in Illinois, Michigan, and Pennsylvania all had quality measure scores that:

- Exceeded CMS national benchmarks on quality scores for each of eight HIS measures
- Overall scored favorably compared to CMS national benchmarks on CAHPS measures, Florida Hospice's average was 80 percent for the measure "Willingness to Recommend the Hospice", compared to the Florida and national of average 84 percent.

VITAS Healthcare Corporation of Florida (CON application #10716)

- Is an existing for-profit hospice provider licensed in 16 of Florida 27 SAs
- VITAS' most currently available Agency-linked CAHPS measure for:
 - Willingness to Recommend the Hospice score was 78 compared to the State's average score of 84
 - VITAS HIS score for patients who got an assessment of all 7 HIS Quality Measures was 95.3
- VITAS had 17 substantiated complaints during the 36 months ending April 27, 2022

Financial Feasibility/Availability of Funds:

The co-batched projects, strictly, from a financial perspective, will not have a material impact on price-based competition. However, the introduction of another provider in the service area should result in improved quality and additional services being provided to SA residents.

All applicants appear capable of funding the project and all capital projects.

Affinity Care of Charlotte and De Soto LLC and Florida Hospice, LLC projects appear to be financially feasible, while total revenues and patient days appear to be overstated.

VITAS Healthcare Corporation of Florida's project appears to be financially feasible on a time frame longer than the provided projections, while total revenues and patient days appear to be overstated.

Medicaid/Indigent/Charity Care:

Affinity Care of Charlotte and De Soto LLC (CON application #10714) states Affinity/Continuum on average provided approximately 3 ½ percent patient days for charity patients and an additional two percent for Medicaid patients.

Affinity projects six percent of year one and year two annual admissions/patient days will be Medicaid and 3.5 percent of annual year one and year two patient days/admissions will be charity care patients.

Florida Hospice, LLC (CON application #10715) states it has a strong and proven history of providing health services to all patients but does not provide more detail.

Florida Hospice projects five percent of year one and year two annual admissions/patient days will be Medicaid and 1.0 percent of total annual admissions/patient days will be provided to self-pay/charity care patients. The applicant's year two Schedule 7A has inaccurate percentages on line 16 of the schedule.

VITAS Healthcare Corporation of Florida (CON application #10716) states charity care is one percent or more of annual venues with VITAS providing over \$7.76 million in CY 2020 and \$8.24 million in CY 2021 to charity care.

VITAS projects that 3.5 percent of year one and 3.4 percent of year two total annual patient days will be provided to Medicaid/Medicaid HMO patients. Charity care is projected to be 1.2 percent of year one and 1.0 percent of year two's total annual patient days.

CON application #10714, (Affinity Care of Charlotte and De Soto LLC), on balance, best satisfied the statutory and rule criteria to establish a new hospice program in SA 8A—this included identifying:

- *The proposed populations that are being underserved for hospice*
- *Services/programs proposed to make hospice more accessible and available to underserved populations and*

- *Strong local community support from SA 8A health organizations, social services organizations and other entities*

G. RECOMMENDATION

Approve CON #10714 to establish a new hospice program in Service Area 8A. The total project cost is \$324,060

CONDITIONS:

Quality and Patient Satisfaction Initiatives and Programming, Beyond the Hospice Benefit

1. The Applicant will offer a personal emergency response indicator such as Life Alert, to every patient at home.
2. The Applicant will provide triage coverage 24 hours a day, 7 days a week, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients).
3. The Applicant will have a designated Quality Director to conduct quality assessments, monitoring, and report all issues to senior management.
4. The Applicant will become accredited by CHAP once certified. This will be measured by the Applicant's submission of its accreditation certificate to AHCA upon receipt.
5. The Applicant will have a confidential compliance hotline available for its employees who may have concerns with state or Medicare regulations and/or standards of conduct. The hotline, available 24 hours a day, 7 days a week, will maintain anonymity upon request.
6. The Applicant will implement its Virtual Reality Program upon licensure of its program. It will be made available to all eligible Affinity Charlotte DeSoto patients.
7. The Applicant will implement its Music Therapy Program upon licensure of its program. It will staff a minimum of one Board Certified Music Therapist. It will be made available to all eligible Affinity Charlotte DeSoto patients.
8. The Applicant will implement its Equine Therapy Program upon Medicare certification of its program. It will be made available to all eligible Affinity Charlotte DeSoto patients who are physically able to make the trip to the stable partner.
9. The Applicant will assure each patient has 5 to 7 Home Health Aide visits per week, provided this is acceptable to the IDT, patient and family.
10. The Applicant will assure each patient has a minimum of 2 RN visits per week, provided this is acceptable to the IDT, patient and family.

11. Affinity Care commits to increasing visit frequency during the final weeks of life to provide support. The Applicant will utilize Muse Healthcare Analytics to assist in identifying patients who are entering their final days of life.
12. The Applicant will seek to respond to all referrals within one hour, initiate the assessment process within two hours, and expedite admission to the hospice subject to having a physician order in hand and the patient/family selecting the hospice option.

Clinical Specialty Programs

13. **Enhance Hospice Utilization for Hispanic and Black Minorities**
 - The Applicant will establish a physical presence, an office, in DeSoto County during the first year of operation to enhance access and availability of end of life care for the Hispanic and Black minority cohorts in this County representing 45 percent of that county's total population. The main office will be in Charlotte County which will be surveyed for licensure, with the DeSoto County office to open by the end of the first quarter.
 - The Applicant's hospice care team will be representative of the minority community and bilingual. This team will include, at a minimum, a nurse, social worker and chaplain.
 - A designated community relations representative will be appointed to take the lead on minority outreach initiatives whereby this individual will regularly meet with hospice appropriate patients and answer any and all questions they or their caregivers may have about hospice and Affinity Care to optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary hospitalizations.
 - The Applicant will work with community organizations and healthcare providers throughout the Service Area to sponsor quarterly community education events and workshops regarding the benefits of hospice services, including an explanation of the hospice benefit available under Medicare, the interdisciplinary team approach to care for patients in hospice, and the ways in which hospice can meet the physical, emotional, and spiritual needs of Jewish patient and the patient's family at the end of life.
 - The Applicant will assure hospice services are available to minority patients and their families including but not limited to 24/7 triage coverage, physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients); and availability of palliative care programs for minority patients that are in need of support but do not

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presently meet the requirements for admission to hospice care.

- The Applicant will become Medicaid certified so that it may accept any hospice patients, including those on Medicaid.
- The Applicant will develop a bereavement program specifically designed to address the needs of the minority patients, families, caregivers and those who are in need of grief support regardless if they are associated with hospice services.
- The Applicant will work with Rendever, its Virtual Reality designer, to create a special virtual reality platform for the Hispanic population that honors their history and provides to "travel" to significant sites and experiences throughout the world.
- The Applicant will partner with DeSoto Memorial Hospital, DeSoto Health and Rehab, and Arcadia Oaks Assisted Living to increase awareness of hospice services. A community relations representative will regularly be on site at these facilities to meet with hospice appropriate patients and answer any and all questions they or their caregivers may have about hospice and Affinity Charlotte DeSoto to optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary re-hospitalizations.
- The Applicant will partner with existing community organizations and resources that service underserved Hispanic and Black communities throughout the Service Area such as but not limited to federally qualified health clinics, local churches and community centers, to educate on the benefits of hospice.

14. EMS Community Paramedic Program

- The Applicant will develop and initiate a community paramedic program in coordination with local EMS providers, during year two. This will initially commence in DeSoto County given the rural nature of the county, its socioeconomic status and more limited access to healthcare resources.
- The Applicant will provide funding to local EMS providers for community paramedics, beginning in year two.
- The Applicant will provide education and training of community paramedics on the program and criteria.

15. Affinity Alzheimer's and Dementia Care

- The Applicant has will implement the Affinity Alzheimer's and Dementia Care program which was designed to bring the latest innovations in end-of-life care to Alzheimer's and dementia patients and their caregivers.
- All staff will be required to complete 2.5 hours of Continuing Education Units (CEU's) covering evidence-based protocols for behavioral symptoms, in addition to Florida's minimum CEU requirements.
- All patients in this program will be provided with music therapy and a textile box.
- The Applicant will offer a specifically tailored caregiver support group for those with loved ones battling Alzheimer's and dementia.
- Affinity Care will work with area facilities, such as nursing homes, who have patients with dementia, to educate their clinical staff on treatment criteria and programs.

16. Affinity Pulmonary Care

- The Applicant will offer the Affinity Pulmonary Care to improve the end-of-life care for patients suffering from pulmonary diagnoses. The Applicant will increase the awareness among healthcare providers and Service Area 8A residents about hospice care for patients confronted with pulmonary diseases.
- The Applicant will engage a respiratory therapist upon certification who will manage the patient's respiratory plan of care and provide respiratory related education to the patient, their family and to the hospice team and the community.
- The Applicant will work with each of the hospitals in the Service Area on both palliative and end of life offerings to assist in reducing readmission rates and also identifying potential early adopters of hospice care, who are underserved in the Service Area.
- The Applicant will collaborate with a community Pulmonologists and other pulmonary care professionals on an ongoing basis to assist in patient assessments, education and provision of services.

17. Affinity Cardiac Care

- The Applicant will implement the Affinity Cardiac Care program designed to improve the end-of-life care for patients suffering from end stage cardiac diseases along with increasing the awareness among healthcare providers and residents of Service Area 8A on the importance of hospice care for patients confronted with end stage cardiac disease.

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- All Affinity Charlotte DeSoto staff will be provided specialized education on the management of end stage cardiac patients.
- The Applicant will work with each of the hospitals in the Service Area on both palliative and end of life offerings to assist in reducing readmission rates and also identifying potential early adopters of hospice care, who are underserved in the Service Area.
- The Applicant will collaborate with community Cardiologists and other cardiac professionals on an ongoing basis to assist in patient assessments, education and provision of services.

18. Continuum Palliative Resources

- The Applicant will implement its Continuum Palliative Resources program within six months of receiving its Medicare certification. This will provide patients with relief from symptoms and pain, supporting the best quality of life, before the patient terminates treatment and qualifies for hospice. This will significantly improve the perception of hospice, repair the negative image hospice historically has amongst minorities and help to develop an end of life care plan designed for the individual, Combined, the approach to hospice treatment, education and outreach, staffing with culturally like personnel and providing palliative care as a pathway or bridge to hospice, the Applicant will be lifting up the lower minority penetration rates for both Blacks and Hispanics.
- The Applicant will conduct community education on advance care planning (i.e. living wills, durable power of attorney, review of 5 wishes document).
- The Applicant will provide physician-led palliative care services including social work and chaplaincy, either within facilities or in the patient's place of residence.

19. Veterans Outreach Program

- The Applicant will implement its Veterans outreach program, We Honor Veterans, once certified and will strive to achieve Level 5 certification to increase access and improve the quality of care for Veterans in Hardee, Highlands and Polk Counties.
- The Applicant will designate one of its hospice liaisons to carry out all Veterans outreach initiatives.
- The Applicant's Virtual Reality platform will offer Veterans a virtual flightless experience for Veterans who are unable to participate in the Honor Flight Network trip. The Honor Flight Network is a national network comprised of independent Hubs working together to show our nation's veterans the appreciation and honor they deserve.

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- The Applicant will establish its "Flag Salute" program. This program will provide each Veteran with an American flag upon admission to Affinity Charlotte DeSoto. When the patient passes and is being removed from his/her home, the carrier transporting the patient's body will be draped in the Flag and all those in attendance will stand and salute the removal of the patient.
- 20.** The Applicant will not build or operate freestanding hospice houses in Charlotte and DeSoto Counties, Hospice Service Area 8A.
- 21.** If an individual wants to make a charitable donation, the Applicant will direct those individuals to Continuum Care Hospice Foundation's website. Funds donated to this Foundation are used exclusively for the end of life care, support and needs of hospice patients.

Deny CON #10715 and CON #10716.

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: June 17, 2022



James B. McLemore
Operations and Management Consultant Manager
Certificate of Need