

STATE AGENCY ACTION REPORT
ON APPLICATION FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Regency Hospice of Northwest Florida, Inc./CON application #10725
P.O. Box 4060, Attn: Regulatory
 Mooresville, North Carolina 28117

Authorized Representative: Andrew Cutler
Authorized Representative
(954) 649-7199

Seasons Hospice & Palliative Care of Pasco County, LLC
d/b/a AccentCare Hospice & Palliative Care of Pasco County/CON
application #10726

2644 Cypress Ridge Boulevard, Suite 104
Wesley Chapel, Florida 33544

Authorized Representative: Mary Higby, MHA, RN, CHPN
Authorized Representative
(813) 364-0311

VITAS Healthcare Corporation of Florida/CON application #10727
11380 SW Village Parkway, Suite 100
Port St. Lucie, Florida 34987

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

2. Service District/Subdistrict

Service Area (SA) 3D (Hernando County)

B. PUBLIC HEARING

No public hearing was requested or held.

Letters of Support

Regency Hospice of Northwest Florida, Inc. (CON application #10725) includes letters of support in the application's Tab C Exhibits C-1 and Exhibit C-2. Below is a list of the letters by category:

Skilled Nursing Facilities (SNFs)

- Robert Boyd, LNHA, Executive Director, Heron Pointe Health and Rehabilitation, noting that "We would also welcome contracting with Regency' Hospice for Routine, Respite and In-Patient Hospice Care at Heron Pointe once they receive approval."
- Melissa Crookshanks, NHA, Brooksville Healthcare Center

Assisted Living Facilities (ALFs), Home Care Agencies & Senior Organizations

- Lisa J. Brooks, Executive Director, The Residence At Timber Pines
- Chris Bertolli, Area Director of Sales-West Florida, CenterWell Home Health
- Anna Webster, President and Vivian Demain, Manager, Brookridge Community Property Owners, Inc., A 55 Plus Retirement Community
- Gina Braun, Manager and Lisa Ulsh, Administrative Assistant Forest Oaks Villas, A 55 Plus Retirement Community
- Charlotte Brandt, Co-Publisher/Marketing Director, Senior Voice

Physicians, Nurses, and Health or Health-related Associates

- Mukesh H. Mehta, MD, Internal Medicine/Pulmonary/Critical Care
- Avinash Jadhav, MD, FRCS, MCH, Orthopedic Surgeon
- Maria Scunziano-Singh, MD.NMD, Naturopathic Medical Doctor, Integrative Healing at OM
- Vinaitheertha Jeyabarath, MD, Cardiology Specialist, Florida Cardiology Group, LLC
- Dr. Kristien F. Polecritti, DO, Friends & Family Medical Associates
- Charles C. Donley, PT, Owner, and Paul A. Ernandes, Jr., PT, PHD Regional Rehab Physical Therapy Laser Center
- Jason Baldwin, Pharma D, BCSCP, Director of Pharmacy and Paula Wheeler, RN, Nurse Leader, Bravera Health
- Kim Coffey, RN, MSN, Owner, BrightStar Care MIRAID, LLC dba BrightStar Care of Spring Hill - Citrus Hills, Home Health
- T.J. Hendrick, President, Owner, Acti-Kare-Responsive In-Home Care
- Caraline Coats, Florida Medicare Regional President, Humana
- Laura Daniels, Referral Coordinator, Phoenix American Medical, Brooksville medical group practice
- Ellie Belle, Business Office (Manager), Florida Endoscopy and Surgery
- Glen Smith Jr. VP, Client Relations, S.O.S. Mobile Medical, Certified Paramedic with a degree in Emergency Medical Services

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- Constance Valdez, (referred to as “Healthcare worker”), Nilsa Perez and Haley Stiles (referred to as “Employee”), Brooksville VA Clinic Community Leaders and Elected Officials
 - Pat Brayton, Mayor, City of Brooksville
“As you know, at this time there is only one hospice that serves Hernando County. Our residents and veterans deserve a choice among providers, and I fully support the approval of the application of Regency Hospice to provide hospice care in Hernando County.”
 - Morris Porton, President/CEO, President for Greater Hernando County Chamber of Commerce, Inc.
 - Noreen St. Jean, Director, Community Outreach, Boys and Girls Clubs of Hernando County
 - Pastor Sam Maihack, Mariner United Methodist Church
 - Betsy Ahrens, Promotions Chairperson, Brooksville Main Street, Brooksville Main Street, a nonprofit organization accredited through the Main Street America™ program, accredited member of Florida Main Street, a division of the Florida Department of State.

Regency also included 270 “Resident” form letters of support.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) includes a letter of support with intent to contract from Karen Dunn, Social Services Assistant, Heron Pointe Health and Rehabilitation, noting that “I was also glad to learn that AccentCare Hospice works with nursing facilities in providing general inpatient and respite levels of care. Heron Pointe would be interested in partnering with AccentCare to contract for these levels of care.” The applicant also includes letters from:

SNFs

- Andrea Mattem, RN, Clinical Reimbursement, Dawn Goodwin, RN, MDS (Medical Data Set) Evergreen Woods Health and Rehab
- Susanne Carpenter, LPN/MDS, and Stacey Wilson, RN BSN, MDS Coordinator Northbrook Center for Rehabilitation and Healing
- Carly Theilen, Director of Campus Relations, Oak Hill Senior Living Community, Oak Hill Health and Rehabilitation, Brooksville

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ALFs, Home Care Agencies & Senior Organizations

- Cathy Markle, Executive Director, Rachel Sitar, Health and Wellness Director and Christy Kroner, RN, Charge Nurse, Brookdale Spring Hill, ALF
- Leigh Dingle, Executive Director Melissa Wood, RCC and Jennifer Cavaliere, Sales and Marketing Director, Forest Oaks of Spring Hill
- Karen Levio, Administrator, Mariner Palms 1, Mariner Palms 2 & Cobblestone Manor, Sabrina Blews, Admissions, Mariner Palms & Cobblestone Manor, Lanette Kramer, CNA, Joimmarie Muniz, Med Tech, Megan Fields, staff member, Mariner Palms ALF
- Dorothy Perez, Untitled, Spring Hill ALF
- Sean Perry, RN, Brooksville VA Clinic

Physicians, Nurses, and Health or Health-related Associates

- Lakshmi Kolli, MD, Leslie Lawler, Medical Assistant, and Georgette Vargo, receptionist, Spring Hill Primary Care
- Rizwan Qureshi, MD, and Danielle Thompson, Office Manager Suncoast Pediatric Care

Community Leaders and Elected Officials

- Chance Martinez, Pastor, Spring Hill United Church of Christ
- Commander John Heck, Post 8681, Veterans of Foreign Wars

AccentCare also includes two letters of support from retired RNs and 12 letters from county citizens/residents.

VITAS Healthcare Corporation of Florida (CON application #10727):

TAB 43 is titled “Letters of Support for Inpatient Care” includes two letters of support with intent to contract and TAB 44 titled “Letters of Support.” Below is a list of the letters by category:

Letter of support with intent to contract for inpatient care from:

- Ken Wicker, CEO of HCA Florida Oak Hill Hospital in Brooksville, Hernando County indicating willingness to contract with VITAS for inpatient hospice care stating: *“I support a community-based plan to increase awareness of hospice and VITAS specialized educational programs on Cardiac, Alzheimer's, COPD, and End-Stage Renal Disease will be beneficial to our patients and community members. Allowing our residents to have a choice in end-of-life care will only lead to higher quality care and greater access to it.*

If VITAS is approved for the certificate of need to provide hospice services in SA 3D, HCA Florida Oak Hill would be willing to enter into an appropriate contractual agreement with VITAS in order that they may provide hospice services in of general inpatient level of care in existing beds when available at our facility.”

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- Robert Boyd, Executive Director of Heron Pointe Health and Rehabilitation in Brooksville, Hernando County stating “...we too would be willing to enter into an appropriate contractual agreement with VITAS- so that they may provide inpatient level of care hospice services to patients in existing beds in our facility.”

ALFs, Home Care Agencies & Senior Organizations

- Lisa Brooks, Executive Director, Assisted Living, The Residence at Timber Pines, Spring Hill, Hernando County

Physicians, Nurses, and Health or Health-related Associates

- Harrison Lief, MD, and Fausto Carrasquillo, PA, Premier Medical Associates
- Amber Judd, ARNP, Langley Health Service, Community Health Center, Sumterville, Florida, states it services Hernando County
- Glen Smith Jr. VP, Client Relations, S.O.S. Mobile Medical, Certified Paramedic with a degree in Emergency Medical Service
- Ottamissiah Moore, B.S., R.N., W.C.C., D.W.C. C.H.P.N., Board President, National Alliance of Wound Care and Ostomy, has a partnership with VITAS
- Melissa Keahey, Interim Executive Director & CEO, Florida College of Emergency Physicians, Florida Emergency Medicine Foundation/Emergency Medicine Learning & Resource Center, Florida Association of EMS Medical Directors, serves Hernando County
- Vikram Saini, JD/MHA VP Operations & Legal Services, Florida Accountable Care Services, Florida Physicians Trust ACO, Central Florida Physicians Trust ACO, America's ACO
- Deborah J. Selsavage, Certified Dementia Practitioner (CDP) and President, Coping with Dementia LLC, a company that provides public education and training for care partners for individuals living with Alzheimer's disease and other forms of dementia, serves Hernando County

Community Leaders and Elected Officials

- Kendra Kenney, Executive Director, People Helping People in Hernando County, (supplies food and additional services to Hernando residents)
- Major Marie Harris, Volunteer Coordinator/PR, The Salvation Army Lake and Sumter, colleague of Lieutenant April Davis in Hernando County
- Vivian Rivera, President, Hernando Hispanic Heritage, non-profit founded and dedicated to creating cultural awareness and to celebrate Hispanic Heritage Month in Hernando County

VITAS also included a local resident’s letter of support.

C. PROJECT SUMMARY

The applicants propose to establish a new hospice program in SA 3D in the absence of published need.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) referenced as Regency, Regency Hospice, or the applicant, is an existing for-profit Florida hospice provider. Its ultimate parent company is KAH Hospice Company, Inc. (KAH), which formerly operated as the Hospice and Personal Care divisions of Humana Inc.'s Kindred at Home subsidiary. According to the applicant, KAH which will eventually be renamed Gentiva, provides hospice, palliative and personal care services in 406 locations in 35 states.

KAH operates in Florida d/b/a as 'Kindred Hospice' in SAs 3B, 4B, 7B, and 11, Emerald Coast Hospice in SAs 1 and 2A and Regency Hospice of Northwest Florida in SA 1.

Regency Hospice of Northwest Florida, Inc. expects issuance of license on June 30, 2023, and initiation of service on July 1, 2023.

Total project cost is \$659,600 and includes equipment, development, and start-up costs.

Pursuant to project approval, Regency Hospice of Northwest Florida, Inc. indicates the following 13 conditions are offered to "improve hospice quality of care, enrollment levels and to address the specific needs of residents of Service Area 3D". Regency's proposed conditions are verbatim except its "Service Area 3D", which as with all applicants is abbreviated as SA 3D.

1) ACHC accreditation as a hospice by end of Year 1

Regency Hospice will achieve accreditation by ACHC, the Accreditation Commission for Health Care. ACHC is an independent, nonprofit accrediting organization for home and community-based health care organizations with detailed and demanding standards for hospice care. ACHC accreditation is conferred only after a rigorous evaluation performed during an unscheduled in-person visit to a hospice location. Accreditation by ACHC demonstrates that a hospice program meets the industry's highest standards. Regency already holds ACHC accreditation at its locations in District 1. [See *Exhibit B: Accreditation and Licensure.*]

Measure of Compliance: Compliance with this condition will be documented by providing a copy of Regency Hospice's Certificate of Accreditation for the Hernando County location to AHCA.

2) Employ a clinical education liaison dedicated to ALFs and nursing homes, supporting improved care for Dementia and Alzheimer's patients in SA 3D

Regency Hospice will provide educational programming and outreach for senior living facilities in SA 3D. Older adults with dementia are among those who are most likely to benefit from end-of-life hospice care because these individuals often experience multiple distressing symptoms (such as pain, depression, and delusions) and poor quality of life. Regency's training will educate staff at ALF and nursing home facilities with information on:

1. Pain and symptom control for dementia patients
2. Nonverbal pain and behavior assessment
3. Best practices in dementia care backed by the latest research

Measure of Compliance: Compliance with this condition will be demonstrated with an annual signed declaratory statement to AHCA confirming this commitment has been honored.

3) Community-specific programming for ethnic and racial minority communities

Regency Hospice will provide community-specific programming and staffing to support ethnic and racial minority groups within SA 3D. Regency Hospice will implement an educational outreach program to better serve the Hispanic, African-American, and other underserved population groups identified by the program personnel in conjunction with community leaders and the Interfaith Advisory Council (See Condition #4, below). This will include:

- Spanish-language speaking staff: Regency Hospice will employ bilingual staff to provide care to Spanish-language speakers in Hernando County.
- Team members that reflect the diversity of the SA: Regency Hospice will commit to seek African American team members to cultivate a trusting relationship with the black patient population in SA 3D.

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- Quarterly community conference events or workshops: Regency Hospice will host multiple conference events and/or workshops annually in minority communities regarding the benefits of hospices services.
- A designated community relations representative for outreach education: Regency Hospice will train multiple staff and volunteers to provide education on hospice care for minority communities, conducting meetings and outreach sessions at locations throughout SA 3D.

Measure of Compliance: Compliance with this condition will be measured by annual reporting of specific programs for the above ethnic groups and the number of outreach events held to AHCA.

4) Interfaith and Minority Advisory Council

Regency Hospice will establish an Interfaith and Minority Advisory Council in SA 3D in Year 1 of operations. The council will be composed of leaders from a variety of faith congregations and minority service organizations in SA 3D. Regency will seek advice from the Interfaith and Minority Advisory Council on ways to communicate effectively and with cultural sensitivity to better meet the end-of-life care needs of their adherents. If awarded a CON for SA 3D, Regency commits to conduct twice-annual meetings of the Interfaith and Minority Advisory Council once its membership is established.

Measure of Compliance: Compliance with this condition will be measured by annual reporting to AHCA of the meeting dates of the Interfaith and Minority Advisory Council.

5) Veterans program

Regency Hospice of Northwest Florida participates in *We Honor Veterans*, a program of the National Hospice and Palliative Care Organization (NHPCO) in collaboration with the Department of Veterans Affairs. Regency Hospice commits to bring these special services to SA 3D to meet the needs of veterans during their final months, and to seek Level IV partnership within the program after a reasonable period of time. Regency staff in SA 3D will receive special training to care for patients who served in any military branch, along with their loved ones. Among the special care practices that Regency commits to provide to veterans and their families:

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- Regency Hospice will appoint a Veterans Liaison to work with VA Clinics and Medical Centers, the Veterans Benefits Administration, local veterans' organizations and long-term care communities in SA 3D.
- Regency Hospice will identify hospice patients with military experience using a veterans military history checklist upon admission to hospice care.
- Regency Hospice will devise care plans that take into account injuries received in combat, illnesses or diseases contracted while serving, the effects of biological or chemical agents, post-traumatic stress disorder, depression and substance abuse.
- The Regency Hospice Veterans Liaison and staff social workers will help eligible veterans and their families receive proper Military Funeral Honors.

Measure of Compliance: Compliance with this condition will be measured by annual reporting to AHCA of Regency Hospice's Partner level and of specific We Honor Veterans services provided in SA 3D.

6) Establish a "No-one Dies Alone" Vigil Volunteer program

Regency Hospice will establish a Vigil Volunteer Program in Hernando County, equipped with a team of specially trained volunteers available to respond on short notice to provide a presence during the last few hours of life, both to patients without family support and for patients with family members who need a break from the bedside of their loved ones during the dying process.

Measure of Compliance: Compliance with this condition will be measured by annual reporting of the number of volunteer hours provided under this program by Regency Hospice in SA 3D to AHCA.

7) Individualized follow-up contact for patients not taken under hospice care

Because of fluctuations in the condition of patients and their psychological readiness for hospice, patients referred to hospice may not always be admitted immediately. Regency Hospice of Northwest Florida proactively reviews the record of all referrals not

admitted and follows up with them regularly regarding their condition and their needs. Follow-up plans are individualized to meet the expected trajectory of each particular patient and caregiver within Regency's system. Regency Hospice commits to bring this program to SA 3D, providing regular personalized follow-up contact to patients and families that are referred, but not admitted. This will help ensure that patients receive hospice care in a timely fashion whenever changes to their condition or personal needs make hospice care appropriate.

Measure of Compliance: Compliance with this condition will be measured by annual reporting of the number of non-admitted patients that received follow up contact in Area 3D to AHCA.

8) No fundraising for hospice operations (only patient memorial gifts)

Regency Hospice will limit its fundraising efforts within SA 3D to memorial gifts on behalf of Regency patients who have died. It will not conduct other fundraising within Hernando County.

Measure of Compliance: Compliance with his condition will be documented with a signed statement confirming that this commitment has been upheld.

9) Music Therapy

Regency Hospice will implement a music therapy program upon licensure of its hospice program. The music therapy program will be staffed with a minimum of one licensed music therapist.

Measure of Compliance: Compliance with his condition will be documented by annual reporting to AHCA of the FTEs employed for the Music Therapy program.

10) Pet Therapy

Regency Hospice will implement a pet therapy program upon licensure of its program.

Measure of Compliance: Compliance with his condition will be documented by annual reporting to AHCA of the number of volunteer hours provided under the Pet Therapy program.

11) Education support for employees advancing skills

Regency Hospice commits to provide up to \$3,000 per employee annually so hospice employees may continue their education and advance their skills in hospice and end-of-life care. This program will provide direct deferred payment of tuition so that staff need not seek reimbursement, ensuring the program is equitable and available for staff from all economic backgrounds. Among other trainings, this program allows for staff to obtain Hospice Certification and/or more advanced clinical degrees, further enhancing the quality of care for hospice patients and residents of SA 3D. See *Exhibit M: Education Benefit* for information about Regency Hospice's current program.

Measure of Compliance: Compliance with this condition will be documented by annual reporting of the dollar amount spent under the program for education of hospice employees in SA 3D to AHCA.

12) Hospital Avoidance program reducing unnecessary hospitalizations

Because unnecessary hospitalizations can be very burdensome for hospice patients, Regency Hospice commits to bring its Hospital Avoidance program to SA 3D. Regency's Hospital Avoidance program initiates frequent and regular telephone contacts to caregivers of patients at high risk for crises in their condition. This proactive and patient-tailored contact takes place in addition to regularly scheduled care visits under each patient's hospice plan of care. Calls are made by clinicians from a special call center, and call frequency is based upon patients' individual diagnoses and symptoms. This special service provides Regency's clinical staff and nurse case managers with an extra means to identify potential health and symptom crises before they might necessitate urgent care or hospitalization.

Measure of Compliance: Compliance with this condition will be documented by annual reporting to AHCA of the number of patients in SA 3D contacted from Regency's Outbound Call Center under this program.

13) EMS community paramedic outreach program

Regency Hospice of Northwest Florida already conducts regular training and outreach to EMS providers in SA 1. It now commits to establish the same linkages and training outreach within SA 3D. Regency Hospice will provide training on hospice criteria and how to identify patients that may be in need of hospice services, along

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with how to provide appropriate care for patients that may already be admitted to hospice care in order to avoid burdensome transitions and inappropriate care.

Measure of Compliance: Compliance with his condition will be documented by an annual report to AHCA listing training and outreach events held for EMS and Paramedics within SA 3D.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726), referenced as AccentCare of Pasco County, AccentCare or the applicant, is an existing for-profit Florida hospice provider affiliated with AccentCare, Inc., which employs over 31,000 home health professionals in over 260 locations in 31 states, serving over 260,000 individuals each year. AccentCare Florida affiliates provide hospice services in SAs 5A, 5B, 6A, 10 and 11.

AccentCare expects issuance of license on March 31, 2023, and initiation of service on April 1, 2023.

Total project cost is \$263,899 and includes building, equipment, development, and start-up costs.

Seasons Hospice & Palliative Care of Pasco County, LLC's preamble to its conditions indicates the conditions "will improve access, availability, and quality of hospice services to residents of Hernando County." The applicant's conditions are provided verbatim below.

Special Programs:

CLINICAL CARE PROGRAMS SUPPORTING PATIENTS HAVING LEADING CAUSES OF DEATH:

- 1. Cardiac Care and AICD Deactivation Program** is designed to help patients with cardiac disease access hospice in a timely manner, preventing unnecessary hospitalizations and honoring patients' wishes to be at home. High-tech interventions such as cardiac drips and IVs are supported by and paid for by the hospice program. Care for complex cardiac conditions include:
 - Automatic Implantable Cardioverter-Defibrillator (AICD) deactivation for heart failure patients with this device
 - Care for patients with a Left Ventricular Assist Device (LVAD) awaiting heart transplant

The number of Hernando County patients with cardiac diagnoses will be included in the annual required monitoring report.

2. **Pulmonary Care Pathway Program** partners with area pulmonologists to help identify patients in the disease process who are eligible for hospice care. Patients in this pathway will be closely monitored to prevent respiratory distress by specially trained staff and volunteers, and pharmacological and non-pharmacological interventions will maximize such prevention. **The number of Hernando patients with pulmonary disease will be included in the annual required monitoring report.**
3. **Stroke/CVA Pathway Program** by partnering with area physicians and long-term care facilities to help identify patients at risk of stroke or who have suffered a stroke and who are eligible for hospice care. **The number of Hernando County patients with pulmonary disease will be included in the annual required monitoring report.**
4. **Namaste Care Program** assists Alzheimer's patients and others through its healing touch. **The monitoring report will identify the number of Hernando County patients that utilized this program.**
5. **Open Access Program** serves patients with complications or with multiple system involvement in addition to a terminal diagnosis to provide additional medical interventions. **The monitoring report will identify the number of Hernando County patients in the program.**

PROGRAMS SUPPORTING SENIORS IN LONG TERM CARE FACILITIES:

6. **Partners in Care Program** provides education and training to staff and volunteers regarding the importance of partnering with long term care facility staff in care of the hospice patient. AccentCare of Pasco County educates facility staff through an e-learning module and in-person team building education. AccentCare of Pasco County commits to participating in and/or lead care plan meetings with facility and hospice staff and the patient and family to address the hospice plan of care and improve continuity of care expectations. **The annual required monitoring report will identify the number of Hernando County patients served and number of deaths in Assisted Living Facilities and skilled nursing facilities.**

PROGRAMS SUPPORTING LOW INCOME AND INDIGENT POPULATIONS:

7. **Homeless Program** offers shelter and comfort for homeless hospice patients in their final days. AccentCare of Pasco County commits to initial funding of \$50,000 during the first three years (\$10,000 in year 1, \$20,000 in year 2, and \$20,000 in year 3), collaborating with the **Mid Florida Homeless Coalition** to provide housing vouchers based on individual needs and resources, from subsidizing rent to supporting the entire expense for monthly assisted living facility care. **The required monitoring report will include an affidavit or payment receipt for the contribution and the number of homeless individuals receiving hospice care.**

8. AccentCare of Pasco County will implement a **Health Crisis Support Program** in Hernando County to ensure those experiencing a financial hardship and a health crisis or terminal illness receive support with basic needs, as well as access to hospice and palliative care. The program will benefit those who are at risk of homelessness, experiencing food insecurity, or are **Asset Limited, Income Constrained, Employed (ALICE)**. AccentCare of Pasco County commits to initial funding of \$100,000 during the first three years (\$15,000 in year 1, \$35,000 in year 2, and \$50,000 in year 3), collaborating with organizations through the **United Way of Hernando County** to provide assistance based on individual needs and resources. **The required monitoring report will include an affidavit or payment receipt for the contribution and the number of individuals receiving hospice care.**

PROGRAMS SUPPORTING THE PEDIATRIC POPULATION:

9. Implement **Kangaroo Kids Pediatric Hospice & Palliative Care Program** in Hospice SA 3D to meet the needs of terminally ill children. AccentCare of Pasco County will employ a full time pediatric nurse to ensure needs of the pediatric patient are met. **The annual required monitoring report will include the total admissions for hospice patients under the age of**

10. AccentCare of Pasco County commits to collaborating with the AccentCare Hospice Foundation or Seasons Hospice Foundation in holding a **Camp Kangaroo** children's bereavement camp at least annually within Hernando County. (Camps are currently offered virtually.) **The monitoring report will identify the time and place of the camp.**

Other Conditions:

**CONDITIONS TO INCREASE HOSPICE SERVICES WITHIN
HERNANDO COUNTY:**

11. Establish an **office location in Spring Hill, Hernando County**, to improve availability and access to hospice service for residents of Hernando County. **The monitoring report will include a copy of the www.FloridaHealthFinder.gov information identifying office location.**

12. Establish a **Hernando County Community Council for Hospice and Palliative Care** to foster collaboration between the medical community, non-profit community organizations, faith-based organizations, and government entities for improving access to hospice and palliative care. The council will meet a minimum of twice per year and will aim to include representatives from the following groups:
 - Physicians
 - Hospitals
 - Nursing Homes
 - ALFs
 - CARES - Elder Care Services
 - Faith Based Organization or Church
 - Patient/Family

The monitoring report will identify council members and meeting place & dates, and minutes.

13. AccentCare of Pasco County will offer the **AccentCare Referral App** or other similar technology to physicians and referral sources throughout Hernando County, offering the ability to begin the hospice evaluation and enrollment process within minutes. **The annual required monitoring report will identify the number of referrals received through the mobile application.**

**CONDITIONS TO INCREASE SERVICE TO SENIORS AND THE
DISADVANTAGED:**

14. **Commitment to local community based non-profit organizations to assist seniors with caregiving and transportation services.** An initial, one-time investment of \$50,000 will benefit **Mid Florida Community Services, Inc.** and **Seniors Helping Seniors** to provide homemaker/companion services and transportation services to seniors, allowing them to remain safely in their homes while staying connected to the community. AccentCare of Pasco County will partner with these organization to ensure staff and recipients of care are informed about what hospice and palliative care is and how to access it.

The required monitoring report will include an affidavit or payment receipt for the contribution.

15. Implement AccentCare of Pasco County's **No One Dies Alone** policy in Hospice SA 3D, educating staff and volunteers to identify when the patient is approaching the final weeks of life, providing additional support. Continuous Care is available when the patient meets the eligibility requirements. Otherwise, the **Volunteer Vigil** program provides specially trained volunteers to stay with the patient throughout the dying process. When volunteers are unavailable, AccentCare staff hold vigil to ensure No One Dies Alone. AccentCare's **24-Hour Call Center** operations provide another level of assurance to deal with any emergencies, concerns, or fears that may arise. **The annual required monitoring report will identify the number of deaths accompanied by an AccentCare volunteer or staff member, and the percent of total deaths.**
16. AccentCare of Pasco County offers Telehealth options by providing tablets/devices to terminally ill patients in Hernando County to help gain access to on call staff to supplement the 24/7 Call Center. The program budgets \$10,000 for this effort. **The annual required monitoring report will identify the number of devices distributed to Hernando County patients.**
17. AccentCare of Pasco County donates **\$25,000** in year 1 and **\$50,000** in year 2 to either the **AccentCare Hospice Foundation** or **Seasons Hospice Foundation** restricted to **Wish Fulfillment** (funding of wishes that enhance quality of life), **Emergency Relief** (funding basic needs such as food and shelter), **Caregiver Relief Program**, and **Camp Kangaroo** (children's grief camp) for Hernando County residents. **The required monitoring report will include an affidavit or payment receipt for the contribution.**

CONDITIONS TO INCREASE SERVICE TO MINORITY POPULATIONS:

18. AccentCare of Pasco County commits to having a **Chaplain with expertise in the African American community. In addition to serving the spiritual needs of African Americans in hospice care, a minimum of six workshops will be held in African American churches within Hernando County each year** to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. These "**Church Chats**"

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will help inform the community of hospice care and increase access to services. AccentCare of Pasco County ensures staff receive cultural competence training to improve the delivery of hospice care. **The annual required monitoring report will identify the number of workshops held throughout the year and location.**

19. AccentCare of Pasco County commits to **bilingual staff**, having a minimum of 1.0 FTE who is Spanish speaking to provide outreach in the Hispanic community. **The monitoring report will identify the number of employees who speak Spanish.**
20. AccentCare of Pasco County will initiate a **Low Literacy Outreach Campaign** to provide information on the "5 Wishes" advanced directives to residents with low literacy. Low health literacy is found among the elderly, those with limited English and the poor. **The annual required monitoring report will identify the number of Low Literacy Care Choices booklets distributed.**
21. AccentCare of Pasco County commits to forming a **Minority Advisory Board** to meet at least twice yearly. The Advisory Board will advise AccentCare of Pasco County in ensuring culturally competent care for **African Americans, Hispanics, and the LGBT Community**, recruiting professionals that represent communities served and educate the community about access to hospice services. **The annual required monitoring report will include meeting dates and minutes.**
22. AccentCare of Pasco County will continue its **Services and Advocacy for Gay Elders (SAGE) Platinum Certification**. **Proof of certification will be provided with the annual monitoring report.**
23. AccentCare of Pasco County commits to continued participation in the **We Honor Veterans program at Level 5**. **The monitoring report will include a copy of the We Honor Veterans certificate identifying the Level of achievement.**

CONDITIONS THAT FOSTER QUALITY:

24. AccentCare of Pasco County will apply for **Accreditation** during the first year. (Opening during the COVID-19 pandemic, accreditation surveys were halted, delaying accreditation of

AccentCare Hospice & Palliative Care of Pasco County.) **The monitoring report will verify application for accreditation has been made.**

- 25.** AccentCare of Pasco County commits to provide **Continuing Education Units (CEU)** offerings for registered nurses, licensed practical nurses, and licensed social workers at no charge through their nationally accredited CEU programs by the *Association of Social Work Boards* and the *American Nurses Credentialing Center*. Quality service improves when staff maintain credentials by advancing knowledge and skills in relevant areas. **The annual required monitoring report will identify each course, provide a brief description of the content along with the dates and location of the programs.**

Offerings will include:

- Florida Alzheimer's Training
- Clinical Pastoral Care Education Program (CPE)
- African American Care
- Hispanic/LatinX Care
- Trauma Informed Care

CONDITIONS TO INCREASE THE NUMBER OF HOSPICE PROFESSIONALS:

- 26.** AccentCare will provide education grants totaling **\$25,000** to local colleges to support Health Sciences, such as ATA College in Spring Hill, Jersey College School of Nursing in Brooksville, and Pasco Hernando State College to benefit nursing and social work students. **The required monitoring report will include an affidavit or payment receipt for the**
- 27.** AccentCare of Pasco County commits to continuing its **DEI Pathways Mentorship Program** to develop future diverse leaders within the organization. **The monitoring report will identify the number of employees participating in the program.**
- 28.** AccentCare of Pasco County recognizes the national nursing shortage and will take proactive steps to ensure there are well-qualified nurses in its program. AccentCare of Pasco County conditions this application on implementing an **employee referral campaign** which will leverage the networks of existing AccentCare employees nationwide and offer sign-on bonus to employees who refer a successful new hire to

AccentCare of Pasco County. **The required annual monitoring report will include the number of employees recruited to AccentCare of Pasco County through this program.**

29. AccentCare of Pasco County offers **internship experiences** within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants. AccentCare of Pasco County will seek local contracts with area universities and schools and will leverage existing national contracts. **The annual required monitoring report will provide the numbers and types of interns, their associated schools, and the length of service.**
30. AccentCare Pasco County conditions this application on its parent company attending the **National Hispanic Nurses Conference** for the first three years of operations. This conference will allow AccentCare to recruit bilingual Spanish-speaking nurses and nurses that reflect the areas AccentCare serves in Florida. **The required monitoring report will reflect the conference date and number of AccentCare attendees.**
31. As a condition of this application, AccentCare of Pasco County will maintain relationships with organizations such as the organizations listed below to **recruit foreign-trained, high quality workforce members** when needed to support staffing efforts. These well-established organizations facilitate a mutually beneficial relationship between foreign-educated health care professionals and health care organizations recruiting additional staff. Recruiting through these organizations also allows AccentCare of Pasco County to establish a team of professionals who reflect the increasingly diverse population in Florida. **The required annual monitoring report will include the number of relationships with foreign recruiting agencies maintained by AccentCare of Pasco County to support recruiting efforts.**
 - O'Grady Peyton International
 - MedPro International

SERVICES BEYOND THE HOSPICE BENEFIT:

32. **DOVE Center Virtual Bereavement Program** allows family members a virtual option for accessing grief support. **The monitoring report will identify the number of Hernando County families or individuals that utilized this program.**

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- 33. Leaving a Legacy** program focuses on helping patients find tangible ways to share their history with their families. **The monitoring report will identify the number of Hernando County patients that utilized this program.**
- 34.** AccentCare of Pasco County will provide one Full Time Equivalent (FTE) **Music Therapist-Board Certified** per 100 patients. **The annual required monitoring report will identify the numbers of patients and the FTEs.**
- 35.** AccentCare of Pasco County commits to **Pet Therapy**, offering its **Loyal Friends Pet Team** to provide comfort to patients and families using volunteer professional service animals and handlers. **Virtual Pet Therapy** through use of PARO, the robotic therapeutic seal, is available when use of live animals is inharmonious to the patient's condition or preference. **The monitoring report will identify the number of Hernando County patients that utilized this program.**
- 36. Virtual Reality Program** enhances end of life care experiences. **The monitoring report will identify the number of Hernando County patients that utilized this program.**

AccentCare of Pasco County commitments extend to all statements made within the application. Furthermore, AccentCare of Pasco County understands that the applicable administrative rule requires that the CON holder furnish an annual report regarding measuring and reporting on each condition. Failure to meet a condition may result in a fine of a maximum of \$1,000 per day, with each day considered a separate violation.

VITAS Healthcare Corporation of Florida (CON application 10727) is an existing for-profit Florida hospice provider that is a wholly owned subsidiary of VITAS Healthcare Corporation ("VHC") headquartered in Miami, Florida. VITAS is a wholly owned subsidiary of CHEMED Corporation, a publicly traded company. VITAS provides hospice services in SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 8C, 9B, 9C, 10 and 11.

The applicant's Schedule 10 projects issuance of license on March 1, 2023, and initiation of service on March 31, 2023. The reviewer notes that the applicant's Schedules 6A, 7A and 8A years one and two ending dates are stated to be September 30, 2023, and September 30, 2024.

Total project costs are projected to be \$856,172 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 Cardiac Care Program

The age-adjusted death rate from heart disease is the leading cause of death for residents of Hernando County. Additionally, at least two hospitals in Subdistrict 3D have a hospice utilization rate for cardiac patients that is less than the state average. At least two Subdistrict 3D hospitals have a hospice average length of stay that is 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 3D. 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.
- b. Provider Input:** VITAS will publicize and offer 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 that these meetings were offered will be provided as part of the annual CON condition compliance report.
- c. Healthcare Provider Education:** VITAS will offer an annual cardiac-related continuing education presentation to area healthcare providers. The presentation will focus on end-of-life care for patients with cardiac diagnoses. Documentation that these meetings were offered will be provided as part of the annual CON condition compliance report.

- d. Community Education:** Community Education: VITAS will publicize and offer annual "Ask the Doctor and/or Clinician" events open to the public. These events will be a forum for area residents to ask hospice physicians and/or other VITAS clinicians about hospice care, cardiac disease, caregiving, and support for individuals with cardiac disease. Documentation that these meetings were offered will be provided as part of the annual CON condition compliance report.

VITAS Pulmonary Care Program

In comparison to the state average, Hernando County residents have a significantly higher age-adjusted death rate attributable to Chronic Obstructive Pulmonary Disease (COPD). At least one hospital in Subdistrict 3D utilized hospice for respiratory patients at a rate less than the state average. These metrics can be indicators of late referrals and a need for patient and staff education. VITAS proposes to improve these metrics in Subdistrict 3D with targeted, diagnosis specific outreach to area practitioners, improved care for pulmonary patients, and community education through its Pulmonary Care program.

The Pulmonary Care program is described in 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):

- o **Staff Training:** All nurses, physicians, social workers, and chaplains will complete training regarding 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.

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- **Provider input:** VITAS will publicize and offer annual meetings open to area pulmonologists, their support staff, and other physician stakeholders. These meetings will be a forum to discuss VITAS' Pulmonary Care program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them. Documentation that these meetings were offered will be provided as part of the annual CON condition compliance report.
- **Healthcare Provider Education:** VITAS will offer COPD-related continuing education presentations to area health care providers. These presentations will focus on end-of-life and palliative care. VITAS will offer two programs to area providers 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 that these meetings were offered will be provided as part of the annual CON condition compliance report.
- **Community Education:** VITAS will publicize and offer 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 that these meetings were offered will be provided to AHCA as part of the annual CON condition compliance report.

- **Respiratory Therapist:** VITAS will include a respiratory therapist in its staffing plan for Subdistrict 3D. The respiratory therapist will provide patient care and serve as an educational resource to other hospice staff. Compliance with this condition will be documented by providing the name and start date of the respiratory therapist in the annual CON condition compliance report.

Outreach Programs for the Hispanic/Latinx Population

The Subdistrict 3D Hispanic/Latinx population is growing rapidly. Hispanics in Hernando County are largely underserved when it comes to hospice care services. 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 3D will involve outreach, education, and care.

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- a. Community Support:** VITAS conditions this application on making a grant of up to \$25,000 per year for the first two years of operation to Colectivo Arbol, or another local organization serving the Hispanic population and/or agricultural and migrant workers, that promote academics, healthy communities, COVID-19 awareness, and the engagement of the Hispanic population. Compliance with this condition will be documented by providing 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 3D. Compliance with this condition will be documented by providing the name and start date of the VITAS representative in the annual CON condition compliance report.

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 3D, which has a significantly higher percentage of veterans than Florida as a whole. 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.
- b. Veterans Walls:** VITAS also conditions this application on offering to install a Veterans Wall in at least 2 area ALFs 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 ALFs 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 3D 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. Veteran Representative:** VITAS will include a veteran representative in its staffing plan for Subdistrict 3D. The representative will develop solutions that meet the unique needs of veteran hospice patients and as an educational resource to the community and other hospice staff. Compliance with this condition will be documented by providing the name and start date of the veteran representative in the annual CON condition compliance report.

Solo Agers Outreach Program

Approximately 29% of the population in Hernando County is aged 65 and older. Of that population, it is estimated that 19% of them live alone. A "solo ager" 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 3D, particularly the elderly that lack caregiver support, VITAS conditions the following:

- a. Solo Agers Outreach Program:** VITAS conditions this application on implementing its Solo Agers Outreach Program within the first two years of operation. This program will allow solo agers on service with VITAS to age in place safely with the knowledge that their needs will be met with compassion and kindness. To reach this goal, VITAS will assist our solo ager patients by identifying community services that will meet their needs. Documentation of this program will be provided as part of the annual CON Compliance Report.

- b. Community Support:**
 - i. VITAS conditions this application on donating up to \$20,000 per year for the first two years of operation to Mid Florida Community Services, Inc., specifically its "Senior Services Program," or another similar organization, which provides homemaker services, personal care services, telephone reassurance, and

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discounts on Emergency Alert Response devices. 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.

- ii. VITAS will also provide support in the amount of \$20,000 per year for the first two years of operation, for People Helping People's Senior Blessings Program, a program that delivers groceries to elderly people living in some of Hernando County communities. Compliance with this condition will be documented by providing copies of the checks and the name of the grantee as part of the first two annual CON condition compliance reports.

Outreach Programs for Hernando County Residents Experiencing Homelessness, Poverty, and Food Insecurity

VITAS is committed to caring for all patients, regardless of their socioeconomic status or where they call home. VITAS is also committed to providing resources that will improve quality of life and tools that will prove useful at the end of life whether or not an individual becomes a VITAS patient.

- a. **Community Support:** VITAS conditions this application on providing assistance to homeless and impoverished communities in Hernando County. Specifically, VITAS conditions this application on providing support for the first two years of operation including:
 - i **Support for the Homeless:** A grant of up to \$15,000 per year for the first two years of operation to Jericho Road Ministries, or other homeless assistance organization that provides support to homeless populations;
 - ii **Support for the Food Insecure:** A grant of up to \$20,000 per year for the first two years of operation to the Salvation Army Brooksville/Hernando County or other food assistance organizations such as food banks or pantries that provide support to food insecure populations;

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

Bridging the Gap Program and Medical/Spiritual Toolkit

Hospice admission rates for the African American patients in Hernando County are low in comparison to the African American population in the county. This indicates that African American patients in Subdistrict 3D 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 communities 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 3D 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 and a description of the training in the annual CON condition compliance report.

- 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 3D 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.

Certification by the National Institute for Jewish Hospice

Subdistrict 3D has an established and active Jewish population with an active temple in Hernando County. Many VITAS programs are accredited by the National Institute for Jewish Hospice (NIJH) to ensure that hospice care adheres to Jewish ideals as they care for patients and their families. All VITAS' patient care teams and volunteers are trained in the beliefs, customs, philosophies, and ethics of both practicing and non-practicing Jews. VITAS' certified Jewish hospice programs train staff and volunteers in these faith-based beliefs and customs, along with Jewish ethics related to medical futility and the care of the terminally ill.

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- VITAS will seek accreditation by the National Institute for Jewish Hospice to enhance the level of cultural competency of hospice care for the Jewish population in Subdistrict 3D. Compliance with this condition will be documented in the CON condition compliance report by providing the certification.

Assisted Living Facility (ALF) Outreach and CORE Training Program

There are 18 ALFs in Hernando County with a total of 534 licensed beds. 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.

- 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 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 planning.

To ensure Subdistrict 3D 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 an attestation statement from the General Manager attesting to the distribution of these materials in the annual CON condition compliance report.

- b. **Bringing VITAS Palliative Care into Subdistrict 3D:** 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 3D 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 Hospice Patients with Cancer in Subdistrict 3D:** Some cancer patients can only access hospice services if hospice can provide or arrange for treatments that are more palliative in nature, including such treatment as chemotherapy and radiation to manage pain. Not all hospice programs provide such services even if medically necessary. VITAS will provide palliative chemotherapy, and radiation to manage patients' pain and symptoms, as appropriate. Compliance with this condition will be documented by attestation from the General manager that these services were offered and/or provided to patients in Subdistrict 3D.

- d. **Nurse Practitioner:** VITAS will include a nurse practitioner in its staffing plan for Subdistrict 3D 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 the name and start date of the nurse practitioner in the annual CON condition compliance report.

Provider Education and Training Programs

VITAS has spoken with numerous healthcare providers in Subdistrict 3D who indicate that there is a need for additional end-of-life care training for physicians, nurses, and social workers in Hernando County. 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.

- a. VITAS conditions this application 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.

- b. 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 an attestation that an application for add this program 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 3D, are well-trained to provide the best possible care. Accordingly, VITAS conditions this application on:

- a. The Medical Director covering Subdistrict 3D 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 a General Manager attestation in the annual CON condition compliance report, including the name of the Hospice Medical Director and their certification.

C.4 Other Conditions:

Hospice Office Locations

The hospice office location is important because the location has the potential to facilitate hospice visibility, community awareness, and focused interaction with the community. VITAS is committed to increasing hospice awareness and utilization in Subdistrict 3D.

VITAS conditions this application on having a hospice office in Subdistrict 3D within the first year of operation. Compliance will be demonstrated by submission of the VITAS license with the office location.

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 3D nor will VITAS engage in fundraising events for its program. Any unsolicited donations received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community. Compliance will be provided in the annual CON condition compliance report with an attestation confirming any unsolicited amounts were provided to VITAS Community Connections.

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. 408.031-408.045, 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 Everett “Butch” Broussard of the Bureau of Central Services who evaluated the financial data.

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

The following indicate the level of conformity of the proposed project with the review criteria and application content requirements found in Sections 408.035 and 408.037, 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 152, of the Florida Administrative Register, dated August 5, 2022, the Agency indicated zero net need for a new hospice in SA 3D (Hernando County) for the January 2024 hospice planning horizon. The applicants are applying to establish a hospice program in the absence of published numeric need. All contend not normal circumstances merit the approval of their project. The SA’s sole provider, HPH Hospice reported 2,136 SA 3D admissions during the 12 months ending June 30, 2022.

HPH Hospice admissions during the five-year periods ending June 30, 2018 – June 30, 2022, are shown in the table below.

**HPH Hospice
SA 3D (Hernando County) Admissions
12 Month Periods Ending June 30, 2018—June 30, 2022**

12 Months Ending June 30:	Admissions
2022	2,136
2021	2,105
2020*	1,932
2019	1,918
2018	1,810

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued for the referenced time frames with the exception in the “Note” below.

Note: *The 12 months ending June 30, 2020 include 950 July-December 2019 admissions which were not published due to the cancellation of the July 2020 batching cycle.

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 SA 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.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) states its application documents underservice to Hernando County, and further documents underservice to specific terminally ill populations within Hernando County, including the following:

1. **Underservice of Minority Populations within Hernando County**
 - Black or African American persons are 6.5 percent of the County's population.
 - Hispanic persons are the largest minority group in Hernando County, comprising 16 percent of the total population in 2022.
 - HPH Hospice served in Hernando County during 2020:
 - 61 percent of non-Hispanic deaths, but less than 15 percent of Hispanic deaths
 - 37 percent of Black resident deaths as compared to 59 percent of white deaths

Regency uses Florida's Bureau of Economic and Business Research, University of Florida data to show the growth expected within the Black and Hispanic populations of Hernando County from 2020 to 2030. The applicant indicates that Hernando County's Hispanic population is largest minority group comprising 16 percent of the total population and the Black or African American population comprises 6.5 percent of the County's total in 2022 based on 'U.S. Census Bureau QuickFacts for Hernando County. As shown in the table below, the Black and Hispanic Hernando County populations from CY 2020 to CY 2030 are expected to increase by 25.2 percent and 37.8 percent, respectively compared to the County's total population growth of 13.6 percent. The applicant further states that Florida Department of Health, Florida HealthCHARTS (www.flhealthcharts.gov) data from 2016 - 2021, indicate resident deaths among Hernando County's Black and Hispanic populations increased faster than for Whites.

Hospice SA 3D (Hernando County) Population Projections

	2020			2030		
	Black	Hispanic	Total Population	Black	Hispanic	Total Population
	12,457	27,858	192,186	15,599	38,375	218,237
Growth by segment				25.2%	37.8%	13.6%

Source: CON application #10725, page 12, Table 4, from Bureau of Economic and Business Research, University of Florida, 2021.

Regency provides what it designates is “A “Fair Share” Analysis of Service to Racial and Ethnic Minorities” in support of its contention that HPH is not serving its fair share of Black and Hispanics in the SAs it serves. The applicant notes that in 2020, HPH provided hospice services in SAs 3D (Hernando County), 3C (Citrus County) and 5A (Pasco County). Regency uses AHCA Demographics and Outcome Measures Report for CY 2020 and Florida Department of Health, Florida HealthCHARTS, (www.flhealthcharts.gov) to show the racial and ethnic mix of hospice patients admitted by HPH and resident deaths. Regency concludes that when comparing HPH’s admissions to the resident deaths in the areas it serves, “HPH, clearly is not serving its fair share of Black and Hispanic patients in the areas that it is serving, including Service Area 3D”.

Regency shares that HPH is underserving the Black population in terms of the proportion of Black patients served (2.2 percent) which is about 29 percent less than the proportion of Black deaths that are occurring in HPH’s combined SAs (3.1 percent). This is even more dramatic with the proportion of Hispanic patients served (1.7 percent of HPH’s total admissions) which is about 72 percent less than the proportion of Hispanic deaths that are occurring in HPH’s combined SAs (7.1 percent of all resident deaths). HPH’s hospice admissions to hospice care for Whites is stated to be roughly the same level as the proportion of White deaths.

Regency then compares the racial and ethnic mix of the resident deaths in Hernando County, which it states is very similar to the racial and ethnic mix of resident deaths for SAs 3C, 3D and 5A combined assuming that HPH used the same degree of effort to serve SA 3D that it used in its other SAs, which would have resulted in the same level of underservice and achieving the same racial and ethnic mix of patients in Hernando County that it had in its three SAs combined. The applicant contends that using the same racial and ethnic mix to HPH’s total 2020 admissions in Hernando County (1,993) would result in the same racial and ethnic disparity.

The applicant used HPH’s AHCA’s Semi-Annual Report of Hospice Utilization reports to estimate the proportion of admissions for Black and Hispanic residents that occurred in Hernando County, during 2020 (46.5

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percent) and then estimates the proportion of their patients for each racial and ethnic category served within Hernando County in that year. Regency states that it examined HPH Hospice patient volumes by race and ethnicity encompassing all HPH's SAs then compared the actual number of HPH admissions for residents of SA 3D resulting in it being able to allocate HPH Hospice's level of service for each category compared to the number of actual deaths.

HPH Hospice Admissions by Race, 2020

	Asian	Black	Caucasian	Hispanic	Other	Total
HPH Hospice Admissions (all HPH SAs)	0	91	3,838	70	119	4,118*
HPH Hospice Proportion of Patients in Hernando County, 2020	46.5%					
HPH Hospice Estimated Volume of Admissions in Hernando County	0	42	1,786	33	55	1,916
HPH Hospice Admission by Race as a Percent of Total	0	2.2%	93.2%	1.7%	2.9%	100.0%

Source: CON application #10725, page 19, Table 16.

The applicant asserts that comparing the actual proportion of deaths in Hernando County occurring to Black residents of 3.6 percent in 2020, to the proportion of HPH patients that were Black in 2020 (2.2 percent) results about 40 percent less than the proportion of deaths occurring in Hernando County that were Black (3.6 percent). Regency restates that another way to evaluate HPH's level of service is to note that the ratio of HPH Hospice admissions to deaths for Black patients was 37 percent in Hernando County, whereas the ratio was more than 60 percent compared to total deaths, indicating that Black access to hospice care was far lower than access for Whites. Regency states this number becomes even more disproportionate for Hispanic patients in asserting that in 2020, 1.7 percent of patients admitted to HPH Hospice were Hispanic, although 7.1 percent of actual deaths in the county were Hispanic residents.

The applicant shares that data infers that the ratio of HPH Hospice admissions to deaths for Hispanic patients was less than 15 percent in Hernando County, compared to a ratio of 61 percent for non-Hispanic patients meaning that access to hospice care for Hispanic patients was far lower than for non-Hispanic patients. Regency asserts that the number of resident deaths served with hospice at the end of life may have been even lower than the numbers imply, since 12 percent of HPH Hospice's 2020 admissions were discharged alive. Regency concludes that to comparing hospice admissions to community deaths risks may overstate the number of deaths receiving care from hospice.

The applicant also examined the effect of COVID on SA 3D hospice care in CY 2020 and assures the disparity in service to minority populations cannot be “excused by COVID-19 mortality during 2020, since throughout that year HPH Hospice served 61 percent of all deaths in SA 3D.” Citing FloridaHealthCharts CY 2020 data, Regency notes that most deaths caused by COVID-19 in Hernando County in 2020 were to White residents and while the proportion of deaths due to COVID was higher for minority populations, the overall number of minority COVID deaths was not large enough to skew the analysis of HPH Hospice's service to minorities.

Regency states its parent company (KAH) provided 11.76 percent of its hospice admissions “for the prior 12-month period” to African Americans and 6.12 percent were Hispanic or Latino, meeting or exceeding the national average of 8.2 percent for African Americans and 6.7 percent for Hispanics. The national average was stated to be based on NHPCO Facts, 2020 Edition, National Hospice and Palliative Care Organization, the prior 12-month period was not stated. Regency states commitment to outreach initiatives (Condition #3) that will improve access and increase participation in hospice care. Further, Regency will establish an Interfaith and Minority Council (Condition #4) that will be composed of leaders from a variety of faith congregations and minority service organizations in SA 3D. The council will advise Regency on ways to communicate effectively and with cultural sensitivity to better meet the end-of-life needs of their constituencies. Regency indicates that (Condition #3) it will seek to hire patient care team members who are bilingual and who reflect the diversity of the areas within Hernando County being served and it will designate a community relations representative who will take the lead on minority outreach initiatives, which will include the sponsoring of quarterly community education events or workshops in minority communities promoting the benefits of hospice services.

2. Underservice of Terminally-Ill Residents in Nursing Facilities

The applicant argues that HPH Hospice is not providing adequate service to the population of SA 3D that resides in nursing facilities, noting that there were 769 nursing home beds in Hernando County in 2020 and that 308 deaths occurred in nursing facilities within the district and that despite this high level of need for end-of-life care, HPH Hospice had a calculated average daily census in nursing facilities of just 32 and hospice patients made up a mere 7.8 percent of its patient days, compared to more than 14 percent for all Florida Hospices combined. The applicant does not address HPH's 48-bed freestanding inpatient hospice utilization, which HPH reported to include 884 admissions and 4,182 patient days in CY 2020.

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Regency notes that in 2020, 308 deaths occurred in nursing facilities within the district, an all-time high due to the COVID pandemic and that in 2021, 224 deaths occurred in nursing facilities, a volume like years prior to the pandemic. Regency argues that HPH Hospice had a calculated average daily census in nursing facilities of just 20 patients in 2020, and 59 during 2021.

2020 Hospice Patient Days by Residential Setting

	Patient Days		Percent of Total	
	HPH Hospice	All Other Florida Hospices	HPH Hospice	All Other Florida Hospices
Private Residence	74,162	6,762,667	79.9%	57.6%
Adult Family Care Home	-	3,910	0.0%	0.0%
Assisted Living Facility	11,379	2,745,252	12.3%	23.4%
Nursing Home-Contracted Non-Inpat. Bed	7,290	1,649,447	7.8%	14.1%
Nursing Home-Contracted Inpatient Bed	-	97,209	0.0%	0.8%
Hospital-Dedicated Hospice Unit	-	80,779	0.0%	0.7%
Hospital-Other than Dedicated Hospice Unit	43	102,670	0.0%	0.9%
Hospice Residential Facility	-	32,388	0.0%	0.3%
Freestanding Hospice Inpatient Facility	-	192,550	0.0%	1.6%
Other	-	69,297	0.0%	0.6%
Total	92,874	11,736,169	100.0%	100.0%

Source: CON application #10725, page 22, Table 23 from AHCA Demographics and Outcome Measures Report, 2021.

Note: The Agency's Demographics and Outcome Measures Report, 2021 Report indicates HPH reported 4,182 inpatient hospice days in CY 2020.

Hernando County Resident Deaths by Decedent's Place of Death, 2020

	Hospital	Hospice	Nursing Home	Decedent's Home	Other specified place	Other	Total Deaths
SA 3D Resident Deaths	992	661	308	939	22	1	3,123
Percent of Total, 2020	31.8%	21.2%	9.9%	30.1%	7.1%		

Source: CON application #10725, page 22, Table 24 from FloridaHealthCHARTS.

Regency states that the data from Medicare Hospice claims show that the proportion of hospice patients residing in a nursing home was lower in Hernando County than in every other jurisdiction in the state of Florida but one—Gulf County in the panhandle of Florida, a county with a total population of 14,000 and provides a bar graph table in Figure 6, page 24, to support this statement. A ranking of Florida Counties by percent of hospice census in Nursing Homes for 12 Months Ending March 2022, is provided as the application's Table 26. Regency states that the most recent Medicare claims information available show that the percentage of the hospice census in nursing homes for Hernando County remains at the bottom of the table (65th of 67 counties) when compared to the rest of the state.

The applicant mentions that it has received letters of support from two of the six nursing homes in Hernando County (Brooksville Healthcare Center and Heron Pointe Health and Rehabilitation) and that these facilities operate nearly 40 percent of the licensed nursing home beds in SA 3D (300 out of the 769 licensed beds). Regency assures that if awarded a CON for SA 3D, it will address this unmet need with a dedicated liaison to nursing homes and ALFs, providing clinical education on how to recognize and refer patients that would benefit from hospice care at the end-of-life.

Underserved Groups and Populations: Patients Receiving Late Admission to Hospice - Regency contends that HPH Hospice is not admitting patients in a timely fashion, which reduces lengths of stay in hospice care and prevents patients from accessing the full hospice benefit to which they are entitled. The applicant's Table 27 on page 27, includes all Florida Hospice providers ranking by ALOS for Medicare patients in CY 2020. Regency points out that in 2020, HPH Medicare patients had an average length of stay of 46.7 days, putting HPH well below the mean length of stay of 66.2 days for all Medicare patients served by Florida Hospices and that HPH patients received 29 percent fewer days of care than the average for Florida hospice patients. Regency notes that its average length of stay was 85.2 days during the same year, 29 percent higher than the Florida mean. The applicant's Table 27 on page 27, includes all Florida Hospice providers ranking by ALOS for Medicare patients in CY 2020.

Regency notes that Humana retains a minority ownership in KAH (Regency's ultimate parent) and it has the support of Caraline Coats, Humana's Florida Medicare Regional President for entry into SA 3D. Further, the monopoly status HPH Hospice has prevents Humana from having a way to ensure a choice for their enrollees or to demand high-quality outcomes for their enrollees who require hospice care. President Caraline Coats, cites the need for a choice of a high-quality hospice and that Regency is well-respected by physicians nationwide and Regency has "a record of culturally sensitive and innovative hospice care".

Underservice of Hernando County Due to a Low-Quality Monopoly provider Being Residents "Only Choice." Regency notes that HPH Hospice is the only provider authorized to provide hospice care in Hernando County and that it has a record of providing low-quality care arguing that:

- In August 2022, CMS assigned HPH Hospice only a two-star rating out of a possible five-star rating. Nearly 70 percent of the 40 hospices assigned a star rating in Florida received more stars, with the

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Florida average being 2.8 stars. In contrast to HPH Hospice, the applicant Regency Hospice was one of only seven hospices in Florida to receive four stars (no Florida hospice received five stars).

- HPH Hospice also performed poorly on each of the eight CAHPS Hospice Survey quality measures reported on the Care Compare website, HPH receiving scores below both the national and Florida averages. Regency Hospice received scores above average both in Florida and nationally on each of the eight CAHPS quality measures. Significantly, on a scale of one to 10 (with 10 being the best and one being the worst), eight percent of surveyed caregivers of HPH Hospice patients gave HPH a rating of six or lower, which equates to 171 hospice patients in Hernando County who believe they received substandard care. Only three percent of surveyed caregivers of Regency Hospice patients gave Regency a rating of six or lower.
- CMS also publishes on the Care Compare website a quality measure using Medicare claims data that determines for each hospice the percentage of patients who received visits from a registered nurse or medical social worker on at least two of the final three days of their life. On this quality measure, HPH's performance was again below average, with only 37.7 percent of its patients receiving the minimum number of visits during their last days of life, compared to the national average of 49.2 percent and the Florida average of 51.7 percent. Regency Hospice substantially exceeds both the national and Florida averages with nearly 60 percent.
- The Hospice Care Index "Gaps in Skilled Nursing Visits" metric measures how many hospice patients experienced at least one gap in skilled nursing visits greater than seven days for hospice patients with a length of stay of at least 30 days. On this metric, HPH performed worse than the median hospice and was ranked in the 77th percentile, meaning that 76 percent of all hospices had fewer such gaps. Regency Hospice performed better than the median on this measure, ranking in the 34th percentile or having fewer gaps in skilled nursing visits than 66 percent of all hospices.
- Many residents of Hernando County have requested another choice of hospice. Regency Hospice gathering more than 300 letters of support from SA 3D residents and service providers, many of whom recount experiences of poor care and poor service from the existing provider. These were included in the application's Exhibits C-1 and C-2: Letters of Support.

Regency states that its analysis indicates that the population of Hernando County is underserved in several key populations, and it proposes to serve a total of 200 patients in Year One, 275 in Year Two and 350 by Year Three of the new program.

Regency shares that there is a large population of United States military veterans in SA 3D and that in 2020, there were an estimated 19,061 veterans in Hernando County, representing approximately 9.5 percent of the total population in SA 3D with as much as 34 percent of the elderly population (65 and older) included. The applicant states that Veterans accounted for 26 percent of Hernando County resident deaths in 2020.

Regency notes that it participates in the We Honor Veterans Program while HPH Hospice and its parent, Chapters Health, discontinued participation as of 2021 noting that HPH has instead substituted an in-house program it calls the "Chapters Health Valor Program," but the applicant states that the "program lacks the oversight and guidance regarding best practices integral to the original program, meaning HPH will no longer report to the national organization office, nor will it abide by the rigorous standards set by that ground-breaking program." Regency argues that this is a diminishment of hospice services to veterans in SA 3D since veterans comprise 12.2 percent of Hernando County's adult population, compared to 8.4 percent statewide and that because HPH has a monopoly on hospice care in SA 3D, veterans residing in Hernando County no longer have the ability to choose a hospice provider that offers the services to veterans available from the We Honor Veterans program the applicant argues that because veterans account for more than one fourth of all resident deaths, AHCA should approve another hospice in Hernando County who is more focused on serving the needs of veterans.

The applicant states that

- Regency Hospice will employ a Veterans Liaison to work with VA Medical Centers, the Veterans Benefits Administration, local veterans' organizations, and long-term care communities in SA 3D
- Regency Hospice will identify hospice patients with military experience using a veterans military history checklist upon admission to hospice care.
- Regency Hospice will devise care plans that take into account injuries received in combat, illnesses or diseases contracted while serving, the effects of biological or chemical agents, post-traumatic stress disorder, depression and substance abuse.
- The Regency Hospice Veterans Liaison and staff social workers will help eligible veterans and their families receive proper Military Funeral Honors.

Regency contends that the positive impact Hernando County residents will receive from its entry far outweighs any short-term reduction in volume at HPH Hospice. The applicant notes it will expand the number of patients receiving hospice care and it will seek to enroll patients earlier in their disease processes so that they can realize the full benefits of hospice services and that it infers that many patients are seeking hospice care only during the last few days of life.

Regency states that:

- Regency Hospice intends to expand outreach to segments of the population not currently being well served by HPH Hospice. These segments include minorities and residents of nursing homes and ALFs.
- Hernando County is projected to experience growth in population, particularly among residents, age 65 and older. With this growth and aging will come an increase in the number of patients facing terminal conditions who can benefit from hospice care.
- HPH Hospice has not offered high quality care in the past, and as evidenced by the letters of support for this application, its reputation in the community has made some patients reluctant to seek care from HPH Hospice. Regency Hospice will offer a high-quality alternative that should result in a higher percentage of eligible patients in Hernando County seeking hospice care in the future, thereby expanding the pool of patients that Regency Hospice and HPH hospice can serve.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) cites major populations in SA 3D that it identifies as experiencing unmet hospice needs or barriers to hospice care, which AccentCare describes in this section and lists below.

1. The elderly age 65 and over and residents of ALFs and SNFs
2. Residents in the Medicaid Managed Medical Assistance (MMA) Program that requires two hospice providers per county
3. Residents with a prior negative experience with HPH Hospice and choose not to use HPH Hospice again
4. Residents that migrate to other SAs for hospice
5. African American population
6. Hispanic population
7. Lesbian, Gay, Bisexual, and Transgender (LGBT) population
8. Veterans

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9. Low income and homeless populations
10. Terminally ill patients with Cancer, Circulatory System Diseases, Respiratory System Diseases, and COVID-19
11. Pediatric population

AccentCare of Pasco County's states that its proposed community outreach and education initiatives provide ways to increase availability. The applicant states that SA 3D has only one hospice provider, HPH Hospice and that the lack of availability has led to diminished service, and there is no alternative or choice for residents when issues arise which is evident by the following factors:

- Having less than two hospices per county per the geographic access standards of Florida's Statewide Medicaid Managed Care (SMMC) program
- Proportionately less hospice service in ALFs and SNFs than the state average
- Low hospice penetration to the Hispanic population
- Low hospice penetration to the African American population
- No hospice that is SAGE certified to serve the LGBT community
- No outreach initiatives to low income and homeless populations
- No dedicated Pediatric Hospice and Palliative Care Program

AccentCare provides a full-page diagram titled, AccentCare Community Needs Assessment, Figure 1-1 on page 1-2 of CON application #10726 describing the process it performed prior to submitting for CON.

Regarding population demographics and dynamics, AccentCare utilizes the Florida Population: Census Summary 2020 Table 3, University of Florida, Bureau of Economic and Business Research (Table 1-1 population change from 2010 to 2020 census on page 1-4) and the Agency's Florida Population Estimates and Projections by AHCA District publication, issued September 2021 (Table 1-2, page 1-5) to reflect the Hernando County population projections from July 1, 2022 to July 1, 2027. AccentCare notes Hernando County has a July 1, 2022 population of 199,382 with 29 percent (58,100 persons) age 65 and older and that the population is expected to increase to 211,898 over the next five years, with seniors making up over 30 percent (65,581 persons) of the population. AccentCare notes that the SA has proportionately more seniors aged 65 and over than the rest of the state and that the expected growth of 13 percent over the next five years, justifies the increasing need for adequate access to hospice services.

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When discussing residents aged 65 and over and residents of ALFs and SNFs, AccentCare uses the Florida Need Projections for Hospice Programs, Background Information for Use in Conjunction with the August 2022 Batching Cycle for the January 2024 Hospice Planning Horizon, AHCA, August 5, 2022 and the Agency’s Florida Population Estimates and Projections by AHCA District publication, issued September 2021 (Tables 1-3 and 1-4, page 1-5 and 1-6) to support its position that one hospice is not enough to keep pace with hospice needs. The applicant notes that at least 170 hospice admissions are expected by 2024 and that Hernando County has a lower than average nursing home beds, at 13 per 1,000 of residents aged 65 and over which it says means a variety of settings will not be available.

Using the Agency’s Hospice Demographic and Outcomes Measures Report Data, 2021 (Tables 1-5 and 1-6, pages 1-8 and 1-9) AccentCare states that it first allocated the patient day data for HPH Hospice's service in SA 3D by using the same proportion admissions reported for that SA using the “Background data for AHCA's Florida Need Projections for Hospice Programs from February 24, 2022”, which identifies the 2021 admissions. The applicant then applied the percentage to reported ALF and SNF days for the hospice which resulted in 17,288 ALF days and 10,654 SNF days in Hernando County in 2021. AccentCare then applied the statewide proportion for ALF and SNF days to the total HPH Hospice days for SA 3D subtracting out the proportionate HPH Hospice days and converting them to admissions using the statewide average length of stay (ALOS). With these results, the applicant contends that HPH Hospice days result in the level of under service. The applicant argues that if hospice use among ALF and nursing home residents in Hernando County was equal to the state averages, up to 107 patients in ALFs and 73 patients in SNFs could have benefited in 2021. See the table below.

**Calculated Under Service of ALF and SNF
Hospice Utilization in SA 3D for CY 2021**

	ALF 22.5%	SNF 14.3%
Expected Facility Days @ State rate	25,330	16,099
Actual Facility Days	17,288	10,654
Difference (Underservice), Days	-8,042	-5,445
Admissions @ Florida ALOS 75	-107	-73

Source: CON application #10726, page 1-9, Table 1-7.

AccentCare uses the Agency’s Florida Need Projections for Hospice Programs, August 5, 2022 (Table 1-7, page 1-10) to document its contention that SA 3D has the highest number of inpatient beds in

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proportion to deaths than any other hospice SA in the state, noting the statewide average is 0.6 freestanding inpatient hospice beds per 1,000 deaths, while SA 3D has 1.5 such beds per 1,000 deaths.

AccentCare assures that through its track record, strong outreach campaign, contracting for inpatient beds, having programs (Namaste Care and services provided under open access) it will support and work with local community-based service providers such as Mid-Florida Community Services, Inc. and Seniors Helping Seniors to provide homemaker/companion services and transportation services to frail seniors and the disabled, allowing them to remain safely in their homes while staying connected to the community. The applicant contends it will work with these and other community-based organizations to initiate conversations about advanced directives and other topics exploring the benefits of hospice care.

AccentCare next addresses Florida's SMMC program (pages 1-12 and 1-13) noting that Hernando County is the only county within that region that has fewer than the minimum of two hospice programs. The applicant contends that choice is denied for Medicaid recipients seeking hospice care, creating a barrier to hospice services for the Medicaid population. AccentCare discusses s. 409.982(1), Florida Statutes, stating that not having an alternative or choice for hospice care limits availability and impacts accessibility to hospice care for the Medicaid population, which can mean that residents with a prior negative experience with HPH Hospice may choose not to use HPH again.

In Table 1-9 on page 1-14, below, AccentCare makes the argument using HPH's CAHPS data, that families that have utilized HPH Hospice in the past and had a negative experience have no alternative and deny or delay hospice care and that estimates of admissions that could be lost or receive delayed care identifies up to 342 potential hospice patients that the introduction of AccentCare of Pasco County would provide with a quality alternative.

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Consumer Assessment of Healthcare Providers and Systems (CAHPS@) & Hospice Survey Bottom Box Measures and Estimate of Effected Hospice Patients for SA 3D

Measure	HPH	FL	US	3D Hospice Admissions 7/21-6/22
No, they would probably not or definitely not recommend the hospice	7%	6%	5%	150
Caregivers rated the hospice agency a 6 or lower	8%	6%	5%	171
The patient sometimes or never got the help they needed for pain and symptoms	15%	12%	5%	320
The hospice team sometimes or never provided timely help	14%	11%	10%	299
The hospice team did not provide the right amount of emotional and spiritual support	16%	12%	10%	342
The hospice team sometimes or never communicated well	10%	8%	7%	214
They did not receive the training they needed	16%	12%		342
The hospice team sometimes or never treated the patient with respect	4%	3%	2%	85

Source: CON application #10726, page 1-14, Table 1-9. National, State and Provider CAHPS survey data, August 2022, <https://data.cms.gov/providerdata/search>; Hospice Admissions come from AHCA's Florida Need Projections for Hospice Programs, August 5, 2022

AccentCare provides a map “Tampa-St. Petersburg-Clearwater FL Metropolitan Statistical Area” (Figure 1-2, page 1-16) and Table 1-10 “Hernando County Resident Deaths by County of Death, Most Recent Five Years” (page 1-18) to document that most Hernando residents that die in another county do so in one of the Tampa Metro counties.

The applicant shows that

- 913 Hernando residents died in Pasco County over the past five years, with 223 dying in Pasco County in 2020
- Half as many died in Hillsborough County, totaling 483 over five years and 100 for 2020
- Pinellas had 1.7 percent of Hernando resident deaths.
- Pasco County the most likely location of Hernando resident deaths for those dying outside of Hernando County and that the number is increasing, rising from 162 (5.9 percent) in 2016 to 223 (7.0 percent) in 2020.

AccentCare uses 2021 Agency Hospital Patient Discharge Data, Table 1-11, page 1-18 to confirm the number/percentages of all discharges to hospice for Hernando County residents as follows:

- 195 (16 percent) from Pasco County hospitals
- 40 (3.3 percent) from Hillsborough County hospitals
- 15 (1.2 percent) from Pinellas County hospitals
- 13 (1.1 percent) from Citrus County hospitals

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AccentCare argues that in addition to location of death, Hernando County residents are increasingly served by hospice providers other than HPH Hospice, an indication that the provider is unable to adequately serve residents and that to obtain hospice care, a resident must access hospice care in another county. AccentCare notes that Medicare hospice patients served by HPH:

- Decreased from 90.5 percent in 2018 to 84.3 percent in 2021
- 906 Hernando Medicare beneficiaries were served by hospice agencies other than HPH Hospice over the past four years, with 327 in 2021 alone.

Hernando County Medicare Beneficiaries Served by Hospice Providers Outside of Hernando County, 2018 - 2020

	Hernando County Medicare Hospice Patients							
	Number				Percent			
	2018	2019	2020	2021	2018	2019	2020	2021
Served by HPH Hospice	1,504	1,553	1,651	1,761	90.5%	89.3%	87.5%	84.3%
Served by Others Outside of Hernando County	157	186	236	327	9.5%	10.7%	12.5%	15.7%
Total Hernando Hospice Patients	1,661	1,739	1,887	2,088	100%	100%	100%	100%

Source: CON application #10726, page 1-19, Table 1-12.

AccentCare cites “Claritas 2022 update” data to provide population estimates in 2027 by racial/ethnic groups in SA 3D to determine the five-year growth rate. See the table below.

2022 and 2027 Hernando County Population by Race & Ethnicity

Race Category	Population Age 65+			Total Population		
	2022	2027	Growth	2022	2027	Growth
White	54,135	61,177	13.0%	172,436	177,527	3.0%
Black/African American	1,842	2,312	25.5%	11,801	13,060	10.7%
Asian	402	522	29.9%	2,829	3,262	15.3%
North American Native	102	129	26.5%	892	1,015	13.8%
Other/ Two or more	1,121	1,540	37.4%	12,121	14,529	19.9%
Total	57,602	65,680	14.0%	200,079	209,393	4.7%
Hispanic	5,138	7,090	38.0%	32,718	39,633	21.1%

Source: CON application #10726, page 1-20, Table 1-13.

The applicant points out that minority populations are projected to have higher growth rates and increases proportionately than the white population for the five-year period.

AccentCare particularly notes that by 2027, Hernando County:

- will have close to 40,000 Hispanics representing 18.9 percent of the total population and over 7,000 age 65 and over, representing 10.8 percent of seniors.

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- will have over 13,000 African Americans, representing 6.2 percent of the total population and 2,312 age 65 and over, representing 3.5 percent of seniors.

AccentCare confirms the disparity in access to hospice care among African Americans within SA 3D through its demographic analysis. The applicant cites two articles by JoAnn Mar, Racial Disparities in End-of-Life Care - How Mistrust Keeps Many African Americans Away from Hospice, and Challenges and Cultural Barriers Faced by Asians and Latinos at the end-of-Life (found in Exhibit 4) to support that the most prevalent causes are lack of trust of the health care community, cultural differences, and lack of knowledge or understanding about what hospice is. When addressing the Latino and Asian cultures the applicant contends that includes failure to plan, poverty and tendency to delay treatment, threat of deportation along with a lack of trust and language barriers, and that many Latino and Asian cultures do not discuss death openly.

AccentCare next uses two graphs of hospice penetration, Figures 1-3 and 1-4, pages 1-21 and 1-22 to compare the Medicare Hospice Beneficiaries for 2018 to 2020 when measured against the corresponding deaths for residents age 65 and over for the Black or African American population and for the Hispanic population to determine the penetration or use rates served by HPH Hospice in Hernando County compared to state service levels determining that use rates for all minorities is lower than their White counterparts, and all racial categories, including Whites, are lower for those served by HPH Hospice in Hernando County than for the state.

The applicant uses 2020 CMS Hospice Standard Analytic File and www.FLHealthCharts.com data for Tables 1-14 and 1-15, page 1-23 to support that if the statewide penetration rates were applied to the 2020 Hernando deaths for those age 65 and over, then there would have been another 431 residents served, including 33 Hispanics and eight African Americans and if minorities were to have utilized hospice in proportion to the statewide rate for the White population, then another 123 Hispanics and 15 African Americans would have received hospice. The applicant contends that this shows disparity between minorities and Whites and between all races in Hernando County served by HPH Hospice and Florida.

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**Medicare Hospice Beneficiaries, CY 2020 Deaths,
Hospice Use Rates by Race and Ethnicity SA 3D and Florida**

Race/ Ethnicity	2020 HPH Hospice Penetration in Hernando County				2020 Statewide Hospice Penetration			
	Hospice Admits	Percent	Deaths 65+	Penetration Rate	Hospice Admits	Percent	Deaths 65+	Penetration Rate
White	1,562	94.6%	2,422	64.5%	128,429	83.6%	159,299	80.6%
Hispanic*	20	1.2%	177	11.3%	7,872	5.1%	26,522	29.7%
Black	48	2.9%	78	61.5%	13,152	8.6%	18,463	71.2%
All Other	21	1.3%	28		4,222	2.7%	4,071	
Total	1,651	100.0%	2,528	65.3%	153,675	100.0%	181,833	84.5%

Source: CON application #10726, page 1-23, Table 1-14. *Ethnicity not included in total deaths by race

**Table 1-15
SA 3D Expected Medicare Hospice Patients, 2020
(Applying the Florida Use Rates by Race/Ethnicity and
Florida White Use Rate to ALL Races)**

Race/Ethnicity	2020	Florida Penetration	Expected Hernando Hospice Admissions		Difference from HPH Service and State Levels	
			Using Florida rates	Using Florida White rate	Difference Using Florida Rates	Difference Using FL White Rates
White	2,422	80.6%	1,953	1,953	-391	-391
Hispanic*	177	29.7%	53	143	-33	-123
Black	78	71.2%	56	63	-8	-15
All Other	28		21	21	0	0
Total	2,528	84.5%	2,082	2,179	-431	-528

Source: CON application #10726, page 1-23, Table 1-15.

Using AHCA Hospital Discharge Data File, 2021, AccentCare’s Table 1-16, page 1-24 shows the 2021 hospital discharge data and that the percent of discharges to hospice is lower for minorities than for Whites. Further, that in relation to discharging to hospice versus dying in the hospital, the ratio of hospice to in-hospital deaths was lower for all minorities, especially Hispanics. AccentCare states that given HPH Hospice’s “heavy reliance” on its freestanding hospice facilities is the lower ratio of discharges to a hospice facility versus discharging home to hospice for African Americans.

**2021 In-Hospital Deaths and Hospital Discharges to Hospice
Comparison by Race and Ethnicity, Hospice SA 3D-Hernando County**

Patient Race	2021 Hospital Discharges						
	Died in Hospital	Discharges to Hospice Facility	Discharges to Hospice Home	Total Discharges	Hospice Percent of Total	Hospice to Death Ratio	Hospice Facility vs. Home
White	971	676	421	29,268	3.75%	1.130	1.606
Black/African American	52	24	30	1,775	3.04%	1.038	0.800
All Other	85	40	28	2,883	2.36%	0.800	1.429
Grand Total	1,108	740	479	33,926	3.59%	1.100	1.545
Hispanic	66	30	22	2,583	2.01%	0.788	1.364

Source: CON application #10726, page 1-24, Table 1-16.

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AccentCare contends that the AHCA data also shows that HPH Hospice has proportionately fewer hospice admissions for minorities than AccentCare of Pasco County and its affiliates in the Tampa Metro area. Further, AccentCare also has a better track record than the competing applicants, Regency Hospice of Northwest Florida and VITAS.

AccentCare displays Table 1-17 on page 1-26 to show that in 2021 AccentCare of Pasco reported 12 African American hospice admissions, representing 4.1 percent of the total 292 admissions, compared to HPH Hospice reporting 2.8 percent of its admissions as African American. AccentCare then asserts that its affiliates within the Tampa Metro area reported 6.0 percent and 11.5 percent African American admissions, respectively for the Pinellas County and Hillsborough County agencies, resulting in an overall total contribution of nine percent of total admissions for all AccentCare affiliates within the Tampa Metro.

When addressing Hispanic utilization, the applicant states that AccentCare of Pasco reported 25 Hispanic admissions, representing 8.6 percent of the total, compared to HPH Hospice reporting 5.0 percent of its admissions as Hispanic and that AccentCare affiliates within the Tampa Metro area reported 3.5 percent and 21.6 percent Hispanic admissions, respectively for the Pinellas County and Hillsborough County, resulting in an overall total contribution of 14.5 percent of total admissions for the AccentCare Tampa Metro affiliate.

Hospice Admissions by Provider and Race, 2021

Hospice Name	2021 Hospice Admissions by Race					
	Asian	Black	Caucasian	Hispanic	Other	Total
AccentCare of Pasco County	7	12	242	25	6	292
AccentCare Pinellas County	7	71	1,049	41	16	1,184
AccentCare of Hillsborough	39	238	1,335	448	12	2,072
AccentCare Tampa Metro	53	321	2,626	514	34	3,548
HPH Hospice	*	114	3,728	204	70	4,116
Regency Hospice of Northwest FL	*	54	595	*	*	649
VITAS - North & Central Florida	169	1,643	12,439	1,956	438	16,645
Florida Total	1,017	12,122	106,374	19,382	20,138	159,033
Hospice Name	Asian	Black	Caucasian	Hispanic	Other	Total
AccentCare of Pasco County	2.4%	4.1%	82.9%	8.6%	2.1%	100%
AccentCare Pinellas County	0.6%	6.0%	88.6%	3.5%	1.4%	100%
AccentCare of Hillsborough	1.9%	11.5%	64.4%	21.6%	0.6%	100%
AccentCare Tampa Metro	1.5%	9.0%	74.0%	14.5%	1.0%	100%
HPH Hospice	*	2.8%	90.6%	5.0%	1.7%	100%
Regency Hospice of Northwest FL	*	8.3%	91.7%	*	*	100%
VITAS - North & Central Florida	1.0%	9.9%	74.7%	11.8%	2.6%	100%
Florida Total	0.6%	7.6%	66.9%	12.2%	12.7%	100%

Source: CON application #10726, page 1-26, Table 1-17.

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The applicant presents Table 1-18 on page 1-27 using Claritas, 2022 update to enforce that AccentCare of Pasco County serves a greater proportion of minorities than HPH Hospice.

AccentCare states that its hospice programs have successfully increased admissions for minorities, including operations in south Florida serving Hispanics, operations in Baltimore serving African Americans, and that several AccentCare hospice programs on the west coast have served Asians, noting that Seasons Palliative Care of China, formed in 2018, is the only western hospice operating in mainland China, with a 20-bed inpatient center in Shanghai.

The applicant offers that it is well positioned to meet SA 3D’s needs and is developing tools to assist those with low literacy, such as materials on advance directives using simple working and pictures. The applicant cites the U.S. Department of Education, National Center for Education Statistics that low health literacy is associated with patients who are older, have limited education, lower income, chronic conditions, and those who are non-native English speakers and assures that it has strong diversity, equity, and inclusion (DEI) initiatives promoting service by and for a diverse population (sample materials are in Exhibit 5).

2022 Total Population and 65+ Population by Race and Ethnicity, Hernando (SA 3D), and Pasco Counties

Race/Ethnicity	2022 Total Population		2022 Population Distribution		2022 65+ Population		2022 65+ Population Distribution	
	SA 3D	Pasco	SA 3D	Pasco	SA 3D	Pasco	SA 3D	Pasco
White	172,436	476,421	86.2%	82.8%	54,135	128,268	94.0%	93.7%
Black	11,801	38,458	5.9%	6.7%	1,842	3,534	3.2%	2.6%
Asian	2,829	16,368	1.4%	2.8%	402	2,054	0.7%	1.5%
North American Native	892	2,332	0.4%	0.4%	102	278	0.2%	0.2%
Other/Two or more	12,121	41,856	6.1%	7.3%	1,121	2,744	1.9%	2.0%
Total	200,079	575,435	100.0%	100.0%	57,602	136,878	100.0%	100.0%
Hispanic	32,718	104,435	16.4%	18.1%	5,138	10,436	8.9%	7.6%

Source: CON application #10726, page 1-27, Table 1-18 from Claritas, 2022 update.

AccentCare discusses the growing LGBTQ+ population throughout the U.S. and Florida and the challenges it faces regarding disparities, discrimination, and vulnerability as it relates to health care. The applicant includes an excerpt from Chance Martinez, a pastor in Hernando County Beach County, whose congregation is 50 percent LGBTQIA+ stating previous work as a social work supervisor at Morton Plant and Bayside hospitals in Pinellas County when there was a single hospice provider witnessing “the hardships our patients faced when they didn't have a choice in providers.” Further, “Once Seasons Hospice (now

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Accentcare) was awarded the CON and began serving patients in Pinellas, care improved for our patients there. We also trusted them as a highly qualified hospice to serve the LGBTQIA+ community since they are firsthand how care is improved with AccentCare they will be a welcome provider for patients here in Hernando County.”

AccentCare notes that currently, Hospice SA 3D is without a SAGE certified hospice, and AccentCare (Seasons) is the only applicant that holds SAGE platinum certification, committing by conditioning this application to maintain SAGE certification to ensure residents of Hernando County have equitable access to hospice care.

Regarding veterans, AccentCare shares that Hernando County is home to nearly 20,000 veterans and 62.5 percent (12,349) are age 65 or older, compared to 50.2 percent for the state. Hernando County veterans represent 9.9 percent of the County’s total population and represent 21.3 percent of the total population over 65 (12,349/58,100). The applicant contends that this is proportionately more veterans, including those age 65 and over, compared to the state whose veterans represent 6.5 percent of the total population and 15.3 percent of the population age 65 and over.

AccentCare states that:

- AccentCare's Florida hospices participate in the We Honor Veterans Program as level 4 and 5, assuring veterans receive appropriate, compassionate care and recognition.
- AccentCare of Pasco County and the AccentCare affiliates within the Tampa Metro, all participate at ‘Level 5, Mentor’. Veteran to Veteran Volunteers, Vet-to-Vet cafes, and special pinning ceremonies help serve those who have served our country.
- AccentCare is a leader in caring for Veterans, including those with Post Traumatic Stress Disorder (PTSD) at the end-of-life and is credentialed to provide Continuing Education Units on topics that benefit those caring for veterans, such as Trauma Informed Care.

AccentCare states it utilized the Agency’s Florida Population Estimates and Projections and the U. S. Department of Veterans Affairs website data to indicate that in 2022 Hernando County age 65+ veteran population (21.3 percent) was greater than Florida’s overall age 65+ veteran population (15.3 percent). See the table below.

**Table 1-19
2022 Veteran Population and Percent of Total Population**

County/Area	2022 Veterans 65+	2022 Total Veterans	2022 Population 65+	2022 Total Population	Veterans 65+ Percent of Population 65+	Total Veterans Percent of Total Population
Hernando	12,349	19,771	58,100	199,382	21.3%	9.9%
Florida	728,071	1,450,592	4,751,736	22,324,145	15.3%	6.5%

Source: CON application #10726, page 1-30, Table 1-19 AHCA Population Estimates September 2021 and U.S. Department of Veterans Affairs, Table 9L.

AccentCare emphasizes that its Florida *We Honor Veterans Programs* operate as level 4 and 5, and reiterates that this program, sponsored by the National Hospice and Palliative Care Organization (and the Department of Veterans Affairs (VA), facilitates training to guide hospice organization so that care is delivered in a respectful, compassionate manner and is sensitive to the needs of veterans. The applicant shares an unsourced table showing its service to Veterans in the state noting that it conditions this application on maintaining Level 5 We Honor Veterans status and to provide CEU training on Trauma Informed Care.

Regarding the low income and indigent in Hernando County, AccentCare provides Figure 1-6, the *Hernando County Profile* (Florida Legislature, Office of Health and Human Services Economic and Demographic Research, <http://edr.state.fl.us>.) to show that Hernando County has a lower per capita personal income and lower median income than Florida.

AccentCare provides a discussion of United for ALICE (AccentCare Asset Limited, Income Constrained, Employed) and Figure 1-7 (Figure 1, page 3 of the 2020 ALICE Essentials Index Annual Report) to support that Hernando County's lower income population needs for healthcare will be addressed with conditioning this CON by implementing a Health Crisis Support Program, working with the United Way of Hernando County and United for ALICE representatives, to identify those in need and provide funding toward assistance. AccentCare states that Hernando County has 112 homeless persons and commits to working with the Mid Florida Homeless Coalition to connect with the homeless population, identifying terminally ill individuals in need of hospice care and provide appropriate shelter and care through the AccentCare Hospice Foundation or Seasons Hospice Foundation that honor AccentCare's *No One Dies Alone* policy. AccentCare commits to providing funding totaling \$50,000 over the first three years of operation in Hernando County, to programs that serve homeless persons.

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The applicant uses the 2020 Florida Department of Health’s Florida Vital Statistics Annual Report, Tables 1-21, 1-22 pages 1-37 and 1-38 and to determine that Hernando County residents are not receiving comparable levels of hospice care for many of the leading causes of death.

AccentCare’s Table 1-24, page 1-39 shows that if Hernando residents were to have utilized hospice at the statewide rates in 2020, another 242 hospice patients could have been served.

The applicant notes that:

- The leading cause of death in Hernando County for the population age 0-64 was unintentional injury, followed by cancer and heart disease.
- For residents aged 65 and older, Heart Disease and Cancer are the number one and two causes of death, Chronic Lower Respiratory Disease, Diabetes Mellitus, and Chronic Liver Disease/Cirrhosis ranking 3rd, 6th, and 13th (Florida rankings of 5th, 7th, and 14th), COVID-19 and Stroke round out the 4th and 5th, Alzheimer's Disease and Parkinson's Disease rank 8th and 10th.

Using data available from FLHealthCharts and CMS, Table 1-23 page 1-39, AccentCare notes that the hospice use rate is lower for residents utilizing HPH Hospice in Hernando County than for Florida for several of the top causes of death in 2020.

- 608 Hernando County residents died of cancer and HPH Hospice cared for 426 Medicare beneficiaries for a use rate of 70.07 percent, (compared to the Florida use rate of 75.20 percent.)
- 875 Hernando residents died of Circulatory System Diseases, and HPH Hospice cared for 466 Medicare beneficiaries for a use rate of 53.26 percent, (compared to a Florida use rate of 73.20 percent.)
- The use rate for those served by HPH Hospice in Hernando was 87.88 percent, (compared to a Florida use rate of 93.85 percent.)
- Hospice use by Medicare beneficiaries for COVID-19 in Hernando County was 5.91 percent, (compared to the Florida use rate of 14.74 percent.)

Table 1-24 Expected Hernando County Hospice Admissions in 2020 Using Statewide Hospice Use Rates by Cause of Death

	Expected Hernando Hospice Admissions	Difference (Need)
Cause of Death		
Malignant Neoplasms (Cancer)	279	-18
Circulatory System Diseases	641	-175
Respiratory System Diseases	457	-31
COVID-19	30	-18
Total Under Service		-242

Source: CON application #10726, page 1-24, Table 1-39

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In summary, AccentCare asserts that it has the experience and targeted programs such as Open Access, AccentCare's Cardiac Care Pathway, Music Therapy, and Namaste Care that allow the hospice team members the capability to address the specific needs of persons at end of life. Further, it will use an Advanced Registered Nurse Practitioner (ARNP) Cardiac Specialist to manage the terminally ill patients suffering from heart disease, which is the number one cause of death in Hernando County. Regarding pediatric patients, AccentCare explains HPH Hospice does not offer a pediatric and palliative care program.

Based on 2021 AHCA Hospital Patient Discharge Data, Tables 1-25, 1-26, and 1-27 on pages 1-41 – 1-43, AccentCare determines that:

- 88 pediatric deaths occurred in Hernando County over the past five years, increasing from 10 in 2016 to 23 in 2020
- Hernando County hospitals account for only 61.5 percent of the discharges, indicating the reliance on hospitals that specialize in pediatrics, neonatal medicine (after the birth) and perinatal medicine (immediately before and after birth).
- Only one third of Hernando County pediatric patients that may benefit from services available through AccentCare originate from hospitals within Hernando County asserting that it is important to have a hospice provider that has established working relationships with specialty and tertiary hospitals throughout the Tampa Metro to be able to receive referrals and care for the patient and family from hospital back home.

The applicant provides an excerpt from a local Pediatrician practicing at Suncoast Pediatric Care, Spring Hill, Rizwan Qureshi, MD, on page 1-43 stating *“As a pediatrician in this area, it is concerning to me that we have no local support options for children and families facing dire circumstances and life-limiting diagnoses and conditions. In talking with a representative of AccentCare regarding what they propose to offer in Hernando County, I see this as an opportunity to provide the holistic support that our community needs to help lessen the many burdens that these families face. The addition of the Kangaroo Kids pediatric hospice program would provide a much-needed resource... Currently families can only access that type of support by driving to Tampa, St. Petersburg or Gainesville. Additionally, their Camp Kangaroo grief and loss camp for children and their loved ones that have experienced a loss due to death, would be an incredible support to the many children and families that we serve in both districts.”*

Another area, Hospice Registered Nurse, Cheyenne Dziekan’s excerpt from page 1-44 of this application states *“As a pediatric nurse, I can tell you that having a hospice nurse whose caseload is all adult and geriatric*

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patients, I would have grave concerns with their skill set in caring for a terminally ill child. This is what happens here today. A far better approach is when a hospice employs pediatric nurses who are specially trained to treat children rather than geriatrics to provide care for terminally ill children, and this is precisely what AccentCare proposes with their Kangaroo Kids Pediatric Hospice Program.”

AccentCare offers Exhibit 10 in its application to support that HPH Hospice does not accept patients that participate in Medicaid's Partners in Care-Together for Kids (PIC-TFK) program, a program supporting Medicaid eligible pediatric patients with life limiting conditions. AccentCare of Pasco notes its conditions to establish a dedicated hospice and palliative care program for Hernando County with a full-time pediatric hospice nurse and offering its Camp Kangaroo children's bereavement camp to residents of Hernando County.

The applicant determines by using the Agency's Need Projections, Tables 1-28 and 1-29, pages 1-45 and 1-46, and Hospice Utilization, Table 1-30, page 1-47 that there is a greater number for those age 65 and over and projects 170 admissions would be needed for calendar year 2024 rather than 63 admissions, as projected by the Agency. AccentCare cites its historical experience entering markets within the Tampa Metro, including adjacent SAs and contends its expansion into Hernando County will improve access to residents of all backgrounds, having a wide range of conditions, allowing more residents to die at home or close to home within their county of residents, decreasing the number that currently die outside of Hernando County.

AccentCare asserts that it has proven ability to serve populations without adverse impact to existing providers by targeting unserved populations as it has in SAs 5B and 6A. The applicant notes that both markets were previously served by only one hospice, like HPH service in Hernando County and that HPH Hospice also serves multiple areas, including 3C - Citrus County, and 5A - Pasco County, where both HPH Hospice and AccentCare of Pasco County are already competing. AccentCare contends its entry into the SA will not have adverse impact on HPH Hospice in SA 3D. The applicant states that the “conversations with residents about what they perceive to be the greatest needs and shortfalls of the existing provider, backed by statistical evidence defines the parameters of who is not well served, what is not provided, and where services are most needed”. AccentCare concludes that its “commitment, quality, and experience set it apart from its competitors”.

VITAS Healthcare Corporation of Florida (CON application #10727) states patients in SD 3D lack access to the hospice care they are entitled to. VITAS contends its application merits approval under the Not Normal

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Circumstances cited in Rule 59C-1.0355(4)(d) Florida Administrative Code. The project summary portion of VITAS's identified unmet hospice need include:

- Patients access hospice care in Hernando County later within the benefit period than they are entitled to with the SA 3D resident having a shorter hospice LOS than the states', and the percentage of hospital readmissions is greater than the state average.
- The existing hospice provider's hospice model of care breaks the continuity of care for patients and adversely impacts Hernando County nursing homes and ALFs.
- Terminally ill Hispanic/Latinx minority groups may not be receiving hospice care at the same rate as white/non-Hispanic patients.
- HPH Hospice has a regional monopoly and the lack of competition is a concern voiced by the community.
- Having only one hospice provider in the SA results in non-compliance with Florida's Managed Medicaid Statute, which requires 'Hospice Choice'.

VITAS identifies the above and the following issues in Subdistrict 3D in which Special Circumstances exist:

- The hospice penetration rate in Hernando County is below that of the statewide average demonstrating that Hernando County residents do not have sufficient access to hospice services.
- Of the Hernando County residents that are receiving services, many are served outside of their home setting and in an inpatient facility.
- HPH does not focus on the need of Hernando County patients, including disease-specific resources and outreach focused on the growing Hispanic/Latinx population.
- Hospice education is severely limited and as a result, hospice use rates are low in Hernando County.
- As an urban county, Hernando County is required to have a choice of hospice providers under the Managed Medicaid regulation. Currently, Hernando County residents only have one choice.

VITAS notes that having only one hospice provider in the SA does not meet Florida's Medicaid Managed Care (MMC) statutory requirements. Exhibit 18 below shows the population per square mile of Hernando County and that U.S. Census Bureau Quickfacts shows that it is designated as "urban".

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SA 3D – Population per Square Mile

	2021 Population	Square Miles	Residents per Square Miles	Designation
Hernando	200,638	472.97	411.30	Urban

Source: CON application #10727, page 102-103, Exhibit 18 from U.S. Census Bureau Quickfacts.

VITAS provides Managed Medicaid enrollment figures from AHCA in Exhibit 19, on page 103 of the application. As of July 31, 2022, there were 39,164 enrollees in Hernando County. VITAS restates that MMC contracts are required to provide a choice of hospice providers and that Hernando County suffers from Managed Medicaid plan non-compliance. 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 HPH being the only hospice provider in SA 3D should be found to be a “Not Normal or Special Circumstance” and VITAS should be approved.

Special Circumstances VITAS believe support approval of its application include:

- Hernando County is underserved with respect to hospice services based on the following analyses:
 - The population of Hernando County is becoming more racially and ethnically diverse. It has a growing minority population with many Hispanic/Latinx residents, which makes targeted outreach and education critical to ensure hospice access.
 - Hernando County's Hispanic/Latinx residents are not accessing hospice services at the same rate as white/non-Hispanic residents of Hernando County.
- Hernando County has a sole hospice provider and thus patients, including Managed Medicaid patients, do not have a choice of hospice providers. The sole existing provider demonstrates operational characteristics that demonstrate that all needs of the SA are not being met and there is no other provider to meet these needs. These factors include:
 - HPH has a low ALOS indicating patients are only getting care at the end-of-life.
 - A high percentage of Hernando County hospice patients receive care in its 48-bed freestanding hospice house, demonstrating a lack of focus on serving hospice patients in their homes or residence.
 - HPH 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.

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VITAS confirms that it will provide the resources and experience required to build relationships within SA 3D 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 HPH:

Comparison of HPH and VITAS

HPH	VITAS
Not-for-Profit	For-Profit
Short ALOS	Longer than Average ALOS
Little to No Continuous Care	High Level of Continuous Care
Focus on Inpatient Care in its own Hospice House	Focus on Serving Patients in their Home
Very Limited Disease Specific Programming	Robust Disease Specific Programming
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 #10727, page 105, Exhibit 20.

The applicant states that HPH reports an ALOS of 53.2 days for CY 2020, 24.5 fewer days than the statewide average (VITAS states the percentage is approximately 32 percent lower than the state average) and only nine other agencies in Florida have a shorter ALOS than HPH. 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 3D. 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.

Comparison of Average Length of Stay – 2020

	Statewide Average	VITAS	HPH
Admissions	152,323	32,953	4,116
Patient Days	11,829,043	3,638,592	219,142
ALOS	77.7	110.4	53.2

Source: CON application #10727, page 105, Exhibit 21. 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

VITAS offers Exhibit 22 on page 106 of the application to support its findings that HPH, the only provider in Subdistrict 3D, operates from its free-standing hospice house, called Sturgill Hospice House and that it advertises this facility as having 24 private patient rooms (the facility has 48 licensed inpatient beds). The applicant offers that according to the 2020 AHCA Hospice Demographic and Outcomes Measures Report dataset, HPH provided 4.93 percent of days of care in freestanding hospice inpatient facility/hospice house compared to just 1.90 percent of days in this setting statewide. VITAS asserts that Exhibit 22 below

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shows that the data supports this emphasis on hospice house care which removes the patient from their home setting and often adds to the cost of care.

**Comparison of Freestanding Hospice
Inpatient Beds per 100 Deaths per AHCA 2020 Demographics Data**

Setting	Statewide Average	VITAS (1)	VITAS (2)	VITAS (3)	HPH
Private Residence	57.80%	63.68%	52.34%	60.65%	67.41%
ALF	23.34%	20.81%	30.07%	25.07%	16.22%
Nursing Home – Non-Inpatient	14.01%	13.23%	15.15%	12.88%	10.54%
Hospital or NH Inpatient Care	2.37%	2.29%	2.23%	0.41%	0.90%
Freestanding Hospice/ Residential Facility	1.90%	0.00%	0.21%	0.50%	4.93%
Other	0.59%	0.00%	0.00%	0.49%	0.00%

Source: CON application #10727, page 106, Exhibit 22 from AHCA 2020 Hospice Demographic and Outcomes Measure Report dataset. VITAS(1) - Miami; VITAS(2) - Palm Beach; VITAS(3) - Central and North Florida

Exhibit 23 below presents Hernando County leakage to other providers in CY 2021. VITAS notes that 11.24 percent of Hernando County residents out-migrated and that 23 of HPH patients from Hernando County were served by VITAS.

2021 Medicare Patient Leakage

	HPH	VITAS	Other FL	FL Total	Percent FL Leakage
Hernando	1,796	23	179	1,998	11.24%

Source: CON application #10727, page 107, Exhibit 23 from Infomax, 2021 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 3D in this response along with its summation on page 4 of its Project Summary noting:

- Hernando County residents aged 65 and older comprise approximately 29.1 percent of the total population in 2022, higher than the state average. The "aged 65 and older" cohort is growing. It is estimated that by 2027, this cohort will comprise 30.9 percent of the population, higher than the state average.
- Patients with non-cancer diagnoses, such as coronary heart disease, 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 ALFs in the area

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- There is a growing Hispanic/Latinx population in Hernando County.
- Impoverished, food insecure, and homeless communities, including migrant farm workers
 - 30.7 percent of Hernando County residents have incomes below \$35,000, higher than the state average of 25.7 percent.
 - There is a large base of migrant farm workers in Hernando County who are low income and primarily Mexican.
 - The percentage of residents with food insecurity in Hernando County is 13.8 percent, higher than the state average of 10.6 percent.
- The unemployment rate in Hernando County is 5.1 percent higher than the state average of 4.6 percent.
- There is a large Veteran population in Hernando County, exceeding the percentage of Veterans in Florida as a whole.
- The hospice utilization rates among minority populations, including Asian American, Black, and Hispanic patients, are low compared to the number of minority residents in Hernando County.
- VITAS serves a significantly higher percentage of Black and Hispanic/Latinx patients in all its Florida markets than HPH's experience in its collective markets.

VITAS provides map showing SA 3D and surrounding VITAS SAs as Exhibit 24, page 108 of the application (and as Exhibit 2, page 38). The applicant indicates that sociodemographic factors of Subdistrict 3D are not unlike many of the surrounding counties and states that it has the knowledge and ability to quickly serve this area, noting again that patients from Hernando County out-migrate to VITAS for their care.

Exhibit 25 on page 110 of the application provides the SA 3D population statistics by age group for July 1, 2022 and July 1, 2027 using AHCA Florida Population Estimates 2015 – 2030. VITAS states that the growth in the elderly population is significant because this population utilizes 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 3D.

- The population for Hernando County in 2022 is estimated at 199,382
- The 2027 total population is projected to be 211,898 residents, representing a 6.3 percent increase.
- The 2022, Hernando County's 65+ residents make up 29.1 percent of the total population with the state-wide average of 21.3 percent.

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The 2027, 65+ population is projected to be 30.9 percent of the total population in Subdistrict 3D, with the state-wide average at 23.4 percent of the total population.

- The 65+ population in Hernando County is projected to grow from 58,100 residents in 2022 to 65,581 residents in 2027, representing a 12.9 percent growth across the period.

**Subdistrict 3D Population by Age Group
July 1, 2022 & July 1, 2027**

County	Under 65	65 and Older	Total Population	Percent 65 and Older
2022 Population				
Hernando	141,282	58,100	199,382	29.1%
Florida	17,572,409	4,751,736	22,324,145	21.3%
2027 Population				
Hernando	146,317	65,581	211,898	30.9%
Florida	18,184,936	5,563,347	23,748,283	23.4%
Percent Change 2022-2027				
Hernando	3.6%	12.9%	6.3%	
Florida	3.5%	17.1%	6.4%	

Source: CON application #10727, page 110, Exhibit 25 from Florida Population Estimates and Projections by AHCA District 2015 to 2030.

VITAS notes that a study published 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. VITAS contends that it will bridge the gap in care to minority patients, through outreach programming and building relationships with minority communities.

VITAS cites Claritas Spotlight from Environics Analytics data to indicate the SA 3D population growth rate by race and percentage of the total Hernando County population from 2022 to 2027 and in Florida overall. See the exhibit below.

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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
Hernando County								
2022	892	2,829	11,801	173	5,914	6,034	172,436	200,079
2027	1,015	3,262	13,060	220	7,113	7,196	177,527	209,393
% of Change	13.8%	15.3%	10.7%	27.2%	20.3%	19.3%	3.0%	4.7%
Florida								
2022	91,374	642,063	3,587,728	16,719	1,032,454	704,4799	15,901,505	21,976,313
2027	98,958	720,657	3,803,168	18,483	1,182,122	804,234	16,354,761	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								
Hernando County	0.4%	1.4%	5.9%	0.1%	3.0%	3.0%	86.2%	100.0%
Florida	0.4%	2.9%	16.3%	0.1%	4.7%	3.2%	72.4%	100.0%

Source: CON application #10727, page 111, Exhibit 26 from Claritas Spotlight. Environics Analytics.

VITAS notes that it serves more racial and ethnic minorities (Hispanic, Black, and Asian American patients) than the state average, but it also serves significantly more of these groups than the sole provider in SA 3D and across all its Florida markets.

The applicant’s Exhibits 27, and 28 on pages 112 and 113 are cited as support for its argument that the current provider is not serving the Latino population in Hernando County. VITAS notes this population in Hernando County is growing at a faster rate (21.1 percent) than in Florida, 13.4 percent).

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 Hispanic/Latinx 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.

Percent of Admissions by Race/Ethnicity - 2020

	Statewide Average	VITAS (1)	VITAS (2)	VITAS (3)	HPH Hospice
Asian	0.58%	0.74%	0.89%	0.81%	<30 Total
Black	8.04%	12.43%	13.95%	9.83%	2.2%
Caucasian	70.37%	27.77%	68.12%	75.29%	93.2%
Hispanic	11.03%	57.83%	13.90%	11.72%	1.7%
Other	9.98%	1.23%	3.14%	2.36%	2.9%

Source: CON application #10727, page 112, Exhibit 27 from AHCA, 2020 Hospice Demographic and Outcomes Measure Report dataset; VITAS (1)-Miami, VITAS (2)-Palm Beach, VITAS (3)-Central & No. Florida

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2022 and 2027 Population by Ethnicity

	2022			
	Latinx	Non-Latinx	Total	% Latinx
Hernando County	32,718	167,361	200,079	16.4%
Florida	6,117,090	15,859,223	21,976,313	27.8%
	2027			
	Latinx	Non-Latinx	Total	% Latinx
Hernando County	39,633	169,760	209,393	18.9%
Florida	6,934,395	16,047,988	22,982,383	30.2%
	Percent Change 2022-2027			
	Latinx	Non-Latinx	Total	
Hernando County	21.1%	1.4%	4.7%	
Florida	13.4%	1.2%	4.6%	

Source: CON application #10727, page 113, Exhibit 28 form Claritas Spotlight. Environics Analytics.

VITAS notes Rabbi Tsurah August, the Hospice chaplain for Jewish Family and Children’s Services of Greater Philadelphia cites linguistic hurdles to Jewish acceptance of hospice and the “misconception that by engaging hospice,” the patient and family “are giving up on the possibility of a cure or treatment”. VITAS provides information about hospice and the Jewish faith in the application’s Tab 10. 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 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 3D program.

VITAS next breaks down SA 3D’s socioeconomic factors into three different categories: Homelessness, Migrant Farm Worker Community, Education Attainment, and Poverty and Food Insecurity.

The application’s Exhibit 29 on page 115 includes data on Hernando County’s and Florida’s homeless population for the three-year period of 2019 through 2021. VITAS notes that the rate of homelessness in Hernando County is below the state average, but it is difficult to ensure access to hospice services for this population. 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:

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- 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 \$15,000 per year for the first two years of operation to Jericho Road Ministries or another homeless assistance organization, that provides support to homeless populations.

2019 - 2021 Homelessness in SA 3D and Florida

	Homeless Persons	Population*	Rate Per 1,000
Hernando County			
2019	151	189,661	0.80
2020	151	192,189	0.79
2021	169	196,419	0.86
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 #10727, page 115, Exhibit 29, from www.flhealthcharts.com, Homelessness Estimates, AHCA Population estimates, July 1 estimates, Published September 2021.

VITAS shares that there is a large base of primarily Mexican migrant farm workers in Hernando County. Further, a high percentage of Florida farmworkers are Latin American and Caribbean immigrants who may not speak English well or understand our health care 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 to raise awareness of hospice care. The applicant conditions the application on granting up to \$25,000 per year for the first two years of operation, to Colectivo Arbol, or a similar local organization serving the Hispanic population and/or agricultural and migrant workers, that promote academics, healthy communities, COVID-19 awareness, 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 Subdistrict 3D.

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VITAS provides Exhibit 30, page 116 to present the education attainment for SA 3D stating that populations with lower overall education levels typically also have lower income levels, which can be associated with food insecurity and further linked to disproportionate poor health status. Hernando County has a lower percentage of the population with a bachelor’s or higher degree (19.9 percent) than the state average (33.2 percent).

Percent of Population 25+ by Education Attainment for Subdistrict 3D

	High School or Higher	Percent of Population	Bachelor’s or Higher	Percent of Population
Hernando County	51,546	33.4%	36,727	23.8%
Florida	4,308,542	28.2%	4,659,946	30.5%

Source: CON application #10727, page 116, Exhibit 20 from 2019 – 1 Year Estimate, American Community Survey, US Census, Educational Attainment, Population 25+

VITAS shares that the poverty rates and food insecurity in Hernando County is higher than the state average. The applicant notes that 24,999 households (30.7 percent of the total) in Hernando County have incomes below \$35,000. Hernando County’s unemployment rate compared to the State is also addressed. Hernando County at 13.8 percent is above the state average of 10.6 percent in food insecurity.

The applicant conditions this application on granting up to \$20,000 per year for the first two years of operation, to the Salvation Army Brooksville/Hernando County or other food assistance organization to support Hernando County residents who are food insecure.

Percent of Households with Income <\$35K Income in 3D (2022)

	Households <\$35K Income	Total Households	Percent Below \$35K Income
Hernando County	24,999	81,555	30.7%
Florida	2,224,193	8,659,093	25.7%

Source: CON application #10727, page 117, Exhibit 31 from Claritas Spotlight, Environics Analytics.

VITAS 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 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. Further, VITAS is committed to providing this education with its experience and resources.

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Subdistrict 3D Unemployment Rates

Area	2020	2021	2022
Hernando County	8.6%	5.1%	3.5%*
Florida	8.2%	4.6%	

Source: CON application #10727, page 117, Exhibit 32. Florida Department of Economic Opportunity, Unemployment Released 3/14/22

Notes: Rates not seasonally adjusted. *Denotes Unemployment Rate for August 2022

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.

2020 Food Insecurity Rate

Area	2020
Hernando County	13.8%
Florida	10.6%

Source: CON application #10727, page 118, Exhibit 33 from Feeding America. Impact of Coronavirus on Food Insecurity in 2020.

VITAS notes US Census Bureau data shows that Veterans comprise approximately 12.1 percent of the total population and 43.7 percent of the 65 and older population in Hernando County, compared to 7.8 percent and 32.3 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 SA, noting it conditions this application on the implementation of these specialized Veterans programs in SA 3D. VITAS 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:

- Participation in Veterans Administration We Honor Veterans Program
- Virtual Reality/”Flightless” Honor Flight visits to DC War Memorials
- Veterans Walls in Area ALFs and Nursing Homes

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- VITAS Veterans Benefit Assistance program

VITAS proposes to condition project approval to provide the above programs in SA 3D. VITAS cites its “extensive experience providing hospice care in service areas like Subdistrict 3D” given that it already serves areas surrounding the subdistrict. Further, VITAS will expand access to all settings of care for Veterans and most importantly will ensure that Veterans in need of hospice care are served in the setting of their choice.

Veterans Total Veterans and 65 and Older in Subdistrict 3D

	Veterans 18+	Veterans 18+ % of Population	Veterans 65+	Veterans 65+ % of Population
Hernando County	19,791	12.1%	10,871	43.7%
Florida	1,356,882	7.8%	675,927	32.3%

Source: CON application #10727, page 119, Exhibit 34 from 2021 1 Year Estimate American Community Survey via U.S Census American Factfinder.

VITAS lists the four Hernando hospitals that discharge patients to hospice and provides Exhibit 35 on page 121 to show the discharges to hospice for Medicare patients served in SA 3D. VITAS notes that HCA Florida Oak Hill Hospital and Encompass Health Rehabilitation Hospital of Spring Hill appear to have a low hospice utilization rate and most notable is the fact that hospice ALOS for at least one hospital in the SA is low compared to the state average. VITAS states that this is consistent with the fact that the sole provider reports an ALOS of 51 days.

VITAS contends that the overall discharge of Subdistrict 3D residents from the hospital to hospice, could be improved with additional education and robust support programs for patients and their families. Further, VITAS has all the necessary programs in place to educate and support patients and their families to keep the patients comfortable through hospice care in the comfort of their own home as much as possible.

VITAS shares that lack of patient education contributes to low hospital discharge rates to hospice including home hospice. There is lack of physician education as it pertains to the full benefits of hospice care and all the services that can be offered in the home hospice setting. Further, VITAS state that it will and has already reached out to specific hospitals, those that have unusually low rates of discharge to hospice in the SA to increase education on the benefits and cost savings associated with referrals to home hospice.

VITAS states it offers monthly education webinars for healthcare professionals with live presentations for disease-focused education and awareness that it uses to gain valuable input on patient needs. The

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applicant provides physicians the ability to obtain education on various end-of-life topics each month and receive CEU or CME credits via the VITAS Live Webinars which include the topics below:

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

VITAS contends 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.

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
HCA Florida Oak Hill Hospital	7.6%	7.8%	27	34	17.1%	16.9%
Encompass Health Rehabilitation Hospital of Spring Hill	6.4%	7.8%	ins	34	--	16.9%
Bravera Health Brooksville	8.6%	7.8%	ins	34	16.7%	16.9%
Bravera Health Spring Hill	8.9%	7.8%	ins	34	16.8%	16.9%

Source: CON application #10727, page 121, Exhibit 35 from Trella Health, Medicare Claims data for CY 2021.

VITAS presents Exhibit 37, page 123 sharing that only 59 (3.3 percent) of the 1,775 Hispanic SA 3D residents were discharged to hospice. Further, that of all Subdistrict 3D hospice discharges, only 5.0 percent were Hispanic residents even though the Hispanic population made up 16.4 percent of the overall population in Subdistrict 3D in 2020. The percent of the total hospice discharges for non-Hispanic residents of the service area (94.0 percent) is almost 10 percent higher than the percent of the total population that is non-Hispanic (86.6 percent).

Subdistrict 3D Hospital Hospice Discharges by Ethnicity for CY 2020

	Discharges to Hospice	Total Hospital Discharges	Percent of Total Discharges to Hospice	Percent of Total Hospice Discharges	Percent of Population
Hispanic or Latinx	59	1,775	3.3%	5.0%	16.4%
Non-Hispanic or Latinx	1,099	26,291	4.2%	94.0%	86.6%
Unknown	11	368	3.0%	0.9%	0.0%
Total	1,169	28,434	4.1%	100.0%	100.0%

Source: CON application #10727, page 122, Exhibit 36 from AHCA Hospital Inpatient Database 2020 Q1-Q4, 2022 and Spotlight Population Data.

Note: Discharges exclude MDCs 14, 15 and 22

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VITAS explains that the barriers to accessing end-of-life and palliative care experienced by Hispanic/Latinx, Asian American, and Black populations may be unique among each race or ethnicity. Common barriers include language, socioeconomic, health literacy, and spiritual factors. VITAS contends that the minorities are unaware or wary of their options for palliative and hospice care, breeding misconceptions, and thereby underutilization of hospice services. VITAS reiterates its long-standing record of accomplishment of serving all patients regardless of race or ethnicity and attributes its success in reaching minority patients by tailoring its outreach programs to overcome barriers to access faced by all underserved communities.

VITAS conditions project approval on providing a representative who is fluent in Spanish to service Hernando County, and by offering educational materials in Spanish, the Bridging the Gap program, as well as developing a medical and spiritual toolkit for physicians with resources to improve communication on end-of-life discussions.

Exhibit 37, page 123 of the application shows that Black and other non-white SA 3D patients were discharged to hospice at a lower rate than whites. See the table below.

Subdistrict 3D 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	1,075	25,161	4.3%	92.0%	86.2%
Black/African American	30	1,422	2.1%	2.6%	5.9%
Other Non-White	58		3.6%	5.0%	7.9%
Unknown	6	237	2.5%	0.5%	0.0%
Total	1,169	28,434	4.1%	100.0%	100.0%

Source: CON application #10727, page 123, Exhibit 37 from AHCA Hospital Inpatient Database 2020 Q1-Q4, 2022 and Spotlight Population Data.

Note: Discharges exclude MDCs 14, 15, & 22

VITAS' Exhibits 37 and 38 support its claim that HPH Hospice in SA 3D serves a much lower percentage of patients in their home than the applicant. During CY 2020, 4.93 percent of HPH's patients were served in one of its hospice houses compared to VITAS (0.71 percent) and the state average (1.90 percent.)

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Percent of Patient Days by Location of Care – 2020

Setting	Statewide Average	VITAS (1)	VITAS (2)	VITAS (3)	HPH Hospice
Private Residence	57.80%	63.68%	52.34	60.65%	67.41%
ALF	23.34%	20.81%	30.07%	25.07%	16.22%
Nursing Home–Non-Inpatient	14.01%	13.23%	15.15%	12.88%	10.54%
Hospital or NH Inpatient Care	2.37%	2.29%	2.23%	0.41%	0.90%
Freestanding Hospice/Residential Facility	1.90%	0.00%	0.21%	0.50%	4.93%
Other	0.59%	0.00%	0.00%	0.49%	0.00%

Source: CON application #10727, page 124, Exhibit 38 from AHCA, 2020 Hospice Demographic and Outcomes Measure Report dataset; VITAS (1)-Miami, VITAS (2)-Palm Beach, VITAS (3)-Central & No. Florida

VITAS’s Exhibit 16 on page 88 support its contention that it serves a greater percentage of patients “where they call home” (residence, ALF & NH combined) and would do so in SA 3D more than HPH.

Percent of Hospice Care by Location of Care

Provider	Home	ALF	Nursing Facility	Total Patients' "Home"	Hospital	Hospice Inpatient Unit
HPH	69.35%	16.86%	9.61%	95.82%	0.97%	3.21%
VITAS	59.68%	24.96%	13.82%	98.46%	0.29%	1.20%
Florida Average	59.63%	23.12%	14.33%	97.08%	0.63%	2.20%
National	60.71%	20.03%	17.44%	98.18%	0.38%	0.90%

Source: CON application #10727, page 88, Exhibit 16 from InfoMAX Medicare Hospice Cost Report data, 2020

VITAS states that through its research it found that in SA 3D that of the six nursing homes two facilities have higher hospital re-admission rates than the state average meaning that patient care is not well managed and that they are likely being readmitted to the hospital unnecessarily.

Subdistrict 3D - Hospice Utilization in SNF

Skilled Nursing Facility	Hospitalization +30 Days Rate	
	This Facility	State Average
Oak Hill Health and Rehabilitation	17.4%	17.1%
Spring Hill Health and Rehabilitation Center	11.6%	17.1%
Evergreen Woods Health & Rehab Center	16.2%	17.1%
Brooksville Healthcare Center	17.5%	17.1%
Brooksville SNF Operations	14.1%	17.1%
Heron Pointe Health and Rehabilitation	16.2%	17.1%

Source: CON application #10727, page 125, Exhibit 39 from Trella Health, Medicare Claims - CY 2021.

VITAS notes that Hernando County has 18 ALFs with a total of 534 beds. The applicant states it will partner with these facilities to ensure adequate access to hospice care for their residents focusing particularly on high acuity care for ALF residents.

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VITAS reiterates that it:

- 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 (TAB 43 of this application) provided by HCA Florida Oak Hill Hospital expressing willingness to enter into a contractual agreement to provide hospice inpatient care.

As a condition to the project's approval, VITAS will ensure that its Team Manager, social worker, and hospice representative covering Subdistrict 3D complete the AHCA Assisted Living Unit ALF CORE training program to improve access to hospice for ALF residents.

VITAS states that its analysis of mortality rates by race and ethnicity show that residents of Hernando County are dying at rates that are higher than the mortality rate for the state, particularly for the non-Hispanic population. VITAS indicates that the mortality rate for Hernando County is 920.4 per 100,000 population compared to Florida's 748.4 per 100,000 population. VITAS asserts that the high death rate in Hernando County overall is "particularly concerning given the hospice utilization data in 3D" and that the high death rate for the Hispanic/Latinx population is also concerning, considering the exceptionally low percentage of Hispanic/Latinx admissions to hospice as reported by HPH.

VITAS reiterates that there is a large percentage of the population in Hernando County living in poverty, larger than the state average and that these socioeconomic factors contribute to the overall mortality rate of those who reside in the area. VITAS notes it has discussed at length the specific programs that will be put in place to address the unique needs of this community.

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

	Hernando	Florida	Hernando Percent of Florida Rate
All Populations	920.4	748.4	122.9%
Black Alone*	853.7	914.2	93.4%
White	930.9	730.7	127.4%
Black and Other	753.7	827.2	91.1%
Hispanic/Latino	721.2	620.0	116.3%
Non-Hispanic	902.2	783.2	115.2%

Source: CON application #10727, page 126, Exhibit 40 from Florida HealthCharts.

Note: * Black Alone is a subset of Black and Other.

VITAS notes that the leading causes of death in Subdistrict 3D include Heart Diseases, Malignant Neoplasm (Cancer), Chronic Lower Respiratory Disease, and COVID-19 and that many patients reported as dying of COVID also had an underlying chronic condition such as heart disease and COPD. Hernando County’s death rates exceed the state average for age adjusted heart disease, cancer, and 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.

**Exhibit 41
Subdistrict 3D – Leading Causes of Death by County – 2019 and 2020**

Leading Cause of Death	2019		2020	
	Hernando	FL Total	Hernando	FL Total
Heart Disease	173.5	143.5	172.9	145.8
Cancer	173.6	142.8	163.1	137.8
Chronic Lower Respiratory Disease	62.3	36.1	62.9	34.2
Unintentional Injury	74.6	55.5	109.5	67.4
COVID-19	N/A	N/A	51.9	57.4
Stroke	29.3	41.4	35.7	44.4
Diabetes	31.9	19.7	37.7	23.2
Hypertension	16.6	8.4	18.9	9.5
Alzheimer’s Disease	15.5	18.8	15.6	20.3
Chronic Liver Disease and Cirrhosis	13.6	15.0	20.7	13.0
Suicide	19.9	14.5	17.9	13.1
Parkinson’s Disease	8.6	7.9	6.8	8.9
Nephritis, Nephrotic Syndrome & Nephrosis	7.5	10.1	7.1	9.6
Influenza and Pneumonia	6.1	8.4	6.7	9.7
Benign Neoplasm	5.0	3.7	3.8	3.6
Septicemia	5.7	8.0	4.1	8.1

Source: CON application #10727, page 128, Exhibit 41 from FL HealthCharts, Leading Causes of Death Profile (age-adjusted).

VITAS assures that its disease specific programs, will address the SAs high death rate 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.

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VITAS states it will ensure SA 3D patients have access to hospice care noting that SA non-cancer-related deaths exceed cancer-related deaths.

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

VITAS cites 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 Quarter 3 of 2018, it has admitted 849 cardiac patients and provided 1,969 continuous care days.

**Hernando County
Leading Causes of Death by Disease
Hispanic and Non-Hispanic, 2020**

	Hispanic Residents	Percent Total Hispanic Deaths (Hernando)	Non-Hispanic Residents	Percent Total Non-Hispanic Deaths (Hernando)
Heart Disease	47	20.9%	594	20.2%
Malignant Neoplasm (Cancer)	33	14.7%	574	19.5%
Chronic Lower Respiratory Disease	6	2.7%	231	7.6%
COVID-19	22	9.8%	179	6.1%

Source: CON application #10727, page 129, Exhibit 42 from FL Health Charts, Leading Causes of Death Profile (age-adjusted).

VITAS states that along with analysis of mortality rates, analysis of the prevalence of various chronic, often terminal diseases can help identify patients who may benefit from end-of-life care. Further, data from hospice utilization among hospitals for chronic diseases that often lead to death gives insight on how well patients with such chronic conditions are being referred to hospice care services. 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.

VITAS presents Exhibit 43 and notes that even though Hernando residents are discharged at rates by Medical Diagnostic Category similar to the state averages, the mortality rates for diseases such as cardiovascular disease and COPD are higher than the state average.

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**Hospital Discharges to Hospice by MDC
CY 2020**

MDC	MDC Description	Discharges to Hospice	Total Discharges	Percent of Total Discharges	Percent of Statewide Discharges to Hospice
18	Infectious and Parasitic DDS (Systemic or unspecified sites)	297	2,843	10.4%	9.0%
4	Diseases and Disorders of the Respiratory System	182	2,691	6.8%	5.2%
5	Diseases and Disorders of the Circulatory System	125	5,264	2.4 %	2.5%
1	Diseases and Disorders of the Nervous System	124	2,522	4.9%	4.6%
23	Factors Influencing Health Status and Other Contacts with Health Services	89	563	15.8%	
6	Diseases and Disorders of the Digestive System	81	2,802	2.9%	
11	Diseases and Disorders of the Kidney And Urinary Tract	58	1,726	3.4%	3.7%
7	Diseases and Disorders of the Hepatobiliary System And Pancreas	51	1,015	5.0%	4.0%
8	Diseases and Disorders of the Musculoskeletal System And Connective Tissue	39	2,801		1.2%
10	Diseases and Disorders of the Endocrine, Nutritional And Metabolic System	22	968	2.3%	2.2%
16	Diseases and Disorders of the Blood and Blood Forming Organs	19	383	5.0%	2.4%
Un groupable	Ungroupable	19	303	6.3%	4.1%
17	Myeloproliferative DDs (Poor Differentiated Neoplasms)	15	174	8.6%	6.3%
9	Diseases and Disorders of the Skin, Subcutaneous Tissue And Breast	10	672	1.5%	
Pre	Pre-MDC	8	113	7.1%	5.7%
21	Injuries, Poison And Toxic Effect of Drugs	6	422	1.4%	
19	Mental Diseases and Disorders	5	2,033	0.2%	0.2%
20	Alcohol/Drug Use or Induced Mental Disorders	4	304		0.2%
24	Multiple Significant Trauma	4	72	5.6%	2.4%
12	Diseases and Disorders of the Male Reproductive System	3	126	2.4%	
2	Diseases and Disorders of the Eye	202	3,492	5.8%	3.7%
3	Diseases and Disorders of the Ear, Nose, Mouth And Throat	2	277	0.7%	1.1%
13	Diseases and Disorders of the Female Reproductive System	2	292	0.7%	1.6%
25	Human Immunodeficiency Virus Infection	2	17	11.8%	5.5%
Total		1,169	28,434	4.1%	
Statewide Total		77,8951	2,231,812	3.5%	

Source: CON application #10727, pages 129-131, Exhibit 43 from AHCA Hospital Inpatient Database 2020 Q1-Q4
Note: Excludes MDCs 14, 15, & 22

VITAS states that cardiac disease is among the top causes of death in Subdistrict 3D and provides SA 3D hospital data from the CMS Medicare Claims Data for patients with cardiac disease and other circulatory diagnoses. The applicant notes that at least two of the hospitals Hernando County are utilizing hospice for cardiac patients less than the state average and that at least two of the hospitals had an average hospice length of stay shorter than the state average. VITAS states that this is consistent with the short ALOS of HPH, which is far below the state average and that one hospital had a readmission rate higher than the state average.

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**CMS Hospital Discharges to Hospice
Hernando County Cardiac Patients (Medicare Only)**

	Population Percent	Medicare Patients	Hospice Utilization		Average Hospice Length of Stay (Days)		Readmission Rate (30 Day)	
	This Facility	Annual Total	This Facility	State Average	This Facility	State Average	This Facility	State Average
HCA Florida Oak Hill Hospital	24%	1,157	5%	7%	39	35	19%	20%
Encompass Health Rehabilitation Hospital of Spring Hill	16%	163	8%	7%	24	35	--	20%
Bravera Health Brooksville	26%	225	5%	7%	31	35	19%	20%
Bravera Health Spring Hill	18%	109	ins	7%	Ins	35	21%	20%

Source: CON application #10727, page 131, Exhibit 44 from Trella Health, Medicare Claims data, CY 2021.
Note: "ins" = insufficient volume/suppressed

VITAS states that respiratory disease or COPD is a leading cause of death in SA 3D and has a much higher age adjusted death rate for chronic, lower-respiratory diseases such as COPD than the state average. Respiratory patients who are seen at the local acute care hospitals are receiving hospice care at a similar rate to the state as a whole; however, the utilization rate for respiratory patients in at least one hospital is low.

**Hospital Discharges to Hospice
Respiratory Patients (Medicare)**

	Percent of Population	Medicare Patients	Hospice Utilization		Average Hospice Length of Stay (Days)		Readmission Rate (30 Day)	
	This Facility	Annual Total	This Facility	State Average	This Facility	State Average	This Facility	State Average
HCA Florida Oak Hill Hospital	6%	305	8%	12%	61	40	21%	22%
Bravera Health Brooksville	8%	71	ins	12%	Ins	40	17%	22%
Bravera Health Spring Hill	9%	109	ins	12%	Ins	40	--	22%

Source: CON application #10727, page 132, Exhibit 45 from Trella Health from Medicare Claims data, CY 2021.
Note: "ins" = insufficient volume/suppressed

VITAS notes that it has conditioned project approval on offering its Pulmonary Care program in Subdistrict 3D and on providing a Respiratory Therapist. VITAS states that cancer is a leading cause of death in SA 3D and the SA has a much higher age adjusted death rate for cancer than the state average. The applicant contends that at least one hospital in SA 3D had a higher readmission rate for cancer patients than the state average. VITAS asserts that not all hospice programs provide arrangements for palliative services including chemotherapy and radiation to manage pain and notes it proposes to condition the project approval on providing palliative chemotherapy and radiation to manage patients' pain and symptoms, as appropriate.

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**Hospital Discharges to Hospice
Cancer Patients (Medicare)**

	Percent of Population	Medicare Patients	Hospice Utilization		Average Hospice Length of Stay (Days)		Readmission Rate (30 Day)	
	This Facility	Annual Total	This Facility	State Average	This Facility	State Average	This Facility	State Average
HCA Florida Oak Hill Hospital	3%	139	23%	18%	30	26	20%	20%
Bravera Health Brooksville	1%	13	Ins	18%	Ins	26	23%	20%
Bravera Health Spring Hill	3%	17	Ins	18%	Ins	26	--	20%

Source: CON application #10727, page 133, Exhibit 46 from Trella Health, Medicare Claims data, Q1 2021 - Q4 2021.
Note: "ins" = insufficient volume/suppressed

VITAS presents Exhibit 47 for Subdistrict 3D patients who expired in 2021 who were admitted to a hospital that did not receive hospice care and are qualified as "no hospice." The data shows that in all four of the hospitals in Hernando County, 90.9 percent plus of the patients were categorized in the "Late Hospice + No Hospice" category.

**Hospice Timing — Hernando County Hospitals
CY 2021**

Hospital	Hospice Timing			
	Early Hospice	Late Hospice	No Hospice	Late + No Hospice
HCA Florida Oak Hill Hospital	8.1%	53.3%	38.6%	91.9%
Encompass Heath Rehabilitation Hospital of Spring Hill	8.6%	55.8%	35.6%	91.4%
Bravera Health – Brooksville	9.1%	42.4%	48.5%	90.9%
Bravera Health- Spring Hill	8.6%	46.2%	45.5%	91.7%

Source: CON application #10727, page 133, Exhibit 47 from Trella Health, Medicare Claims data, Q1 2021 - Q4 2021.

VITAS' Exhibit 48 data shows that in at least five of the SNFs in Hernando County, 85.0 percent plus of the patients were categorized in the "Late Hospice + No Hospice" category.

**Hospice Timing — Hernando County SNFs
CY 2021**

Skilled Nursing Facility	Hospice Timing			
	Early Hospice	Late Hospice	No Hospice	Late + No Hospice
Oak Hill Health and Rehabilitation	9.6%	32.7%	57.7%	90.4%
Spring Hill Health and Rehabilitation Center	10.0%	50.0%	40.0%	90.0%
Evergreen Woods Health & Rehab Center	15.0%	50.0%	35.0%	85.0%
Brooksville Healthcare Center	7.6%	43.0%	49.4%	92.4%
Brooksville SNF Operations	8.0%	52.0%	40.0	92.0%
Heron Pointe Health and Rehabilitation	Ins	Ins	72.2%	ins

Source: CON application #10727, page 134, Exhibit 48 from Trella Health, Medicare Claims data, Q1 2021 - Q4 2021. Note: "ins" = insufficient volume/suppressed

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VITAS restates plans to implement its well-established educational outreach and continuing education presentations to area clinicians in Hernando County, contending it has found a “serious lack of education about the hospice benefit and prognostication.” Roughly 51percent of Hernando County physicians are discharging patients to hospice very late with a hospice average length of stay of less than 30 days (61 out of 120 total physicians). VITAS assures that it’s disease-specific education, the Goals of Care Preceptorship Program and resources like the VITAS app will help Hernando County physicians become more confident and more comfortable communicating with their patients about prognosis. VITAS contends these programs improve clinical education and patient access to disease-specific hospice care, specifically working to address unmet needs and improving the patients' earlier access to hospice services.

VITAS’ Exhibit 50 compares the reported percentage of admissions by cause for HPH, the three VITAS licenses, and the statewide average. VITAS states this analysis demonstrates that HPH serves a low percentage of patients with heart disease, which is inconsistent with the high age adjusted death rates for these diagnoses/causes of death. VITAS reiterates that it will implement specific programs for cardiac and pulmonary diseases to address this and other unmet needs.

**Percent of Admissions by Diagnosis
CY 2020**

	Statewide Average	VITAS (1)	VITAS (2)	VITAS (3)	HPH
Cancer	27.53%	31.20%	26.13%	16.41%	28.70%
Pulmonary Disease	11.63%	8.16%	10.90%	9.29%	13.70%
Renal Disease	2.13%	0.00%	0.00%	2.90%	6.73%
Heart Disease	17.57%	13.71%	15.54%	19.58%	13.68%
Other	41.13%	46.93%	47.44%	51.83%	37.18%
Total Non-Cancer	72.47%	68.80%	73.87%	83.59%	71.30%

Source: CON application #10727, page 136, Exhibit 50. AHCA, 2020 Hospice Demographic and Outcomes Measures Report dataset VITAS(1) - Miami, VITAS(2) - Palm Beach, VITAS(3)- Central and North Florida

The applicant’s Exhibit 51 below compares HPH and VITAS end-of-life care based on the percentage of continuous care, which is a level of care that is often provided when a patient is in crisis and/or actively dying. Comfort care is an essential part of medical care at the end-of-life. The goals are to prevent or relieve suffering as much as possible and to improve quality of life while respecting the dying patient's wishes. The intensity of hospice care during the last few days of life is an indication of the quality of care provided by a hospice provider at the time when a terminal patient and their caregivers need support the most.

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VITAS contends that “HPH does not provide a meaningful amount of continuous care services with just 0.18 percent of hospice care days dedicated to continuous care for Medicare patients” when compared to VITAS’ 1.83 percent of patient days dedicated to 24/7 continuous care for Medicare patients. VITAS exceeds HPH and the state average for continuous care.

**HPH & VITAS
Percent Continuous Care Days Comparison**

Provider	Continuous Care (Percent of Patient Days)
HPH	0.18%
VITAS	1.83%

Source: CON application #10727, page 137, Exhibit 51 from Trella Health, Medicare Claims data, Q1 2021 - Q4 2021.

The reviewer adjusted Exhibit 51’s title as the applicant misnamed it as VITAS is not an ‘existing provider in Subdistrict 3D.

Percent of Care by Level of Care

Provider	Routine	General Inpatient	Respite	Continuous Care
HPH	95.82%	3.52%	0.54%	0.12%
VITAS	97.17%	1.46%	0.13%	1.24%
Florida Average	96.66%	2.47%	0.24%	0.63%

Source: CON application #10727, page 87, Exhibit 15 from InfoMAX Medicare Hospice Cost Report data, Q1 2021 Q4 2021

VITAS states 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.
- reduce the current gaps in care by providing balance to the various settings and locations.
- be committed to providing its resources and experience to educate the community, increase access to hospice services, and ensure that patients and family members receive the highest quality of care at their most critical time in Subdistrict 3D.

VITAS conditions project approval on offering an End-of-Life Nursing Education Consortium training program for nurses within the first two years of operation. VITAS will also offer an Education in Palliative and End-of-Life Care training program for physicians within the two years of operation.

VITAS asserts that through its extensive experience in providing hospice care throughout the country, in 49 of Florida’s 67 counties and 17 of the 27 hospice subdistricts, it has developed the following programs to meet unmet hospice need:

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- Establishing one office in Hernando County with support from two existing offices in Citrus and Sumter counties
- Cardiac Care Program
- Pulmonary Care Program
- Goals of Care Preceptorship Program
- Solo Agers Program
- Providing a Spanish-speaking representative to provide community education and outreach
- Partner with Migrant Farm Community Programs
- *Bridging the Gap Program* and Medical/Spiritual Tool Kit for African American Community Outreach
- Partner with Food Insecurity Assistance Programs
- Partner with Housing Assistance Programs and Homeless Shelters
- Veterans Programs
- VITAS representatives and 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 includes a detailed chart/summary on the application's pages 12-16, as well as including the following in its unmet need on pages 5:

- Cancer Care Program
- Clinical research and support for caregivers of patients with Alzheimer's and dementia
- Palliative care resources and access to complex and high acuity services
- 24/7 Telecare Program and access to admissions on evenings and weekends
- Outreach and end-of-life education for residents experiencing poverty, homelessness, and/or food insecurity, including nutrition services, advanced care planning for shelter residents, and housing assistance
- Education materials in different languages
- Clinical education programs for physicians, nurses, chaplains, rabbis, HHA's, and social workers
- Community education and outreach programs

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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 #10727:

- Projected Deaths for– SA 3D (page 139, Exhibit 70)
- Projected Penetration Rates and Admissions (page 140, Exhibit 71)
- Projected Hospice Admissions SA 3D (page 140, Exhibit 72)
- VITAS Recent Experience in New Markets (page 142, Exhibit 74)

VITAS projected hospice SA 3D admissions by age and diagnosis are shown below.

Exhibit 72 Projected Hospice Admissions – SA 3D

Age and Diagnosis	SA Admissions		VITAS Market Share		VITAS Admissions	
	Year One Q2 2023 – Q1 2024 (4/1/2023 - 3/31/2024)	Year Two Q2 2024 – Q1 2025 (4/1/2024 - 3/31/2025)	Year One	Year Two	Year One	Year Two
Cancer Under 65	185	187	5.0%	10.0%	9	19
Cancer 65+	440	445	10.0%	17.5%	44	78
Non-Cancer Under 65	1 15	118	7.5%	12.5%	9	15
Non-Cancer 65+	1,1 17	1,194	10.0%	22.5%	112	268
Total	1 ,858	1 ,943	9.3%	19.5%	174	379

Source: CON application #10727, page 140, Exhibit 72.

Exhibit 73

Projected Admissions by Age Group and Cancer/Non-Cancer for Subdistrict 3D

Age Group	Year One Admissions	Year Two Admissions
Under 65	18	33
Over 65	156	346
Total	174	379
Diagnosis	Year One Admissions	Year Two Admissions
Cancer	53	97
Non-Cancer	120	283
Total	174	379

Source: CON application #10727, page 141, Exhibit 73.

2. Agency Rule Criteria and Preferences

AccentCare (application's pages 2-2 – 2-15) and VITAS (application's pages 160-171) provide discussions of Rule 59A-38, Florida Administrative Code, hospice licensure requirements. Regency simply states it is a licensed Florida hospice program. The applicants all have licensed Florida hospice programs.

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

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

The applicants are responding to 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.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) responded to this agency rule criterion and preference in Item E.1.a. (CON application #10725) of this report. Specifically, Regency cited the following populations as experiencing unmet hospice need:

- Minority Populations within Hernando County
- Terminally-Ill Residents in Nursing Facilities
- Veterans in Hernando County
- Patients receiving late admission to hospice

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) maintains that in part from conducting its own community needs assessment and multiple other sources, its 3D hospice will have programs designed to serve the following specific populations with unmet needs:

- Seniors, Age 65 and older, including those in ALFs and SNFs
- Minority Populations, including African Americans and Hispanics
- Lesbian, Gay, Bisexual, and/or Transgender Community
- Low Income and Homeless Populations
- Pediatrics

VITAS Healthcare Corporation of Florida (CON application #10727) states the SA 3D populations experiencing unmet hospice need include:

- Minority population including Hispanic/Latinx and African American residents.
- Impoverished and/or food insecure populations.
- Patients with cardiac, cancer, and respiratory diagnoses near the end-of-life
- Patients requiring continuous care and high acuity services.
- Patients residing in ALFs,
- Patients who would benefit from earlier admission to hospice.

VITAS references its services to these populations through its proposed outreach, programming, educational materials, and resources along with its parent company VHCs' approach to cultural, religious/spiritual communities, and LGBTQ residents. VITAS also mentions providing a Spanish-speaking representative and educational, hospice-related resources in Spanish along with Bridging the Gap and Medical/Spiritual Took Kit to reach the Black/African American residents in Hernando County.

- (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.**

Regency Hospice of Northwest Florida, Inc. (CON application #10725) plans to provide inpatient level hospice care through contract with SNFs or acute care hospitals in SA 3D. The applicant received a letter of support from Robert Boyd, Executive Director, Heron Pointe Health & Rehabilitation in Brooksville, stating that “we would welcome contracting with Regency Hospice for Routine, Respite, and In-Patient hospice care” once Regency receives approval to serve SA 3D. Regency includes a copy of a sample inpatient agreement in the application’s Exhibit H.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) states it has general inpatient (GIP) contracts with hospitals and SNFs throughout the Tampa Metro, many of which serve Hernando County residents and it is currently contracts with ten SNFs in Pasco County.

The applicant cites its letters of support from two nursing homes, Evergreen Woods Health and Rehabilitation and Heron Pointe Health & Rehabilitation. These were from Evergreen Woods' RNs and a Social Services Assistant at Heron Pointe.

VITAS Healthcare Corporation of Florida (CON application #10727) maintains that when a patient needs a higher level of care than can be managed with routine or continuous home care, VITAS will provide the inpatient care component of its proposed Hospice program through contractual arrangements with existing healthcare facilities to provide inpatient or respite care.

VITAS anticipates entering an inpatient contract with HCA Florida Oak Hill Hospital and Heron Pointe Health and Rehabilitation, referencing its letters of support from area nursing homes, and ALFs in TABs 43 and 44 of the application.

(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*

Regency Hospice of Northwest Florida, Inc. (CON application #10725) states that it admits patients regardless of their living situation or diagnosis, provided only that they are eligible for hospice care by virtue of their diagnosis and that its policy is to provide hospice care and services with the goal of supporting patients and their caregivers, through training and guidance, to sustain self-sufficiency to maintain the patient comfortably at home for as long as possible. Regency states that when no primary caregiver exists within the home, it will identify an alternative plan

in the absence of a primary caregiver to ensure patient needs are met and notes that its policy in the application's Exhibit J: Provisions for Patients without a Caregiver.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) reiterates its commitment to patients without caregivers at home, residents experiencing homelessness and patients with HIV/AIDS and states its SAGE Platinum Certification and that no other applicant, nor the existing hospice provider in SA 3D has SAGE certification. AccentCare states that in addition to the homeless, some persons will not have a designated person who can function as the primary caregiver and it makes provisions to serve persons without a primary caregiver in recognition of its mandate No One Dies Alone. The hospice team leader identifies and directs safe and effective provision of hospice care in situations where the terminally ill patient requires assistance with self-care and skilled services. This care is provided in a location in accordance with the patient's wishes and the procedure for meeting the need for a designated caregiver follows the four-step process below:

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

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

The reviewer notes that one population in SA 3D identified by AccentCare as having unmet need is those persons with HIV/AIDS and provides the statistical data document HIV/AIDS prevalence data in SA 3D in 2020 on CON application #10726, page 2-24, Table 2-1. AccentCare notes there were nine HIV diagnosed patients in Hernando County in 2020 and that medical advances extends these patients lives, “with the rate of death for that group lower than in the past”. AccentCare states having a variety of programs and services and training necessary to deliver care to a wide range of patients with competence and sensitivity and is committed to serving those with HIV/AIDS.

VITAS Healthcare Corporation of Florida (CON application #10727) provides narrative describing its history and current agreements for general inpatient and inpatient respite care. VITAS discusses serving patients without primary caregivers at home, individuals experiencing homelessness, as well as patients with HIV and AIDS (sample educational presentation is in TAB 36) and reiterates that it will implement its Solo Agers program in Subdistrict 3D.

VITAS states it will tailor homeless patients’ needs to include:

- 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

VITAS references the application's TABs 35, 36 and 37 for additional materials.

- (4) In the case of proposals for a hospice SA 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 and the applicants note that this preference is not applicable.

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

Regency Hospice of Northwest Florida, Inc. (CON application #10725) states it will offer SA 3D complementary therapies, which are beyond the core hospice benefit such as:

1. Music Therapy uses sounds and music to support and encourage physical, mental, social, spiritual, and emotional well-being. Music can help to ease pain, decrease anxiety and stress, increase relaxation, enhance memory, promote communication, express feelings, and increase quality of life. All music therapists utilized in Regency Hospice's music therapy program in SA 3D will be appropriately licensed and credentialed employees of Regency Hospice. Regency Hospice is committed to employing one full-time equivalent ("FTE") music therapist in year one of its Hernando County program. Volunteers may not be used for provision of music therapy. Regency Hospice will implement a music therapy program upon licensure of its hospice program. The music therapy program will be staffed with a minimum of one licensed music therapist.
2. Pet Therapy provides an additional support to patients, families, and caregivers by making friendly visits with his/her certified therapy animal. This program is part of the volunteer service program. Both the volunteer and the certified therapy animal provide comfort, companionship, and a welcome distraction from the illness. Pet Therapy is provided by trained hospice volunteers using a dog certified/registered by an American Kennel Club (AKC)-recognized therapy dog organization. Any other animals used for Pet Therapy may be accepted on a case-by-case basis and would be required to be certified/registered as appropriate. Regency Hospice will implement a pet therapy program upon licensure of its program.

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3. Provide special services for Veterans in recognition of their special needs asserting that it is already a partner within SA 1, and it commits to bring these services to SA 3D to meet the needs of veterans during their final months.

The applicant states that it is committed to provide the above services in addition to services covered by private insurance, Medicaid, and Medicare.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) states employees deliver most hospice services assisted by volunteers and briefly describes the four hospice core services and 17 additional services on the application's pages 2-26 – 2-35. Many of the additional services are cited as conditions to approval on the applicant's Schedule C.

AccentCare notes contracted services include: physical, respiratory, speech, massage, art, and occupational therapy, acupuncture and other palliative care services. The applicant notes that it is professionally, financially, and administratively responsible for contracted services and will have legally binding written agreements and those will be provided by consultation, contractual arrangements, or other agreements and will meet Joint Commission or CHAP standards. AccentCare provides details of the contracting process and details of the following services it provides:

- **Bereavement Program** - examples of bereavement materials are included in the application's Exhibit 15.
- **Leaving A Legacy**, where patients find purpose and meaning by leaving behind tangible recordings, art works, journals, scrapbooks, memory bears, etc. for the family to assist with coping during bereavement.
- **Cardiac Care and AICD Deactivation Program** consists of five goals, eight services and five requirements for this program listed on the application's pages 2-27 and 2-28.
- **Compassionate Ventilator Removals and Education** - the AccentCare care team makes a special effort to perform ventilator withdrawal (extubation) while honoring the wishes of patients and their loved ones, and to ensure that death comes with dignity. The program offers a Licensed Music Therapist and a chaplain to the patient and family during this process.

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- **Kangaroo Kids Pediatric Hospice & Palliative Care.** The pediatric care team provides direct care to the pediatric patient, teaches the parents how to provide care at home, the regimen of care, and schedule for medicines and other services.
- **Camp Kangaroo,** a psychotherapy-based children's bereavement annual camp serving children whose loved ones were served by AccentCare and offered free of charge to all community children who experience the death of a loved one.
- **Music Therapy** staffed only by board-certified music therapists (MT-BC) to treat the holistic experience of the patient and family through their end-of-life and bereavement journeys. AccentCare is the largest employer of MT-BCs nationally. AccentCare's music therapy is described on the application's pages 2-29, 2-30 and Exhibit 15.
- **Namaste Care program** designed by internationally recognized dementia expert, Joyce Simard, and the author of the text Namaste Care. The program's criteria, benefits, and outcomes are discussed on page 2-31 of the application.
- **No One Dies Alone** - During the final weeks of life, AccessCare nurses anticipate changing medical needs and prevent discomfort; provide supportive care staff to prepare loved ones and assist with relationship closure; and the hospice team rallies around the patient and family to ensure they are not alone. Continuous Care is available when the patient meets the eligibility requirements.
- **Open Access** - for patients that may need additional medical interventions such as ventilators for home use, receiving palliative radiation, chemotherapy Open access also addresses patients with complex psychosocial needs. The applicant also cites seven benefits of the program.
- **Palliative Care Program** provides clinical symptom management for people living with an advanced illness and emotional support for their families and caregivers. This program treats all age groups, with a focus on the alleviation of symptoms to provide comfort care and meet the emotional and spiritual needs of patients and families. AccentCare bullets five characteristics that make this program different from hospice.
- **Patient & Family Resources Hub** is an online resource that includes a 24-hour number where the community can speak directly to an AccentCare team member for additional support.

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- **Pharmacy Consultation** regarding prescriptions is an important service that is available 24 hours a day, seven days a week for all nurses and physicians to assist in pharmacologic consultation
- **Virtual Reality** is "an artificial environment which is experienced through sensory stimuli, such as sights and sounds, provided by a computer and in which one's actions partially determine what happens in the environment". An article in the Journal of Palliative Medicine found that VR "has found use in a variety of clinical settings including pain management, physical medicine and rehabilitation, psychiatry and neurology."
- **We Honor Veterans** is a program of the National Hospice and Palliative Care Organization in collaboration with the Department of Veterans Affairs (VA).

VITAS Healthcare Corporation of Florida (CON application #10727) provides a diagram of services that VITAS provides that are not specifically covered by private insurance, Medicaid, or Medicare, which include:

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

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.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) the complete staffing plan for the first two years of operation is included in Schedule 6A and lists the expected staffing plan and staff expenses for the project. Staffing for the project is projected to be 20.0 FTEs in Year One and 28.0 FTEs in Year 2. The applicant notes that the staffing plan for paid employees does not include volunteers. The position of Volunteer Coordinator is shown in Schedule 6A. This position ensures volunteer services under the supervision of a designated hospice employee and that these Volunteers will provide both patient support and administrative support in a manner and amount consistent with the program's identified needs. Regency notes it does use volunteers under the age of 18. Regency states that it:

1. Will employ a clinical education liaison dedicated to ALFs and nursing homes, supporting improved care for Dementia and Alzheimer's patients in SA 3D.
2. Will provide educational programming and outreach for senior living facilities in SA 3D. Older adults with

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dementia are among those who are most likely to benefit from end-of-life hospice care because these individuals often experience multiple distressing symptoms (such as pain, depression, and delusions) and poor quality of life.

3. Regency's training will educate staff at ALF and nursing home facilities with information on:
 - Pain and symptom control for dementia patients.
 - Nonverbal pain and behavior assessment.
 - Best practices in dementia care backed by the latest research
4. Nursing Services - Regency Hospice will employ nurse supervisors and additional nursing staff to meet the need of all admitted patients in SA 3D.
5. Spiritual Counseling Services - Regency Hospice will employ chaplains and spiritual counselors to meet the needs of all admitted patients in SA 3D.
6. Volunteer Services - Regency Hospice will recruit and train volunteers to support the care of patients and their families. Regency Hospice operates robust volunteer programs in all locations and uses trained volunteers for a variety of special services including pet therapy and companion visits. The applicant's Exhibit E: Volunteer Program has supplementary materials on the program.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726): Schedule 6 shows 10.3 FTE staff for the project and 49.8 total Regency FTEs in year one (ending March 31, 2024) and 7.0 FTEs (56.8 total) in year two (ending March 31, 2025). Notes to Schedule 6A list four executive administrative positions to be absorbed by Pasco hospice staff and FTEs specific to Hernando County – 0.5 for an African American chaplain, 1.0 music therapist and 1.0 pediatric registered nurse.

AccentCare provides narrative descriptions of its volunteer services/programs which include:

- Direct Patient Care
- Spiritual Presence
- Volunteer Vigil
- Circle of Care Volunteers
- Loyal Friends Pet Team
- Indirect Patient Care

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- Participation in diversity councils
- Non-clinical support, often through clerical or other support services.
- Participation in fundraising, outreach, and education activities, and service on the board of directors

AccentCare of Pasco County states its outreach efforts will ensure its volunteer pool is diverse and reflect the community and it already has staff and volunteers that reside in Hernando County.

VITAS Healthcare Corporation of Florida (CON application #10727) notes that Schedule 6A shows its current total number of FTE staff and the FTE staff added by this project. FTEs added for the project total 33.2 FTEs in year one (ending September 30, 2023) and 59.0 FTEs in year two (ending September 30, 2024). The direct response, which is likely due to rounding, differs slightly, VITAS stating 33.16 year one FTEs and 59.02 year FTEs. Schedule 6A also notes the central office support, services, functions provided to all Florida programs, will be used for the project. VITAS indicates volunteer staff hours will equal or exceed five percent of total direct care staff hours.

(b) Expected sources of patient referrals.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) anticipates receiving patient referrals from clinical providers within SA 3D and as self-referrals from patients and family members. Potential sources of referrals are listed as hospitals, nursing homes, ALFs, home health agencies, community physicians, families, individuals, commercial insurance plans and HMOs, charitable service organizations, faith communities, and dialysis centers. The applicant states that it has consulted multiple sources to confirm that its plans are consistent with health needs of the residents of SA 3D. Further, when preparing this application using Hernando County Community Health Assessment, Well Florida Council, Florida Department of Health, Hernando County, 2019, Hernando County Community Health Improvement Plan, 2020-2022, Hernando County Community Health Assessment Steering Committee for Health, Florida

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Department of Health, Hernando County, March 2020, Hernando County, Florida Demographic Profile, U.S. Census Bureau, American Community Survey.

Regency states it consulted with many existing providers within SA 3D, as is seen in its letters of support included in Exhibit C-1: Letters of Support.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) states that its educational, promotional, and outreach efforts intersect with facilities, advocacy groups, religious institutions, service providers, physicians, social workers, funeral directors, and insurers (including HMOs) and bullets 14 expected sources of potential patient referrals below:

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

VITAS Healthcare Corporation of Florida (CON application #10727) contends that having successfully started more than 30 hospice programs in Florida since 2001, it has proven 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 its free app that includes a free prognostication tool that allows one-touch dialing to contact VITAS representatives, the ability to submit a referral quickly and securely, and information on hospice criteria. Further, VITAS has budgeted positions for VITAS representatives to work with referral sources and will rely on existing liaisons and

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representatives from its neighboring Citrus County and Sumter County offices to immediately support the Hernando County program.

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

The tables below show the applicants projected admissions and patient days by payer source.

**Admissions by Payer Source
Years One and Two
All Applicants**

Year One	Regency	Seasons	Vitas
Medicare	178	100	154
Medicaid	6	3	6
Charity		1	3
Self-Pay	4	2	9
Com Ins	1		
Total	189	106	172
Year Two			
Medicare	259	185	339
Medicaid	9	5	14
Charity		2	6
Self-Pay	2	3	20
Com Ins	6		
Total	275	195	379

Sources: CON application #10725, page 44. CON application #10726, page 2-44 (partially reproduced) and CON application #10727, page 153.

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

**Regency Hospice of Northwest Florida, Inc.
CON application #10725
Admissions by Terminal Illness
Years One and Two**

Disease	Year One Admissions	Year Two Admissions
Cancer	50	74
Cardiovascular	46	69
Alzheimer's	39	56
Pulmonary	22	32
Neurological Conditions	15	21
Renal Care	7	10
Gastrointestinal	6	8
Other	4	5
Total	189	275

Source: CON application #10725, page 45.

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**Seasons Hospice/AccentCare
CON application #10726
Expected Numbers of Admissions by Disease Category
Years One and Two**

Diagnosis	Year One Admissions	Year Two Admissions
Cancer	27	51
End Stage Heart Disease	16	29
End Stage Pulmonary Disease	11	21
End Stage Renal Disease	3	6
HIV/AIDS	0	1
Other	49	89
Total	106	196

Source: CON application #10726, page 2-44, Table 2-3 (partially reproduced).

**VITAS Healthcare Corporation of Florida (CON application #10727)
Admissions by Terminal Illness
Years One and Two**

Terminal Illness	Year One Admissions	Year Two Admissions
Cancer	53	97
HIV/AIDS	26	61
Respiratory	29	68
Cardiac	16	38
Alzheimer's/Dementia	21	48
Cerebrovascular/Stroke	11	25
Other	18	43
Total	174	379

Source: CON application #10727, page 186.

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

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

	Regency	Seasons	VITAS
Year One Admissions			
Under 65	20	11	18
Over 65	169	95	156
Total	189	106	174
Year Two Admissions			
Under 65	29	21	33
Over 65	246	175	346
Total	275	196	379

Sources: CON application #10725, page 154, CON application #10726, page 2-45 and CON application #10727, page 154.

- (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:

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- **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 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*

Regency Hospice of Northwest Florida, Inc. (CON application #10725) notes services that will be provided directly by Hospice staff and volunteers and those that will be provided through contractual arrangements, and that all core services are provided by hospice employees, noting that core services include physician, nursing, medical social services (social work), spiritual care/pastoral counseling, dietary counseling, and bereavement counseling. Regency assures that its physicians are licensed to practice in Florida and have admission privileges at one or more hospitals in the SA for the program. Regency states that it provides non-core services including PT/OT/ST and dietary services either directly or under specific arrangement secured by Regency Hospice and ensures all non-core services are provided consistent with current standards of practice.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) bullets 11 elements to be included in any legally binding contracts, along with four additional provisions it indicates also apply. AccentCare

states that employees deliver most of the hospice services assisted by volunteers, pointing out that contracted services are mostly for therapy services: physical, respiratory, speech, massage, art, and occupational therapy along with acupuncture and other palliative care services. Further, services provided by consultation, contractual arrangements, or other agreements will meet Joint Commission or CHAP standards.

VITAS Healthcare Corporation of Florida (CON application #10727) states that based on availability, patient volume, and care needs, in addition to the core services offered by the Hospice interdisciplinary team, VITAS will provide physical/occupational therapy, pet visits and music therapy. VITAS may utilize supplemental staff to provide these functions, including massage therapy and volunteers for pet and music therapy.

(g) Proposed arrangements for providing inpatient care.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) states it will ensure access to inpatient care is available via contractual arrangement and that any facility with which the office is contracted is not under a moratorium or has any other restriction against admission or placement of patients. Further, inpatient care will be available for the management of pain and other symptoms that are not feasibly managed in other settings and for the provision of respite care services to support patient family caregivers. Regency notes that its hospice program approves, and coordinates care provided under arrangement and that it intends to provide inpatient care through contract with area acute care providers and that it has no plans to construct a freestanding inpatient facility. Regency has received a letter of support from Heron Pointe Health & Rehab in Brooksville, stating that they would welcome a contract with Regency Hospice for routine, respite, and inpatient hospice care once Regency receives approval to serve SA 3D. The applicant includes Exhibit C-1: Letters of Support, Organizations and Providers, and Exhibit H: Sample Inpatient Agreement.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) proposes to seek contracts with one or more hospitals or SNFs for the

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provision of general inpatient care prior to receiving its license. The applicant notes its support from area hospital and nursing home staff, but “corporate ownership refrains from endorsements”. CON application #10726’s Exhibit 30 is a sample AccentCare Nursing Facility Services Agreement.

VITAS Healthcare Corporation of Florida (CON application #10727) states it will establish inpatient agreements within the subdistrict and that it anticipates entering an inpatient contract with HCA Florida Oak Hill Hospital and Heron Pointe Health and Rehabilitation, referencing its letters of support from area nursing homes, and ALFs. (TABs 43 and 44 of this application).

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

Regency Hospice of Northwest Florida, Inc. (CON application #10725) states it will contract with existing health care facilities for inpatient beds when needed.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) states that it has no plans to construct or operate a freestanding inpatient hospice facility in the first two years of operation and will contract for “scatter beds” with SA 3D nursing homes and hospitals. Further, there are no contracts for establishing a specified number of beds.

VITAS Healthcare Corporation of Florida (CON application #10727) 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 567. 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.**

Regency Hospice of Northwest Florida, Inc. (CON application #10725) reiterates that it ensures inpatient care

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is available for the management of pain and other symptoms that are not feasibly managed in other settings, and for the provision of respite care services to support patient family caregivers. The applicant notes that general inpatient care is used for pain and symptom management and is provided in a Medicare or Medicaid certified facility for the purpose of acute management of pain and/or other symptoms which cannot feasibly be controlled in another setting.

Regency states that Inpatient care for respite is an inpatient level of care used for the purpose of providing a maximum five-day break for the patient's caregiver and that Respite care must also be provided in a Medicare or Medicaid certified facility. Further, Regency Hospice program's Interdisciplinary Group ("IDG") is responsible for identifying the appropriate level of care required for each individual patient and that care and services provided to each patient are in accordance with the plan of care.

Examples of reasons why inpatient care would be considered necessary for short-term support include:

- Pain and other physical or emotional/ psychological symptoms which cannot be controlled in the home setting and where there is not an adequate caregiver to carry out the plan of care
- A change in medication warranting frequent titration and dose adjustments provided by a nurse in order to sustain the patient's comfort.
- Multiple, complex wounds requiring frequent dressing changes and symptom management.
- Intractable symptoms requiring complex interdisciplinary team management and support.

More information about Regency Hospice inpatient care is included in the application's Exhibit I: General Inpatient Services.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) states assurance that this provision will be in a contracted hospital or nursing home that is a participant in Medicare or Medicaid and the inpatient bed will be used for pain control, symptom management, and respite purposes for the hospice patient

providing an eight-step process in determining, executing and monitoring/oversight of inpatient services (pages 2-48 and 2-9 of the application).

VITAS Healthcare Corporation of Florida (CON application #10727) contends that the patient's physical condition, family caregiving capacity, and patient wishes will guide decisions regarding inpatient admissions. Further, 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, 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 38.

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

Regency Hospice of Northwest Florida, Inc. (CON application #10725) states it admits patients regardless of their living situation or diagnosis, provided only that they are eligible for hospice care by virtue of their diagnosis. Regency Hospice shares that its policy is to provide hospice care and services with the goal of supporting patients and their caregivers, through training and guidance, to sustain self-sufficiency and to maintain the patient comfortably at home for as long as possible. When no primary caregiver exists within the home, Regency Hospice will identify an alternative plan in the absence of a primary caregiver to ensure patient needs are met. Regency states that it does not provide nor pay for personal/custodial services, room and board, or non-hospice related supportive interventions such as adult day services but assures that it is committed to the development

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and implementation of an individualized plan of care for each patient that supports the patient's autonomy and self-sufficiency for as long as possible.

Regency shares that at the time of admission, the hospice RN will alert the hospice social worker of the lack of identified caregiver. The hospice social worker, who is supported by the other professionals on the hospice care team takes responsibility to initiate the contingency planning portion of the comprehensive assessment and plan of care and that using guidelines to determine the balance between patient self-sufficiency and safety, the hospice social worker will coordinate a plan with the patient to determine steps needed to implement required interventions.

The applicant states that the Regency Hospice Interdisciplinary Group (IDG) will identify the methods available to the team to support the patient without a caregiver or the patient who has a caregiver who becomes unable or unwilling to support the patient, including but not limited to:

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

Regency confirms that the hospice IDG performs ongoing assessments of the patient's physical, emotional, social, and spiritual support needs and updates the patient's plan of care to reflect changing needs and interventions and offers more information, in its Exhibit J: Provisions for Patients without a Caregiver.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) reiterates its previous response and provides the following process for serving patients without primary caregivers:

- The plan and frequency for reassessing the patient's need for care assistance.
- A social worker assessment of the patient's ability and desire to pay independently for hired caregivers.
- A discussion of anticipated care needs with the patient, and collaboration on a plan to meet those future needs.

As the disease progresses and the patient's functional capacity declines, the care team will consider these options, in collaboration with the patient and family:

- Availability of friends, neighbors, and community members as a potential future support network. The hospice team will provide support, management, teaching, oversight, and emergency intervention to this network if one is identified.
- Use of AccentCare's Caregiver Relief Program to provide custodial care.
- Use of AccentCare's Compassionate Companions Program to increase volunteer visits.
- Use of medical alert devices and services, paid for by the Seasons Hospice Foundation for those who qualify
- Placement in a group home, public housing, or shelter.
- Placement in a skilled facility.
- Continuous care if arranged caregiver support cannot manage pain and symptoms and the patient desires to remain at home.
- Placement in a general inpatient bed when pain and symptoms are unmanageable at home.

VITAS Healthcare Corporation of Florida (CON application #10727) 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 implement its Solo Agers Outreach Program SA 3D 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:

- *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*

Regency Hospice of Northwest Florida, Inc. (CON application #10725) provides bereavement support services to patients and family members to assist in minimizing the stress and problems that arise from the terminal illness, related conditions, and the dying process and that bereavement counseling or support is provided before and after the death of the patient via an organized program for the provision of bereavement services under the supervision of a qualified professional with experience or education in grief or loss counseling. Regency notes that a comprehensive bereavement risk assessment is completed not later than five days after admission. The applicant assures that it makes bereavement services available to the family and other individuals in the bereavement plan of care for at least a year (at least 13 months) following the death of the patient and that each individual will have his/her/their own bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. Services may include in-person visits, telephone calls, mailings, educational materials, grief workshops, grief groups, memorial services, and other events or processes which provide ongoing and multifaceted support for the diverse range of grief and loss encountered. Regency's bereavement coordinator retains documentation related to the provision of group, memorial, and other gatherings which provide opportunities for bereaved families to receive support. The applicant includes Exhibit F: Bereavement Resources for further detail.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) states that bereavement services cover a variety of spiritual, emotional, religious, and interpersonal interactions for the purpose of easing grief, sharing with empathy, and assisting the bereaved with coping skills. Further, services may continue up to one year and that clergy may be involved as well as volunteers and staff with training and experience to provide counseling and comfort. AccentCare states having options that include hosting scheduled group meetings for those in grief to talk about their loss, the emotions they experience and the feelings that they have. One-one interactions with trained volunteers or a professional, depending upon the issues that may arise, is another option. AccentCare offers a brief discussion of its Camp Kangaroo and Friendly Visitors Bereavement Programs and assures that it will continue to host virtual and online bereavement support as it did during the pandemic.

VITAS Healthcare Corporation of Florida (CON application #10727) indicates that VITAS staff and volunteers provide grief support and bereavement services for survivors, as needed, and requested. VITAS provides bereavement support up to 13 months after a death. VITAS comments that bereavement support will be available 24 hours a day, seven days a week and references the application's Tab 30 and Project Summary section.

The VITAS Bereavement Program under the direction of the VITAS volunteer/bereavement manager includes: grief support, home visits & calls, support groups, volunteer support, patient/family education materials, quarterly follow-up and correspondence, memorial gatherings, Resources and referrals, Staff bereavement support, community education, and grief support for accidental and violent deaths. VITAS offers the following as part of their response to bereavement services in detail on the application's pages 69—75.

- Memory Bears - hand-crafted from donated fabric or articles of clothing donated by surviving family members, memory bears are a lasting, comforting, cuddly reminder of a spouse, partner, parent, grandparent, sibling, relative or friend who passed away.

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- Bereavement TAP (Telephone Assurance Program) make supportive phone calls to family members after the death of the patient to ensure they receive the VITAS newsletter and notices of community-wide memorial gatherings, information about support groups, and to offer one-on-one bereavement services.
- Bereavement Volunteers - Trained bereavement volunteers (often clinical pastoral education [CPE] interns, mental health interns, and Master of social work [MSW] interns) assist families through visits, phone calls, support groups, and memorial services.

VITAS offers a more in-depth description of bereavement services, including such topics as bereavement assessment, the development of a bereavement plan of care, telephone contacts with Family, grief support, referral to additional community resources, bereavement during holidays, missing our mothers/fathers (to commemorate Mother's and Father's days) missing our fathers (to commemorate Father's day), gold star Mother's day, reunion, the memory bear sewing group, new year new beginnings candle lighting ceremony, camp B.E.A.R. (bereavement, education, assessment and recovery) and on-going bereavement support for community tragedies on pages 69-92 of the application.

(I) Proposed community education activities concerning hospice programs.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) will provide community, consumer, and professional education services to ensure that residents of SA 3D have ready access to hospice care and a clear understanding of when it can help. Regency states that it may use staff, volunteers, or contracted experts to speak at community workplaces, schools, faith congregations, clubs, or other community organizations. Further, Regency will conduct professional education to reach out to physicians and health care providers, ensuring that they receive information to help identify patients who may be appropriate for hospice care. (See Exhibit K: Community Education Materials for sample community education programs and activities.)

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Regency offers Education support for employees advancing skills committing to provide up to \$3,000 per employee annually so hospice employees may continue their education and advance their skills in hospice and end-of-life care. The applicant contends that his program will provide direct deferred payment of tuition so that staff need not seek reimbursement, ensuring the program is equitable and available for staff from all economic back grounds. Regency notes that among other trainings, this program allows for staff to obtain hospice certification and/or more advanced clinical degrees, further enhancing the quality of care for hospice patients and residents of SA 3D. See Regency's Exhibit M: Education Benefit for Staff.

EMS community paramedic outreach program is regular training and outreach to EMS providers, which is already done in SA 1. Regency commits to establish the same linkages and training outreach within SA 3D. Further, training will be provided on hospice criteria and how to identify patients that may be in need of hospice services, along with how to provide appropriate care for patients that may already be admitted to hospice care in order to avoid burdensome transitions and inappropriate care.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) commits to working with local community-based organizations to reach seniors and the disadvantaged throughout the SA and details its proposed community education activities on page 2-52 of the application. The applicant notes that a social worker will visit Agency of Aging centers, senior centers, community Health Departments, health care clinics, religious and other community organizations to increase public awareness and improve access to hospice and palliative care for residents in low-income areas, initiating conversations about advanced directives and other topics exploring the benefits of hospice. AccentCare states that it will, through printed material, commercial spots on television and radio, articles in newspapers and magazines, testimonials in person at service clubs, women's clubs, churches, synagogues, and schools, community colleges and universities, produce education, increase opportunities for volunteers, and function as outreach for those who may need hospice care.

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AccentCare shares that its staff uses education through many different venues to disseminate the hospice website address and toll-free telephone number (24/7) to the public. Further, it publishes educational guides and brochures that are available free of charge, and some can be downloaded or reviewed on computers and other devices. AccentCare assures it will offer free educational presentations to area healthcare providers and social workers to educate them on hospice and end of life considerations for their patients in-person as well as online and offers a listing of its virtual presentations on page 2-54.

AccentCare states similar programming will be offered in Subdistrict 3D:

- Radio Programs in English (Hospice 101) and Spanish Cada Dia es un-Regalo (Every Day is a Gift)
- Educational events at public libraries
- Education events at long-term care facilities on topics such as:
 - Namaste Care
 - Hospice Services
 - Veteran's Day Celebrations
- Programming and volunteer recruitment at higher education
- Food drives
- Meetings with area LGBTQ+ groups
- Mother's Day Events
- Meetings with local Military Affairs committees
- Educational events at area houses of worship

VITAS Healthcare Corporation of Florida (CON application #10727) bullets five community education efforts:

- 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

Further, VITAS has historically participated both financially and through employee volunteerism in programs and services which are within these areas of interest: education, health, and civic and cultural arts, these include:

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- 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
- 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 shares that it created an array of educational brochures and materials concerning hospice care, which are included in CON application #10727's TAB 7, TAB 9, TAB 11 TAB 19, TAB 23, TAB 25, and TAB 37.

(m) Fundraising activities.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) states it will limit its fundraising efforts within SA 3D to memorial gifts on behalf of Regency Hospice patients who have died and will not conduct other fundraising within the SA 3D.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) states it will not engage in fundraising activities and any donations received will go to the Seasons Hospice Foundation and AccentCare Hospice Foundation (non-profit foundations within the organization that offer hospice patients financial assistance to meet needs not covered by traditional hospice benefits.)

VITAS Healthcare Corporation of Florida (CON application #10727) maintains that it will not solicit charitable contributions from patients, family, or friends relating to its services in Subdistrict 3D, 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.**

As previously stated in item E.1.a. of this report, per Volume 48, Number 152, of the Florida Administrative Register, dated August 5, 2022, zero need was published for a hospice program SA 3D (Hernando County) for the January 2024 hospice planning horizon. However, the co-batched applicants indicate that Not Normal & Special Circumstances exist in SA 3D constitute a net need for its proposed hospice program. SA 3D's sole hospice provider, HPH Hospice admissions are shown below.

**HPH Hospice SA 3D Admissions
Five Year Periods June 30, 2022**

12 Months Ending June 30	Admissions
2022	2,136
2021	2,105
2020*	1,932
2019	1,918
2018	1,810

Source: Agency for Health Care Administration Florida Need Projections for Hospice Programs, issued for the referenced time frames, except as noted below.

Note: *The 12 months ending June 30, 2020 include 950 reported SA 3D admissions during July 1 – December 31, 2019 that were not published due to cancellation of the June 2020 batching cycle.

HPH Hospice has had no substantiated complaints for a three-year period ending October 26, 2022.

Hernando County has five hospitals with 740 licensed beds, six SNFs with 769 beds, 27 ALFs with 1,309 licensed beds, and 24 home health agencies.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) reiterates its E. 1., Fixed Need response.

The applicant’s organization operates as owner/licensee and holds controlling interest in Florida d/b/a as ‘Kindred Hospice’ in SAs 3B, 4B, 7B, and 11, Emerald Coast Hospice in SAs 1 and 2A and Regency Hospice of Northwest Florida in SA 1. The KAH organization is stated to provide hospice services to 406 locations in 35 states.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) major need justifications are briefly described below (item E.1.a. of this report has these in more detail).

- Having less than two hospices per county per the geographic access standards of Florida's Statewide Medicaid Managed Care program
- Proportionately less hospice service in ALFs and SNFs than the state average
- Low hospice penetration to the Hispanic population
- Low hospice penetration to the African American population
- No hospice that is SAGE certified to serve the LGBT community
- No outreach initiatives to low income and homeless populations
- No dedicated Pediatric Hospice and Palliative Care Program

The applicant reiterates that regarding access, the proposal improves availability of hospice care through outreach and education of gatekeepers and through building a strong workforce.

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AccentCare states it will increase hospice availability in the following ways, and identified below, noting they are proposed as conditions to this application.

1. AccentCare of Pasco works well with ALF and SNF providers, and through its **Partners in Care program**, can better coordinate care within these facilities to increase hospice availability to residents.
2. AccentCare of Pasco County will establish a **Hernando County Community Council for Hospice and Palliative Care** to foster collaboration between the medical community, non-profit community organizations, faith-based organizations, and government entities for improving access to hospice and palliative care.
3. AccentCare of Pasco County will have **bilingual, Spanish speaking staff** to provide outreach in the Hispanic community.
4. AccentCare of Pasco County will establish a **Minority Advisory Board** to ensure culturally competent care for **African Americans, Hispanics**, and the **LGBT Community**, recruiting professionals that represent communities served and educate the community about access to hospice services.
5. AccentCare of Pasco County commits to having **Chaplain with expertise in the African American Community** and will hold a minimum of six "church chats" workshops per year to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care.
6. AccentCare of Pasco County will maintain **SAGE certification** to make hospice more available to the LGBT community
7. AccentCare of Pasco County will implement a **Health Crisis Support Program** to assist the working poor by making health care, hospice, and palliative care more available.
8. AccentCare of Pasco County will implement a **Homeless Program** to help identify homeless individuals in need of end-of-life care and ensuring shelter availability.
9. AccentCare of Pasco County will establish a **Kangaroo Kids Pediatric Hospice & Palliative Care program** in Hernando to ensure that pediatric patients with life limiting needs are met and will hold **Camp Kangaroo** bereavement camps in Hernando County at least annually.

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Further, AccentCare states that establishing an office within Spring Hill, Hernando County, and having an existing hospice program serving adjacent SA 5A, Pasco County, will allow it to quickly initiate service to Hernando County residents by adding Hernando County to an existing license.

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

AccentCare asserts a partnership approach engages health facility staff and families with the hospice care team for true patient-centered care and mentions that its **24/7 Call Center** and electronic medical records empower the care team to meet patient's and families' needs as they arise and the **No One Dies Alone** policy provides comfort and peace of mind.

The applicant notes that improves the quality of hospice care through:

- Accreditation by the **Joint Commission** or **CHAP**.
- **SAGE** Platinum certification
- Membership in the NHPCO and the Florida Hospice and Palliative Care Association (FHPCA).
- AccentCare adheres to **national ethics policies** to assure staff and volunteers have the widest influence for good in daily service provision
- AccentCare adheres to the CMS quality reporting requirements.
 - **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** - is a CMS-mandated survey sent to patients' caregivers within nine weeks of the patient's death or discharge and assesses the experience of hospice care provided
 - **Hospice Item Set (HIS)** — is a mandatory data set submitted to CMS upon admission and discharge to include pain, shortness of breath, bowel regimen, end of life treatment options, and spiritual or existential care.
- Internal, ongoing quality improvement
- Involvement in research efforts in end-of-life care by partnering with local and state colleges and universities to support masters' theses, doctoral dissertations, and faculty-led research initiatives through a National Research Committee
- Education – through the following:
 - Continuing Education Units
 - Internship Programs
 - Research Studies
 - Compassionate Allies Program

The applicant shares that AccentCare of Pasco also has higher CAHPS scores than HPH Hospice.

Other matters of access discussed are financial, geographic, and service (pages 3-6 & 3-7 of the application). Among mentioned, the applicant offers the following conditions so that those who are Asset Limited, Income Constrained, Employed (ALICE), will be assured access to healthcare:

- A Homeless Program, providing funding for the Mid Florida Homeless Coalition to identify those in need and provide care and lodging to the homeless with terminal illness.
- A Health Crisis Support Program in partnership with United Way of Hernando County to ensure those experiencing a financial hardship and a health crisis or terminal illness receive support with basic needs, as well as access to hospice and palliative care.

AccentCare asserts that geographic access deficiencies were identified in its Community Based Needs Analysis and Hernando County residents out-migrated for specialized consultative health care for pediatric patients and hospice care to the Tampa Metropolitan area, particularly within Pasco County. The applicant assures that its Spring Hill location will improve efficiencies while servicing Hernando residents.

AccentCare commits that it will benefit residents by bringing new services to the planning area that are not currently provided, including the following:

- Targeted programs for serving the homeless and low-income families
- Music therapy, virtual reality, legacy projects, and other services not typically covered
- A dedicated pediatric hospice and palliative care with staff specializing in pediatrics
- SAGE certification for serving the LGBT community
- Partners in Care program to increase utilization in long-term care facilities

AccentCare briefly mentions its Namaste Care program, for patients with dementia and other neurological illnesses, its Jewish Hospice Services designed to provide competent, compassionate, and culturally-sensitive care to Jewish patients and its Open Access services that allow AccentCare to fund medical interventions beyond the core hospice benefit. The applicant notes that it will use its Electronic Medical Records (EMR) platform that provides access via laptop, cell phone, and notebook platforms for immediate response and reporting in the patient record, the Seasons referral app, and the call center—available 24 hours a day, seven days a week, with operators that are employees who are trained responders to improve access.

Regarding the extend of utilization, a graph reflecting annual hospice admissions and penetration rates for HPH Hospice and statewide during CYs 2016-2021 and hospice census for AccentCare Pasco are included:

- HPH Hospice Consistently Performs Below Statewide Average in Hospice Penetration (page 3-9, Figure 1-2)
- AccentCare of Pasco County Growth in Hospice Census, April 2020 through August 2022 (page 3-10, Figure 3-3)

AccentCare notes the graphs reflect existing SA 3D hospice providers' admission trends and its own ability to improve access and increase utilization of hospice service to area residents. AccentCare attributes having a major national company behind it and its patient-centered focus, demonstrates its ability to grow, adapt and change under challenging times and changing conditions. Further, its growth reflects commitment to deliver end of life care that meets the expectations of the family and the patient. AccentCare also responds to the Health Care Access Criteria on the application's pages 3-11 through 3-15.

VITAS Healthcare Corporation of Florida (CON application #10727)

addresses this previously and 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. Specific groups to be served include, but are not limited to:

- Minority populations, including:
 - Hispanic/Latinx residents
 - African American residents
 - Jewish residents
- Patients with respiratory, cardiac and cancer diagnoses
- Veterans

- 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.**

Regency Hospice of Northwest Florida, Inc. (CON application #10725)

states it is one of only seven hospices in Florida that holds a four-star rating according to Hospice Compare, the official Medicare website reporting on hospice quality for consumers, scoring higher than the Florida statewide average in every single measure under the CAHPS Survey (Table 1, page 7) and that no hospice in Florida received a five-star rating in 2022. Further, Regency Hospice of Northwest Florida is accredited by the Accreditation Commission for Health Care (ACHC) and received full approval May 2021, as a hospice program with a recommendation for continued deemed status. The applicant has

committed to become ACHC accredited at Regency Hospice within the first two years of operation. (See "Conditions to the Application," on page 60, and Exhibit B: Accreditation and Licensure.)

Regency Hospice of Northwest Florida currently serves approximately 800 patients annually in SA 1 (Escambia, Okaloosa, Santa Rosa, and Walton Counties). Regency asserts that high-quality patient care will be administered through its care transition program which helps to ensure the right level of care is delivered at the right time. This program focuses on the continuum of care for patients for improved outcomes and cost reduction and that care coordination allows patients receive the clinical excellence and the support they need while remaining at home, reducing hospital readmissions, and providing support for their family/caregivers while honoring the patient's and family's choice of provider, even if it is not a Regency or Kindred provider. Regency notes that Humana retains a minority ownership stake in KAH, and that it is an in-network provider for the Humana commercial (non-Medicare) insurance plans. Regency argues that because of the monopoly status of HPH Hospice in SA 3D, payors such as Humana now have no way to ensure a choice among hospice providers for their enrollees, nor to demand high-quality outcomes for their enrollees that require hospice care. Further, payors such as Humana have a demonstrated preference for contracting with a smaller number of high-quality providers to ensure their members receive timely access to quality care and to limit the administrative burden of contracting with many small agencies. Regency notes the letter of support from Humana's Florida Medicare Regional President, Caraline Coats and provides an excerpt on page eight of this application:

"In addition to expanding access, our enrollees would benefit greatly from having the ability to choose a high-quality hospice provider that emphasizes continuity of care. Regency Hospice and its parent company, Kindred at Home (soon to be known as Gentiva), are known and respected by physicians in communities all over the nation and have a record of culturally sensitive and innovative hospice care."

Regarding its Quality Assurance and Utilization Review/Quality Assessment and Performance Improvement Committee and Plan (pages 36-38) the applicant states that it

- is already a licensed hospice provider in Florida in SA 1
- will become ACHC accredited before the end of Year Two of operation if it is awarded a CON for SA 3D
- ensures high-quality patient care through its care transition program

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- will participate in all state and federally-required hospice quality reporting
- will participate in Regency Hospice internal corporate quality reporting and improvement programs
- will comply with all required reporting to the state, including participation in the Florida survey of licenses and operational hospice programs
- will employ a qualified physician as medical director overseeing its clinical operations once it is granted a CON to serve SA 3D
- will employ nurse supervisors and additional nursing staff to meet the need of all admitted patients in SA 3D
- will employ chaplains and spiritual counselors to meet the needs of all admitted patients in SA 3D
- will recruit and train volunteers to support the care of patients and their families. Regency Hospice operates robust volunteer programs in all locations and uses trained volunteers for a variety of special services including pet therapy and companion visits. (Exhibit E: Volunteer Program for supplementary materials.)
- will provide at least 13 months of bereavement support for bereaved family members of hospice patients (Exhibit F: Bereavement Resources includes samples of letters, workshop programs, bereavement group meetings and other special events conducted at Regency Hospice programs)
- will provide nutritional services whenever required under a patient's plan of care
- has existing policies and procedures in place that comply with state law and rules relative to advance directives
 - will inform each patient of his/her right to establish an advance directive as part of the advance care planning process, which begins at admission and is ongoing throughout the hospice care process and does not restrict admission or limit services based on a patient's self-determination choices and that copies of patient self-determination documents are in the clinical record and the patient's home
- will also comply with Florida-specific do not resuscitate order format and providing Florida information on advance directives.
- has established an emergency operation plan for preparedness and response in accordance with state and federal requirements that is based on an assessment of the potential risks and hazards specific to the hospice location. This plan addresses communications needs during and after the situation, and the plan is reviewed annually with updates to the plan made following implementation via annual testing strategies or actual experiences in which the plan was activated in response to a natural or man-made disaster.

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Regency states this policy includes requirements that each location's plan include provision for special needs shelter and annual review with the appropriate county EMA (Exhibit G: Emergency Management Plan includes a copy of Regency Hospice of Northwest Florida's current plan)

- will conduct employee training on the requirements of the state of Florida and specific approved training regarding care for patients with Alzheimer's Disease it uses an approved module through agreement with RELIAS hospice training
- will offer a high-quality alternative that should result in a higher percentage of eligible patients in Hernando County seeking hospice care in the future, thereby expanding the pool of patients served.

Regency cites its previously detailed services to minorities, veterans, along with its community outreach—stating that Regency representatives collected 36 letters from service providers and support organizations and 270 letters of support from residents and in SA 3D. Further, many of these recount experiences of poor care and poor service from the existing provider, the only hospice now available to them.

Regency lists its special complementary services and notes that a case manager and/or social worker, is responsible for coordinating services and that the complementary therapist will evaluate patients' need for services and develop and initiate a plan of care for providing regular therapy sessions, adhering to all the hospice operational policies including but not limited to, patient assessment, reassessment, completion of the comprehensive assessment, development of the plan of care, etc. Further, all care provided by the pet therapy volunteer will be outlined in the volunteer care plan and agreed upon by the Interdisciplinary Group (IDG).

Regency states that it has designed a blend of services and outreach programs that will bring both choice and improved service to SA 3D.

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CAHPS Hospice Survey Comparison of Scores on the 8 Quality Metrics

QUALITY METRICS	NATIONAL AVERAGE	FLORIDA AVERAGE	REGENCY HOSPICE	HPH HOSPICE
Communication with family: The hospice team always listened carefully and kept the patient's family informed.	81%	77%	84%	73%
Getting timely help: The hospice team always gave patients and families help when they needed it.	78%	75%	77%	72%
Treating patient with respect: The hospice team always treated the patient with dignity and respect.	90%	88%	92%	86%
Emotional and spiritual support: The hospice team gave the right amount of emotional, spiritual, and religious support.	90%	88%	93%	84%
Help for pain and symptoms: The hospice team always gave the patient as much help as needed for pain and other symptoms.	75%	73%	78%	68%
Training family to care for patient: The hospice team always gave family members the training and information they needed to care for the patient.	76%	70%	80%	64%
Rating of this hospice: Family caregivers who gave the hospice agency a total rating of 9 or 10 (where 10 is the best).	81%	79%	85%	75%
Willing to recommend this hospice: Family caregivers who would recommend this hospice agency to friends and family.	84%	84%	89%	81%

Source: CON application #10725, page 7 from Family caregiver experience, Medicare.gov Care Compare website @ <https://www.medicare.gov/care-compare/>. Data updated August 31, 2022.

Regency and its affiliates serve six SAs. Agency records indicate that for the three-year period ending October 26, 2022, Regency Hospice Of Northwest Florida, Inc. had no substantiated complaints. Affiliates of the applicant had a total of four substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. The table below account for the substantiated complaints by the applicable complaint category.

**Regency Hospice Florida Affiliates
Substantiated Complaint History by Category
Three-Year Period Ending October 26, 2022**

Complaint Category	Number Substantiated
Administration/Personnel	3
Resident/Patient/Client Rights	2
Quality of Care/Treatment	1

Source: AHCA Substantiated Complaint History

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) states that it is affiliated with AccentCare, Inc., which has over 31,000 highly trained and compassionate home health professionals in over 260 locations in 31 states, serving over 260,000 individuals each year offering that a full facility list is provided in Exhibit 17 at the end of the application.

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Further, all AccentCare's hospice programs have a history of seeking accreditation through Community Health Accreditation Partner (CHAP). The applicant states its SA 3D program will seek CHAP and Joint Commission accreditation along with maintaining Level 5 We Honor Veterans certification, maintaining Platinum SAGE certification, Adherence to AccentCare's National Ethics Committee, Adherence to the CMS reporting requirements, NHPCO and FHPCA membership, Accreditation by the American Nurses Credentialing Center, and Accreditation by the Association of Social Work Boards.

AccentCare states that its approach encompasses the ten components of quality in hospice care, as identified by the NHPCO's Quality and Standards Committee. These include the following:

- Patient and Family Centered Care
- Ethical Behavior and Consumer Rights
- Clinical Excellence and Safety
- Inclusion and Access
- Organizational Excellence
- Workforce Excellence
- Standards
- Compliance with Laws and Regulations
- Stewardship and Accountability
- Performance Measurement

When addressing its corporate culture, explains employee expectations for care to patients and families below.

- Our Purpose: Reimagine care, together
- Our Vision imagines a world where:
 - Patients and clients receive the understanding, empathy, and excellence they deserve
 - Families experience compassionate support from a trusted guide at each step
 - Team members grow, thrive, and find inspiration in a supportive work environment
 - Communities and strategic partners succeed with the help of a comprehensive and responsive partner
- Our Values
 - Act with integrity
 - Be compassionate
 - Commit to excellence

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The applicant provides its patient-centered approach to care through the AccentCare Hospice Circle of Care diagram, Figure 4-1 on the application's pages 4-4 and 4-5, stating it takes a proactive approach to ensuring quality through the following standard programs at all hospice locations:

- **Circle of Care Calls** provide real-time data to the hospice team, so they know the patient's clinical and psychosocial needs before the weekend begins. Calls are conducted weekly, and then hospice staff work to make sure patients have all medications, supplies, and visits they need over the weekend.
- **Make A Difference Calls** are quality calls that are made at significant points in the hospice journey. They are made within seven days of admissions to get feedback on coming on board hospice. Calls are also made to patients who have been on hospice care at 30 and 90 days. These patients who have been on hospice care for longer periods of time are asked focused questions about their care experience.

AccentCare addresses its management stating that it provides daily operational support, assuring uniformity locally and nationally in its hospices overseeing compliance with Federal and state reporting standards, hospice accreditation, billing, data reporting, compliance monitoring, staff education and training, and employment. The applicant notes the following technology it provides to assure patient responsiveness (usually within an hour):

- Hospice Referral App - offers a secure way for physicians, health care professionals, and others to refer patients or residents to hospice.
- MEDALOGIX a software that uses predictive analytics to identify patients at risk of decline, data, along with clinical insights, can determine the optimal number of visits a patient needs to achieve a positive outcome.

AccentCare reiterates its previously discussed educational programs and discusses its in-service training and staff development programs that employ an e-learning approach with different modules for employees' general orientation along with the orientation required for hospice aides, nurses, and supportive care providers. Policies supporting training and education are included in the application's Exhibit 14. AccentCare explains that it uses the HIS data to track the assessment practices of all its admission staff and uses CAHPS data to compare its performance with similar hospice programs and to guide its Quality Assurance and Performance Improvement Program. Programs that impact Quality of Care include:

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- Telemedicine Access
 - allows nurses to make HIPAA-compliant, secure calls to hospice physicians while at a patient's bedside which provides nurses with clinical support
 - used to contact the patient's interdisciplinary care team, looping in family members, social workers, chaplains and even music therapists, based on a patient's needs and desires.
- EMR - allows accurate, timely patient data to be accessed 24 hours a day, seven days a week.
Benefits include:
 - Use of integrated software system for clinical and nonclinical staff and volunteers. Homecare Homebase software is a platform that includes EMR, scheduling tools, billing, accounts receivable, human resources and reports required to effectively manage a hospice agency.
 - Field staffs are able to remotely access the EMR using the component. Social workers, music therapists, chaplains, volunteer coordinators, nurses, and other staff who work in the field can use this platform.
 - The platform allows for synchronization with computers making data accessible to the required users, providing real time documentation of services delivered to patients and scheduled visits, and medication orders. Status of referrals is also captured and reviewable.
 - provides the provision of statistical data used for quality assurance and program compliance, and the partners and vendors use the information in evaluating their own quality performance indicators.
 - the integration of pharmacy information to manage and document all medications each patient receives. The EMR system permits staff to review and the track all medication orders and check for contraindications.
- Call Center Integrated with EMR
 - The call center is staffed by AccentCare employees.
 - The call center is staffed with nurses licensed in every state served by AccentCare.
 - Call center staff can access EMR information to respond to patients' needs
 - Call center staff route and arrange for patient assessment 24 hours a day, seven days a week.

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AccentCare addressed the following in this application

- Symptom Management Data
- CAHPS Improvement Initiative

The applicant provides the September 30, 2021, HIS scores as of August 31, 2022, to compare HPH Hospice and AccentCare of Pasco County to Florida and National Averages. AccentCare notes these demonstrate its high quality scores, similar to state and national averages and scores higher than average for Pain Assessment and Treatment Preferences. The reviewer partially reproduces the average scores and the average scores below.

**Hospice Item Set (HIS) Score Comparison,
Time Period Ending on September 30, 2021**

HIS Measure Name	HPH Hospice	AccentCare of Pasco County	Florida All Average	National All Average
Beliefs & Values Addressed (if desired by the patient)	96.20	96.90	98.38	97.90
Hospice and Palliative Care Pain Assessment	97.30	97.60	95.66	94.10
Hospice and Palliative Care Treatment Preferences	99.60	100.00	99.70	99.50
Average Score	97.35	96.14	97.86	96.26

Source: CON application #10726, page 4-13, Table 4-1.

The applicant assures that each of AccentCare's regional hospice teams conduct quality improvement projects on CAHPS surveys educating and training its hospice staff on the importance of CAHPS quality measures. AccentCare notes that each quarter, the regional quality teams tackle a particular area of concern related to CAHPS and other quality measures then employs its Quality and Field Compliance staff to run a daily report for the last ten days of each month to identify family members without a complete mailing address ensuring a complete address for each patient and caregiver by the deadline for sending a survey.

AccentCare presents the most recent available CAHPS scores released August 31, 2022, demonstrating it scores higher than the existing hospice in SA 3D and higher than the state and national averages.

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**Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
Scores Comparison, for the Time Period Ending on September 30, 2021**

CAHPS Measure Name	HPH Hospice	AccentCare of Pasco County	Florida All Average	National All Average
Communication with family	73	86	77.49	80.97
Getting Timely Help	72	86	74.51	77.62
Treated patient with respect	86	97	87.91	90.47
Emotional and spiritual support	84	89	88.29	90.02
Help for pain and symptoms	68	75	72.53	75.02
Training family to care for patient	64	79	70.18	75.72
Caregivers rated the hospice a 9 or 10	75	82	79.16	81.03
Willing to recommend the hospice	81	88	83.51	84.32
Average Score	75.38	85.25	79.20	81.90

Source: CON application #10726, Table 4-2, page 4-14.

Regarding its Bereavement Support Assessment, the applicant states that AccentCare staff conduct a bereavement risk assessment of all caregivers which covers fifteen risk factors to identify caregivers and loved ones who need additional bereavement support then AccentCare's counselors meet with those with a high bereavement risk score to give them the support they need. AccentCare states that it also conducts additional, non-mandatory bereavement surveys to assess the services it provides to family members and loved ones and that its Evaluation of Grief Support Services (EGSS) is sent after the 13th month of a loved one's death and are sent to any person who has received AccentCare bereavement services.

AccentCare concludes its response by reiterating its specialized programs as stated in its Rule Preference response and summarizes that it has the quality systems, procedures, and programs that are not available within the SA at the present time, necessary to implement a new hospice program in Hospice SA 3D.

AccentCare and its affiliates serve five SAs. Agency records indicate that for the three-year period ending October 26, 2022, AccentCare affiliates had a total of one substantiated complaint. Each substantiated complaint can encompass multiple complaint categories. During the three years ending October 26, 2022, AccentCare affiliates had one substantiated complaint which was in the Quality of Care/Treatment complaint category.

VITAS Healthcare Corporation of Florida (CON application #10727) states that it is a national leader in hospice and palliative care and has a long history of providing quality care in Florida and across the country.

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“VITAS Healthcare by the Numbers (Nationwide, 2021)” are provided on CON application #10727, page 16:

- 86,900 patients served
- Average daily census (ADC) of 18,003 patients
- 49 hospice programs in 14 states and DC
- 9,933 employees including 3,762 nurses
- 3,463 volunteers providing 124, 174 volunteer hours
- \$12.9 million in charity care (in applicant’s narrative)

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
- Average daily census 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 Healthcare states having the following mission, values, and vision on page 19 of the Project Summary:

- Mission
 - VITAS is a growing family of hospices providing the highest quality human services, products and case management to terminally ill and other appropriate patients and their families with measurable advantages for the patient, the family, the medical community, the employee, and the stockholder
- Values
 - Improving the quality of life, empowerment and personal dignity are fundamental values and principles at VHC. VITAS' values are instilled in all of its employees, from the corporate office to the field staff member
 - Patients and families come first.
 - We take care of each other.
 - I'll do my best today and do even better tomorrow.
 - I am proud to make a difference.

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- 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 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 Hurricane Ian as well as the COVID-19 Pandemic (CON application #10727, pages 31 – 37 and TABs 13 and 20). VITAS provides a detailed narrative supporting its contention that it is “the Right Choice for Subdistrict 3D” (CON application #10727, pages 37–48) citing its abilities relating to entering new markets and prior performance in other Florida Subdistricts.

Beginning on page 50 VITAS discusses the following

- VITAS IT and Technology as it relates to improving quality, patient care, and education VITAS App (TAB 21 of this application) its existing telehealth platform
- VITAS Works with All Florida Medicaid Managed Care Plans
- Executive Leadership
- VITAS Healthcare and Support Services
 - VITAS offers four levels of hospice care:
 - Routine Home Care
 - Intensive Comfort Care™ (continuous home care)
 - Inpatient Care
 - Respite Inpatient Care

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- VITAS care team includes:
 - Physicians
 - Nurses
 - Hospice Aides
 - Social Workers
 - Chaplains
 - Volunteers
 - Bereavement Specialists

VITAS reiterates its approach to address the need it contends exists in Subdistrict 3D:

- Care for Patients with Heart/Cardiac Disease (sample materials located in TAB 23)
 - Development of an individualized care plan even if they have these more complex care needs
 - Monitor and manage symptoms, communicate with treating cardiologists, and provide medication and equipment management services
 - VITAS' teams provide an average of 4.3 home visits per week and proactively call patients and families to stay informed. (4.6 home visits per week in Florida).
 - Staff education (including select care processes), patient and caregiver education and support, care coordination, and tailored quality improvement.
- Care for Patients with Cancer Diagnoses (sample materials located in TAB 24)
 - VITAS conditions this application on providing palliative care to cancer patients by providing palliative chemotherapy and radiation to manage patients' pain and symptoms, as appropriate.
 - VITAS will provide its Cancer Care Training Program which sets forth the goal of understanding, describing, and documenting the factors that qualify oncology patients as hospice appropriate, identify the relationship between functional status and prognosis in cancer, appreciate the benefits to patients of timely end-of-life discussions, and recognize the value of earlier hospice referral in advanced cancer. VITAS notes the program offers CE credits for Nursing/Social Workers and Nursing Home Administrators approved by the Florida Board of Nursing, Florida Board of Nursing Home Administrators, and Florida Board of Clinical Social Workers, Marriage and Family Therapy and Mental Health Counseling.

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- Care for Patients with Pulmonary Disease (sample materials are in CON application #10727, TAB 25)
 - VITAS conditions this application offering its Pulmonary Care Program to the residents of Subdistrict 3D along with providing a respiratory therapist.
 - A chart on page 59 describes how VITAS addresses the common issues of patients as breathing trouble, emergency room visits, difficulty managing pain and other symptoms
- Care for Patients with Alzheimer's and Dementia (sample materials are in CON application #10727, TAB 26)
 - VITAS' approach to caring for patients with Alzheimer's and dementia focuses on three aspects of care: (1) reducing inappropriate psychotropic use; (2) educating hospice staff, caregivers, and area healthcare providers; and (3) conducting ongoing research on hospice care for dementia and Alzheimer's patients.
- The use of non-pharmacological treatments and interventions, such as:
 - Reminiscence therapy (discussion of past experiences)
 - Validation therapy (working through unresolved conflicts)
 - Playing audiotaped recording of family members' voices
 - Aromatherapy
 - Light therapy
 - Music Therapy
 - Physical activity
 - Hydration
 - Massage Therapy
 - Orienting patients to their surroundings, and modifying their home environment
- Closely tracking which medications are prescribed, and what other treatments have been attempted

VITAS discusses its specialized programming and support services on CON application #10727, pages 62 - 83. These include but are not limited to the ones listed below:

How VITAS Addresses Patient and Caregiver Needs

- Caregiver education and training
- Help with difficult decisions
- Nurses available by phone 24/7 - VITAS Telecare system
- Respite Care – offering up to five days of inpatient care to give the caregiver rest
- Emotional and spiritual assistance – the hospice team includes chaplains and social workers providing spiritual guidance, comfort, and bereavement services

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VITAS offers its Intensive Comfort Care (included in CON application #10727, TAB 28)

- A customized care plan created by an RN case manager that specifies supplemental care from a hospice nurse or aide, and support from a hospice physician.
- Ensures that the care residents receive matches the end-of-life care they prefer
- Relieves burdens and stress on LTC staff by incorporating hospice resources, expertise, 24/7 availability, and team members into residents' daily care plans
- Reduces readmissions of LTC residents to the hospital or emergency department and improves overall metrics for long- and short-stay quality of care, and patient/family satisfaction.

VITAS includes descriptions of the following:

- VITAS' Pharmacy Program
- Chaplain
- Volunteers – services and duties include
 - Veteran Volunteers
 - LifeBio (TAB 29)
 - Clinical Personnel and First Responder Tributes
 - Paw Pals Pet Therapy (TAB 29)
 - Hair Care Volunteers
 - Hair Care volunteers - licensed cosmetologists
 - Lavender Touch - Lavender Touch with Reiki
 - Musical Memories
 - Crafts

VITAS provided a detailed narrative in its Project Summary as a response to Bereavement Program, Services and Support on the application's pages 69—75. Outreach and education discussed on pages 75 -83 of the application include:

- Outreach to Hispanic Communities
- Veteran Outreach - VITAS Veteran Representatives in Florida, We Honor Veterans Program, VITAS Bedside Salute Service Pinning, Virtual Reality Flightless Visits to DC War Memorials, Veterans Wall of Honor , and VITAS Veterans Benefit Assistance Program
- Assisted Living Facility Outreach Program
- Solo Agers Outreach Program
- Ask the Doctor and/or Clinician Events
- Hospice Training Programs
- Outreach to Cultural and Religious Groups
 - Cultural Diversity – Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Vietnamese, Haitian, Hispanic/Latino, LGBTQ Persons, and Native Americans Tagalog

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- Spiritual/Religious – Buddhism, Catholicism, Christian Scientist, Hinduism, Jehovah's Witness, Muslim, Mormon, Paganism, Santeria, Seventh Day Adventist, and Navajo Indians

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), the Medicaid Program (page 178 of this application) and has consistently demonstrated compliance with all Florida licensure requirements. Examples of supporting materials for VITAS' programs are in CON application #10727, TABs 13, and 23 - 26.

Narrative discussion and tables/diagrams of hospice quality measures and VITAS comparative performance with respect to quality care and compliance include:

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

VITAS provides discussion of its Quality Assurance/Utilization Review (QAUR) Plan and Committee, Quality Assessment and Performance Improvement (QAPI) process and QAPI Dashboard. 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:

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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 that Tab 40: QAPI Data Elements includes the VITAS QAPI Plan.

VITAS bullets two initiatives that the applicant plan to implement in SA 3D and maintains that its SA 3D program, like all other VITAS Healthcare programs, will adhere to the same policies, procedures, and standards:

- VITAS will provide hospice staff with dashboard reports that summarize quality indicators from the Hospice Item Set (HIS) and CAHPS data to provide insight into performance at the hospice.
- Hospice Item Set (HIS) Admission Scorecards facilitate analysis of HIS measures on a program-specific basis. HIS Admission Scorecards improve the overall quality of the admission assessment by enabling programs to evaluate their performance and initiate improvement efforts, as needed.

On pages 179-186 of the application, VITAS provides a discussion of its policies as they relate to its employees. The applicant indicates that recognizing the importance of providing culturally relevant care, it will build a diverse and highly skilled work force. 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 Interdisciplinary Team 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 (page 88 of this application). VITAS indicates it meets or exceeds performance on all measures and when compared the experience of HPH, the sole provider in Subdistrict 3D, that HPH's experience in the Patient Preferences, Beliefs/Values Addressed and the Pain Screening measures are below the national average. VITAS' Exhibit 17 on the application's page 89 is provided to support this response.

VITAS serves 17 SAs. Agency records indicate that for the three-year period ending October 26, 2022, VITAS had a total of 15 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 Healthcare Corporation of Florida
Substantiated Complaint History by Category
Three-Year Period Ending October 26, 2022**

Complaint Category	Number Substantiated
Quality of Care/Treatment	10
Resident/Patient/Client Rights	7
Administration/Personnel	3
Resident/Patient/Client Neglect	2
Misappropriation of property	1
State Licensure	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 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.

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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.

Regency Hospice of Northwest Florida, Inc. (CON application 10725):

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

10725 - Kindred at Home Hospice and Personal Care		
	Dec-21	Dec-20
Cash and Cash Equivalents	\$16,058,000	\$73,658,000
Current Assets	\$256,314,000	\$303,211,000
Total Assets	\$4,394,895,000	\$3,491,833,000
Current Liabilities	\$216,478,000	\$298,071,000
Total Liabilities	\$2,351,309,000	\$507,848,000
Net Assets	\$2,043,586,000	\$2,983,985,000
Total Revenues	\$1,495,913,000	\$1,506,813,000
Excess of Revenues Over Expenses	\$139,377,000	\$101,569,000
Cash Flow from Operations	\$168,793,000	\$380,256,000
Short-Term Analysis		
Current Ratio (CA/CL)	1.2	1.0
Cash Flow to Current Liabilities (CFO/CL)	77.97%	127.57%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	104.5%	7.0%
Total Margin (ER/TR)	9.32%	6.74%
Measure of Available Funding		
Working Capital	\$39,836,000	\$5,140,000

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 \$1,094,697 (as filed not accounting for \$18 applicant transposition error), which consists of the CON subject to this review (\$990,679) and the routine capital budget for 2022 (\$104,000). The applicant indicates on Schedule 3 of its application that funding for the project will be by its parent company, KAH Hospice Company, Inc. With \$16.0 million in cash and cash equivalents and \$39.8 in working capital at December 31,

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2021, the applicant’s parent company has sufficient resources to fund this project and all capital expenditures.

Conclusion:

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

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726): 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.

10717 - Horizon Acquisition Co., Inc. & Subs		
	Dec-21	Dec-20
Cash and Cash Equivalents	\$21,579,000	\$56,331,000
Current Assets	\$278,091,000	\$315,401,000
Total Assets	\$2,371,387,000	\$2,304,843,000
Current Liabilities	\$227,286,000	\$204,080,000
Total Liabilities	\$1,601,000,000	\$1,436,979,000
Net Assets	\$770,387,000	\$867,864,000
Total Revenues	\$1,565,047,000	\$949,710,000
Excess of Revenues Over Expenses	(\$59,192,000)	\$46,692,000
Cash Flow from Operations	(\$2,796,000)	\$15,554,000
Short-Term Analysis		
Current Ratio (CA/CL)	1.2	1.5
Cash Flow to Current Liabilities (CFO/CL)	-1.23%	7.62%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	178.3%	142.1%
Total Margin (ER/TR)	-3.78%	4.92%
Measure of Available Funding		
Working Capital	\$50,805,000	\$111,321,000

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 \$268,799, which consists entirely of the CON subject to this review. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand and from operations. With \$21.6 million in cash and cash equivalents, the applicant has sufficient resources to fund this project and all capital expenditures.

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Conclusion:

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

VITAS Healthcare Corporation of Florida (CON application #10727):

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 10727 - Vitas Healthcare Corporation of Florida		
	Dec-21	Dec-20
Current Assets	\$55,386,263	\$52,333,822
Total Assets	\$1,019,895,291	\$911,011,782
Current Liabilities	\$41,976,221	\$42,509,302
Total Liabilities	\$86,019,107	\$85,483,887
Net Assets	\$933,876,184	\$825,527,895
Total Revenues	\$710,744,055	\$721,468,057
Excess of Revenues Over Expenses	\$108,348,289	\$130,171,490
Cash Flow from Operations	\$113,771,448	\$140,274,017
Short-Term Analysis		
Current Ratio (CA/CL)	1.3	1.2
Cash Flow to Current Liabilities (CFO/CL)	271.04%	329.98%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	4.7%	5.2%
Total Margin (ER/TR)	15.24%	18.04%
Measure of Available Funding		
Working Capital	\$13,410,042	\$9,824,520

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 \$12,266,991, which includes \$856,172 for the CON currently under review. 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 SA with published need is more likely than not to be financially feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

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

CON Action Numbers: 10725, 10726 & 10727

CON #10725	Regency Hospice of Northwest Florida, Inc.				
Hernando	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$139.48	0.8793	\$122.64	\$71.86	\$194.50
Routine Home Care 61+ days	\$110.22	0.8996	\$99.15	\$56.78	\$155.93
Continuous Home Care	\$1,144.57	0.8793	\$1,006.42	\$377.47	\$1,383.89
Inpatient Respite	\$300.18	0.8793	\$263.95	\$191.92	\$455.87
General Inpatient	\$705.33	0.8793	\$620.20	\$405.43	\$1,025.63
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	1.049	\$204.04	\$872,552		4,276
Routine Home Care 61+ days	1.049	\$163.58	\$2,409,621		14,731
Continuous Home Care	1.049	\$1,451.72		24	0
Inpatient Respite	1.049	\$478.21	\$16,687		35
General Inpatient	1.049	\$1,075.89	\$56,315		52
Total			\$3,355,175		19,095
			Days from Schedule 7		20,430
			Difference		1,335
			Percentage Difference		6.54%

As such, the applicant’s projected patient days are 6.54 percent or 1,335 days more than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$248,174 in year one to a net profit of \$438,633 in year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10725, 10726 & 10727

CON #10726	Seasons Hospice & Palliative Care of Pasco County				
Hernando	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$139.48	0.8793	\$122.64	\$71.86	\$194.50
Routine Home Care 61+ days	\$110.22	0.8793	\$96.92	\$56.78	\$153.70
Continuous Home Care	\$1,144.57	0.8793	\$1,006.42	\$377.47	\$1,383.89
Inpatient Respite	\$300.18	0.8793	\$263.95	\$191.92	\$455.87
General Inpatient	\$705.33	0.8793	\$620.20	\$405.43	\$1,025.63
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	1.056	\$205.37	\$988,204		4,812
Routine Home Care 61+ days	1.056	\$162.29	\$1,525,968		9,403
Continuous Home Care	1.056	\$1,461.22	\$213,033	24	146
Inpatient Respite	1.056	\$481.34	\$35,088		73
General Inpatient	1.056	\$1,082.94	\$157,884		146
		Total	\$2,920,177		14,579
			Days from Schedule 7		15,092
			Difference		513
			Percentage Difference		3.40%

As such, the applicant’s projected patient days are 3.4 percent or 513 days more than the number of patient days calculated by staff. Operating profits from this project are expected to increase from a net loss of \$363,502 in year one to a net profit of \$605,404 in year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10725, 10726 & 10727

CON #10727	VITAS Healthcare Corporation of Florida				
Hernando	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$139.48	0.8793	\$122.64	\$71.86	\$194.50
Routine Home Care 61+ days	\$110.22	0.8793	\$96.92	\$56.78	\$153.70
Continuous Home Care	\$1,144.57	0.8793	\$1,006.42	\$377.47	\$1,383.89
Inpatient Respite	\$300.18	0.8793	\$263.95	\$191.92	\$455.87
General Inpatient	\$705.33	0.8793	\$620.20	\$405.43	\$1,025.63
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	1.050	\$204.24	\$1,891,279		9,260
Routine Home Care 61+ days	1.050	\$161.39	\$4,339,787		26,890
Continuous Home Care	1.050	\$1,453.15	\$339,016	24	233
Inpatient Respite	1.050	\$478.68	\$59,938		125
General Inpatient	1.050	\$1,076.95	\$613,383		570
		Total	\$7,243,403		37,079
			Days from Schedule 7		34,707
			Difference		-2,372
			Percentage Difference		-6.83%

As such, the applicant’s projected patient days are negative 6.83 percent or 2,372 days fewer than the number of patient days calculated by staff. Operating losses from this project are expected to decrease from \$1,825,260 in year one to \$234,929 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 understated.

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

Applies to all co-batched applicants: Strictly, from a financial perspective, the type of price-based competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost-effectiveness through competition is typically achieved via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in hospice, price-based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited.

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.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) states that it has a history of providing health services to Medicaid patients and the medically indigent. Regency's (SA 1) percent of total patient days for the month of February 2021, 3.2 percent to Medicaid and 1.2 percent to indigent/charity care were offered to support its historical provision of care to Medicaid and indigent/charity care patients.

Regency projects 10,756 total patient days for year one (ending June 2024) and 20,430 total patient days for year two (ending June 2025). The majority of patients days are estimated to be Medicare in year one (10,142 patient days or 94.3 percent) and again in year two (19,249 patient days or 94.2 percent). The applicant provided the following payer mix for year one and year two admissions.

CON Action Numbers: 10725, 10726 & 10727

**Regency Hospice of Northwest Florida, Inc
Admissions by Payer Source
Years One and Two**

	Year One	Year Two
Medicare	178	259
Medicaid	6	9
Charity		
Self-Pay	4	2
Com Ins	1	6
Total	189	275

Source: CON application #10725, page 44.

Regency states that it has budgeted for two percent of total revenues as Charity Care or \$31,612 (approximately 214 days) of year one and \$61,024 (approximately 407 days) in year two. Medicaid is projected to represent 3.1 percent of total patient days during years one and two.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) notes that AccentCare of Pasco County is an existing hospice serving Pasco County (SA 5A), first licensed in April of 2020. Four other AccentCare affiliates serve SAs 5B, 6A, 10 and 11.

AccentCare’s Table 9-1 on page 9-2 of the application shows CY 2021 contribution to all payors, including Medicaid and uncompensated care in Florida. Medicaid accounted for 2.4 percent (seven of 288 total) of AccentCare Hospice & Palliative Care of Pasco County admissions and 5.7 percent of AccentCare’s total (432 of 7,544) Florida admissions during CY 2021.

AccentCare states its projections below are based in part on its SA 5A (Pasco County) experience and what it expects for SA 3D.

Payer	Admissions		Patient Days	
	Year One	Year Two	Year One	Year Two
Medicare	100	185	5,313	14,274
Medicaid	3	5	153	411
Insurance	1	2	65	176
Self-Pay/Charity	2	3	86	231
Total	106	195	5,617	15,092

CON application #10726, page 9-3, table, 9-2.

AccentCare projects 1.5 percent of its SA 3D year one and year two patient days will be self-pay, stating that charity care days are “included as part of the self-pay days”. Medicaid is projected to account for 2.7 percent of the project’s year one and year two patient days.

VITAS Healthcare Corporation of Florida (CON application #10727) states that it “has a long history of providing services to Medicaid patients and proposes to provide services to Medicaid patients in SA 3D”.

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.

VITAS projects on its Schedule 7A that 0.3 percent of years one 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.

F. SUMMARY

A hospice program net need of zero was published for a new hospice program in SA 3D - Hernando County. 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) F.S., outweigh the lack of a numeric need.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) is an existing for-profit Florida hospice provider, whose ultimate parent company is KAH Hospice Company, Inc. or “KAH”. The parent organization operates as owner/licensee and holds controlling interest in Florida d/b/a as ‘Kindred Hospice’ in SAs 3B, 4B, 7B, and 11, Emerald Coast Hospice in SAs 1 and 2A and Regency Hospice of Northwest Florida in SA 1.

Total project cost is \$659,600. Regency Hospice of Northwest Florida, Inc. expects issuance of license on June 30, 2023, and initiation of service on July 1, 2023.

Pursuant to project approval, Regency Hospice of Northwest Florida, Inc. offers a total of 13 Schedule C conditions.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) is an existing for-profit Florida hospice provider affiliated with AccentCare, Inc., which employs over 31,000 home health professionals in over 260 locations in 31 states, serving over 260,000 individuals each year. The applicant’s Florida affiliates provide hospice services in SAs 5A, 5B, 6A, 10 and 11.

CON Action Numbers: 10725, 10726 & 10727

Total project cost is \$263,899. AccentCare expects issuance of license on March 31, 2023, and initiation of service on April 1, 2023.

Pursuant to project approval, Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County offers a total of 36 Schedule C conditions.

VITAS Healthcare Corporation of Florida (CON application #10727) is an existing for-profit Florida hospice provider that is a wholly owned subsidiary of VITAS Healthcare Corporation headquartered in Miami, Florida. VITAS provides hospice services in SAs 1, 2A, 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 8C, 9B, 9C, 10 and 11.

Total project cost is \$856,172. VITAS expects issuance of license on March 1, 2023, and initiation of service on March 31, 2023.

The applicant's Schedules 6A, 7A, and 8A the years one and two ending dates are written as September 30, 2023, and September 23, 2024, while its Schedule 10 Initiation of service date is listed as March 31, 2023.

Pursuant to project approval, VITAS offers approximately 25 Schedule C conditions.

Need/Access:

The co-batched applicants' proposed projects are not in response to published need in SA 3D. The applicants are applying to establish a new hospice program based on special and not normal circumstances.

Arguments for need include:

- Having only one hospice provider in the SA results in non-compliance with Florida's Managed Medicaid Statute, which requires 'Hospice Choice'.
- Proportionately less hospice service in ALFs and SNFs than the state average
- Low hospice penetration to the Hispanic population HPH Hernando serving 1.2 percent of deaths compared to Florida hospices' 5.1 percent - Deaths aged 65+ Hernando 11.3 percent – FL Hospices 29.7 percent
- Low hospice penetration to the African American population HPH serving - 2.9 percent of Hernando resident deaths compared to States' 8.6 percent - Deaths aged 65+ Hernando 61.5 percent – FL Hospices 71.2 percent

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- Patients access hospice care in Hernando County later with the SA 3D resident having a shorter hospice LOS than Florida rate.
- Community support for an additional hospice provider in Hernando County

Regency Hospice of Northwest Florida, Inc (CON application #10725) identifies the following specific populations with unmet hospice needs in the subdistrict:

- Minority Populations within Hernando County
- Terminally-Ill Residents in Nursing Facilities
- Veterans in Hernando County
- Patients receiving late admission to hospice
- Underservice/quality of service of the SA's sole hospice provider being the only choice

Regency projects 189 admissions in year one and 275 year two admissions.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) identifies unmet hospice needs support the need for another provider in the subdistrict include:

- Seniors, Age 65 and older, and residents in ALFs and SNFs
- Minority Populations, including African Americans and Hispanics
- Lesbian, Gay, Bisexual, and Transgender population
- Low Income and Homeless Populations
- Terminally-ill patients with Cancer, Circulatory System Diseases, Respiratory System Diseases and COVID 19
- Pediatric population
- AccentCare Pasco County (SA 5A) is adjacent to Hernando County and AccentCare has large overlap of Hernando patients seeking treatment in the Tampa Metro area
- AccentCare has hospice programs serving three of the four counties making up the Tampa-St.Petersburg-Clearwater FL Metropolitan Statistical Area
- AccentCare proposes to condition CON approval to establish an office location in Spring Hill, Hernando County, to improve availability and access to hospice service for residents of Hernando County. HPH has an inpatient facility and office in Brooksville.

AccentCare projects 106 year one admissions and 195 year two admissions.

VITAS Healthcare Corporation of Florida (CON application #10727) identifies the following specific populations with unmet hospice needs in the subdistrict:

- Minority population including Hispanic/Latinx and African American residents
- Impoverished and/or food insecure populations
- Patients with cardiac, cancer, and respiratory diagnoses near the end of life
- Patients requiring continuous care and high acuity services.
- Patients residing in ALFs
- Patients who would benefit from earlier admission to hospice.

VITAS projects 174 admissions in year one and 379 admissions in year two.

Quality of Care:

All co-batched applicants demonstrate the ability to provide quality care.

Regency Hospice of Northwest Florida, Inc. (CON application #10725) is an existing for-profit hospice provider licensed in SA 1, whose parent operates seven hospice programs in six of Florida's 27 SAs

- Regency Hospice's most currently available CAHPS measure for 'Willingness to Recommend the Hospice' score was 89 percent compared to the State's average score of 84 percent
- Regency had no substantiated complaints and Regency affiliates had four substantiated complaints during the 36 months ending October 26, 2022.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726)

- Is an existing for-profit hospice provider licensed in five of Florida's 27 SAs
- AccentCare's most currently available CAHPS measure for 'Willingness to Recommend the Hospice' score was 88 percent compared to the State's average score of 84 percent
- The applicant had no substantiated complaints and AccentCare affiliates had one substantiated complaint during the 36 months ending October 26, 2022.

VITAS Healthcare Corporation of Florida (CON application #10727)

- Is an existing for-profit hospice provider licensed in 17 of Florida's 27 SAs

CON Action Numbers: 10725, 10726 & 10727

- VITAS' most currently available CAHPS measure for 'Willingness to Recommend the Hospice' score was 76 percent compared to the State's average score of 84 percent
- VITAS had 15 substantiated complaints during the 36 months ending October 26, 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 a new provider in the SA should foster competition to improve quality and cost-effectiveness.

All applicants appear capable of funding the project and all capital projects.

All applicants appear to be financially feasible. VITAS Healthcare Corporation of Florida (CON application #10727) is stated to be on a time frame longer than the provided projections, with total revenues and patient days appearing to be understated.

Medicaid/Indigent/Charity Care:

Regency Hospice of Northwest Florida, Inc. (CON application #10725) briefly discussed its historical provision of Medicaid and indigent care noting its admissions for the Month of February 2021. Schedule 7A shows Regency projects three percent of year one and 3.1 percent of year two annual admissions/patient days will be Medicaid. Regency states it has budgeted for two percent of total revenues to be designated charity care - \$31,612 (214 days) in year one and \$61,024 (407 days) in year two.

Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County (CON application #10726) discussed its Florida programs historical service to Medicaid/indigent/charity care patients.

The applicant projects Medicaid will comprise 2.7 percent (years one and two) and self-pay 1.5 percent (years one and two) annual patient days. AccentCare states that charity care is included within self-pay.

VITAS Healthcare Corporation of Florida (CON application #10727) 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 on its Schedule 7A that 0.3 percent of years one 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 # 10726, (Seasons Hospice & Palliative Care of Pasco County, LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County), on balance, best satisfied the statutory and rule criteria to establish a new hospice program in SA 3D—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 with conditions to project approval to improve service to many of these populations and*
- *Being a high quality provider serving the adjoining 5A service area, with strong local community support from SA health organizations, social services organizations, and other entities.*

G. RECOMMENDATION

Approve CON #10726 to establish a new hospice program in Service Area 3D, Hernando County. The total project cost is \$263,899.

CONDITIONS:

Special Programs:

CLINICAL CARE PROGRAMS SUPPORTING PATIENTS HAVING LEADING CAUSES OF DEATH:

1. **Cardiac Care and AICD Deactivation Program** is designed to help patients with cardiac disease access hospice in a timely manner, preventing unnecessary hospitalizations and honoring patients' wishes to be at home. High-tech interventions such as cardiac drips and IVs are supported by and paid for by the hospice program. Care for complex cardiac conditions include:
 - Automatic Implantable Cardioverter-Defibrillator (AICD) deactivation for heart failure patients with this device
 - Care for patients with a Left Ventricular Assist Device (LVAD) awaiting heart transplant

The number of Hernando County patients with cardiac diagnoses will be included in the annual required monitoring report.

- 2. Pulmonary Care Pathway Program** partners with area pulmonologists to help identify patients in the disease process who are eligible for hospice care. Patients in this pathway will be closely monitored to prevent respiratory distress by specially trained staff and volunteers, and pharmacological and non-pharmacological interventions will maximize such prevention. **The number of Hernando patients with pulmonary disease will be included in the annual required monitoring report.**
- 3. Stroke/CVA Pathway Program** by partnering with area physicians and long-term care facilities to help identify patients at risk of stroke or who have suffered a stroke and who are eligible for hospice care. **The number of Hernando County patients with pulmonary disease will be included in the annual required monitoring report.**
- 4. Namaste Care Program** assists Alzheimer's patients and others through its healing touch. **The monitoring report will identify the number of Hernando County patients that utilized this program.**
- 5. Open Access Program** serves patients with complications or with multiple system involvement in addition to a terminal diagnosis to provide additional medical interventions. **The monitoring report will identify the number of Hernando County patients in the program.**

PROGRAMS SUPPORTING SENIORS IN LONG TERM CARE FACILITIES:

- 6. Partners in Care Program** provides education and training to staff and volunteers regarding the importance of partnering with long term care facility staff in care of the hospice patient. AccentCare of Pasco County educates facility staff through an e-learning module and in-person team building education. AccentCare of Pasco County commits to participating in and/or lead care plan meetings with facility and hospice staff and the patient and family to address the hospice plan of care and improve continuity of care expectations. **The annual required monitoring report will identify the number of Hernando County patients served and number of deaths in Assisted Living Facilities and skilled nursing facilities.**

PROGRAMS SUPPORTING LOW INCOME AND INDIGENT POPULATIONS:

7. **Homeless Program** offers shelter and comfort for homeless hospice patients in their final days. AccentCare of Pasco County commits to initial funding of \$50,000 during the first three years (\$10,000 in year 1, \$20,000 in year 2, and \$20,000 in year 3), collaborating with the **Mid Florida Homeless Coalition** to provide housing vouchers based on individual needs and resources, from subsidizing rent to supporting the entire expense for monthly assisted living facility care. **The required monitoring report will include an affidavit or payment receipt for the contribution and the number of homeless individuals receiving hospice care.**

8. AccentCare of Pasco County will implement a **Health Crisis Support Program** in Hernando County to ensure those experiencing a financial hardship and a health crisis or terminal illness receive support with basic needs, as well as access to hospice and palliative care. The program will benefit those who are at risk of homelessness, experiencing food insecurity, or are **Asset Limited, Income Constrained, Employed (ALICE)**. AccentCare of Pasco County commits to initial funding of \$100,000 during the first three years (\$15,000 in year 1, \$35,000 in year 2, and \$50,000 in year 3), collaborating with organizations through the **United Way of Hernando County** to provide assistance based on individual needs and resources. **The required monitoring report will include an affidavit or payment receipt for the contribution and the number of individuals receiving hospice care.**

PROGRAMS SUPPORTING THE PEDIATRIC POPULATION:

9. Implement **Kangaroo Kids Pediatric Hospice & Palliative Care Program** in Hospice SA 3D to meet the needs of terminally ill children. AccentCare of Pasco County will employ a full time pediatric nurse to ensure needs of the pediatric patient are met. **The annual required monitoring report will include the total admissions for hospice patients under the age of**

10. AccentCare of Pasco County commits to collaborating with the AccentCare Hospice Foundation or Seasons Hospice Foundation in holding a **Camp Kangaroo** children's bereavement camp at least annually within Hernando County. (Camps are currently offered virtually.) **The monitoring report will identify the time and place of the camp.**

Other Conditions:

**CONDITIONS TO INCREASE HOSPICE SERVICES WITHIN
HERNANDO COUNTY:**

11. Establish an **office location in Spring Hill, Hernando County**, to improve availability and access to hospice service for residents of Hernando County. **The monitoring report will include a copy of the www.FloridaHealthFinder.gov information identifying office location.**

12. Establish a **Hernando County Community Council for Hospice and Palliative Care** to foster collaboration between the medical community, non-profit community organizations, faith-based organizations, and government entities for improving access to hospice and palliative care. The council will meet a minimum of twice per year and will aim to include representatives from the following groups:

- Physicians
- Hospitals
- Nursing Homes
- ALFs
- CARES - Elder Care Services
- Faith Based Organization or Church
- Patient/Family

The monitoring report will identify council members and meeting place & dates, and minutes.

13. AccentCare of Pasco County will offer the **AccentCare Referral App** or other similar technology to physicians and referral sources throughout Hernando County, offering the ability to begin the hospice evaluation and enrollment process within minutes. **The annual required monitoring report will identify the number of referrals received through the mobile application.**

**CONDITIONS TO INCREASE SERVICE TO SENIORS AND THE
DISADVANTAGED:**

14. Commitment to local community based non-profit organizations to assist seniors with caregiving and transportation services. An initial, one-time investment of \$50,000 will benefit **Mid Florida Community Services, Inc.** and **Seniors Helping Seniors** to provide homemaker/companion services and transportation services to seniors, allowing them to remain safely in their homes while staying connected to the community. AccentCare of Pasco County will partner with these organization to ensure staff and recipients of care are informed about what hospice and palliative care is and how to access it.

The required monitoring report will include an affidavit or payment receipt for the contribution.

15. Implement AccentCare of Pasco County's **No One Dies Alone** policy in Hospice SA 3D, educating staff and volunteers to identify when the patient is approaching the final weeks of life, providing additional support. Continuous Care is available when the patient meets the eligibility requirements. Otherwise, the **Volunteer Vigil** program provides specially trained volunteers to stay with the patient throughout the dying process. When volunteers are unavailable, AccentCare staff hold vigil to ensure No One Dies Alone. AccentCare's **24-Hour Call Center** operations provide another level of assurance to deal with any emergencies, concerns, or fears that may arise. **The annual required monitoring report will identify the number of deaths accompanied by an AccentCare volunteer or staff member, and the percent of total deaths.**
16. AccentCare of Pasco County offers Telehealth options by providing tablets/devices to terminally ill patients in Hernando County to help gain access to on call staff to supplement the 24/7 Call Center. The program budgets \$10,000 for this effort. **The annual required monitoring report will identify the number of devices distributed to Hernando County patients.**
17. AccentCare of Pasco County donates **\$25,000** in year 1 and **\$50,000** in year 2 to either the **AccentCare Hospice Foundation** or **Seasons Hospice Foundation** restricted to **Wish Fulfillment** (funding of wishes that enhance quality of life), **Emergency Relief** (funding basic needs such as food and shelter), **Caregiver Relief Program**, and **Camp Kangaroo** (children's grief camp) for Hernando County residents. **The required monitoring report will include an affidavit or payment receipt for the contribution.**

CONDITIONS TO INCREASE SERVICE TO MINORITY POPULATIONS:

18. AccentCare of Pasco County commits to having a **Chaplain with expertise in the African American community. In addition to serving the spiritual needs of African Americans in hospice care, a minimum of six workshops will be held in African American churches within Hernando County each year** to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. These "**Church Chats**"

will help inform the community of hospice care and increase access to services. AccentCare of Pasco County ensures staff receive cultural competence training to improve the delivery of hospice care. **The annual required monitoring report will identify the number of workshops held throughout the year and location.**

19. AccentCare of Pasco County commits to **bilingual staff**, having a minimum of 1.0 FTE who is Spanish speaking to provide outreach in the Hispanic community. **The monitoring report will identify the number of employees who speak Spanish.**
20. AccentCare of Pasco County will initiate a **Low Literacy Outreach Campaign** to provide information on the "5 Wishes" advanced directives to residents with low literacy. Low health literacy is found among the elderly, those with limited English and the poor. **The annual required monitoring report will identify the number of Low Literacy Care Choices booklets distributed.**
21. AccentCare of Pasco County commits to forming a **Minority Advisory Board** to meet at least twice yearly. The Advisory Board will advise AccentCare of Pasco County in ensuring culturally competent care for **African Americans, Hispanics, and the LGBT Community**, recruiting professionals that represent communities served and educate the community about access to hospice services. **The annual required monitoring report will include meeting dates and minutes.**
22. AccentCare of Pasco County will continue its **Services and Advocacy for Gay Elders (SAGE) Platinum Certification**. **Proof of certification will be provided with the annual monitoring report.**
23. AccentCare of Pasco County commits to continued participation in the **We Honor Veterans program at Level 5**. **The monitoring report will include a copy of the We Honor Veterans certificate identifying the Level of achievement.**

CONDITIONS THAT FOSTER QUALITY:

24. AccentCare of Pasco County will apply for **Accreditation** during the first year. (Opening during the COVID-19 pandemic, accreditation surveys were halted, delaying accreditation of

AccentCare Hospice & Palliative Care of Pasco County.) **The monitoring report will verify application for accreditation has been made.**

- 25.** AccentCare of Pasco County commits to provide **Continuing Education Units (CEU)** offerings for registered nurses, licensed practical nurses, and licensed social workers at no charge through their nationally accredited CEU programs by the *Association of Social Work Boards* and the *American Nurses Credentialing Center*. Quality service improves when staff maintain credentials by advancing knowledge and skills in relevant areas. **The annual required monitoring report will identify each course, provide a brief description of the content along with the dates and location of the programs.**

Offerings will include:

- Florida Alzheimer's Training
- Clinical Pastoral Care Education Program (CPE)
- African American Care
- Hispanic/LatinX Care
- Trauma Informed Care

CONDITIONS TO INCREASE THE NUMBER OF HOSPICE PROFESSIONALS:

- 26.** AccentCare will provide education grants totaling **\$25,000** to local colleges to support Health Sciences, such as ATA College in Spring Hill, Jersey College School of Nursing in Brooksville, and Pasco Hernando State College to benefit nursing and social work students. **The required monitoring report will include an affidavit or payment receipt for the**
- 27.** AccentCare of Pasco County commits to continuing its **DEI Pathways Mentorship Program** to develop future diverse leaders within the organization. **The monitoring report will identify the number of employees participating in the program.**
- 28.** AccentCare of Pasco County recognizes the national nursing shortage and will take proactive steps to ensure there are well-qualified nurses in its program. AccentCare of Pasco County conditions this application on implementing an **employee referral campaign** which will leverage the networks of existing AccentCare employees nationwide and offer sign-on bonus to employees who refer a successful new hire to

AccentCare of Pasco County. **The required annual monitoring report will include the number of employees recruited to AccentCare of Pasco County through this program.**

29. AccentCare of Pasco County offers **internship experiences** within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants. AccentCare of Pasco County will seek local contracts with area universities and schools and will leverage existing national contracts. **The annual required monitoring report will provide the numbers and types of interns, their associated schools, and the length of service.**
30. AccentCare Pasco County conditions this application on its parent company attending the **National Hispanic Nurses Conference** for the first three years of operations. This conference will allow AccentCare to recruit bilingual Spanish-speaking nurses and nurses that reflect the areas AccentCare serves in Florida. **The required monitoring report will reflect the conference date and number of AccentCare attendees.**
31. As a condition of this application, AccentCare of Pasco County will maintain relationships with organizations such as the organizations listed below to **recruit foreign-trained, high quality workforce members** when needed to support staffing efforts. These well-established organizations facilitate a mutually beneficial relationship between foreign-educated health care professionals and health care organizations recruiting additional staff. Recruiting through these organizations also allows AccentCare of Pasco County to establish a team of professionals who reflect the increasingly diverse population in Florida. **The required annual monitoring report will include the number of relationships with foreign recruiting agencies maintained by AccentCare of Pasco County to support recruiting efforts.**
 - **O'Grady Peyton International**
 - **MedPro International**

SERVICES BEYOND THE HOSPICE BENEFIT:

32. **DOVE Center Virtual Bereavement Program** allows family members a virtual option for accessing grief support. **The monitoring report will identify the number of Hernando County families or individuals that utilized this program.**

CON Action Numbers: 10725, 10726 & 10727

- 33. Leaving a Legacy** program focuses on helping patients find tangible ways to share their history with their families. **The monitoring report will identify the number of Hernando County patients that utilized this program.**
- 34.** AccentCare of Pasco County will provide one Full Time Equivalent (FTE) **Music Therapist-Board Certified** per 100 patients. **The annual required monitoring report will identify the numbers of patients and the FTEs.**
- 35.** AccentCare of Pasco County commits to **Pet Therapy**, offering its **Loyal Friends Pet Team** to provide comfort to patients and families using volunteer professional service animals and handlers. **Virtual Pet Therapy** through use of PARO, the robotic therapeutic seal, is available when use of live animals is inharmonious to the patient's condition or preference. **The monitoring report will identify the number of Hernando County patients that utilized this program.**
- 36. Virtual Reality Program** enhances end of life care experiences. **The monitoring report will identify the number of Hernando County patients that utilized this program.**

Deny CON #10725 and CON #10727.

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: December 16, 2022



James B. McLemore
Operations and Management Consultant Manager
Certificate of Need