

**STATE AGENCY ACTION REPORT**  
**ON APPLICATION FOR CERTIFICATE OF NEED**

**A. PROJECT IDENTIFICATION**

1. Applicant/CON Action Number

**Big Bend Hospice, LLC/CON application #10763**

1723 Mahan Center Boulevard  
Tallahassee, Florida 32308

Authorized Representative: William E. Wertman, Chief Executive Officer  
(850) 878-5310

**NHC/OP of Florida, LLC/CON application #10764**

100 E. Vine Street, Suite 1400  
Murfreesboro, Tennessee 37130

Authorized Representative: Dere Brown  
(615) 890-2020 Ext. 1229

**Peoples Hospice and Palliative Care of NW Florida, LLC/CON application #10765**

213 E. Wright Street, Suite B  
Pensacola, Florida 32501

Authorized Representative: Timothy Buttell, Manager & CEO  
(850) 723-7076

2. Service District/Subdistrict

Service Area 2A (Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties)

**B. PUBLIC HEARING**

No public hearing was requested or held.

**Letters of Support**

**Big Bend Hospice, LLC (CON application #10763)** provides approximately 94 letters of support. These letters include:

**CON Action Numbers: 10763 through 10765**

**Government:**

- Jimmy Patronis, Chief Financial Officer of the State of Florida
- John E. Roberts, Mayor of the City of Marianna
- Tracy L. Andrews, Mayor, City of Chipley
- Shane Busby, Mayor, Town of Ponce de Leon
- Paul Donofro, Chairman, Jackson County Board of Commissioners
- Mike Harrison, Sheriff of Gulf County

**Healthcare:**

- John Trombetta, Executive Director, Alzheimer's Project
- Helen Braswell, Big Bend Hospice Volunteer, Advisor Council member, Jefferson County
- Lisa L. Bretz, MSW, Executive Director, Advantage Aging Solutions

**Education:**

- Randy Hanna, Dean and Chief Executive Officer Florida State University Panama City

**Clergy:**

- Arneta George, Licensed AME Minister, Quincy Monticello Marianna District
- Brother Troy Gilyard, Minister, The Quincy-Monticello District of the African Methodist Episcopal Church
- Dr. Claudette Harrell, Coordinator, Bethel Missionary Baptist Church Mobile Unit

**Outside Service Area:**

- John E. Daily, Mayor, City of Tallahassee
- Hannah Causseaux, Chairwoman, Liberty County Board of County Commissioners
- Natalie Knowles, Grant Manager, Wakulla County Board of Commissioners
- Derrick Burrus, Chief, Jefferson County Fire Rescue
- John E. Daily, Mayor, City of Tallahassee
- Hannah Causseaux, Chairwoman, Liberty County Board of County Commissioners
- Natalie Knowles, Grant Manager, Wakulla County Board of Commissioners
- Derrick Burrus, Chief, Jefferson County Fire Rescue
- Rick Bourne, MS, Chief Mission Enrichment Officer, Empath Health, CEO, Hospice of Marion County
- Ken Boutwell, Board Member, Big Bend Hospice Board of Trustees
- John P. Fogarty, MD, Professor Emeritus, Dean Emeritus, FSU College of Medicine
- Craig Stanley, Ph.D., LCSW, Director of Strategic Initiatives and Special Projects, Florida State University
- Jennifer Jane Farinella, Ed.D., Associate Dean for Academic Administration, College of Social Work, Florida State University

**CON Action Numbers: 10763 through 10765**

- Lisa H. Gardner, DNP, MSN, APRN, FNP-C, Interim Dean, Associate Professor, Florida A&M University School of Nursing
- Louis Dilbert, Director, FAMU Military and VA Center, TRIO Educational Opportunity Center
- Katisa Donaldson, MSW, Chairperson & MSW Program Director, Florida A&M University (Unsigned)
- Robert L. Glueckauf, Ph.D., Professor, Dept. of Behavioral Sciences & Social Medicine, College of Medicine, Florida State University
- Lori F. Gooding, PhD, MT-BC, Immediate Past President, American Music Therapy Association, Associate Professor of Music Therapy, FSU College of Music
- Dianne Gregory, MM, MT-BC, Music Therapy Professor, Florida State University
- Lisa Granville, M.D., Professor and Interim Chair, Department of Geriatrics, Florida State University College of Medicine

**NHC/OP of Florida, LLC (CON application #10764)** submitted 18 letters of support. These include:

- Beth Coulliette, CEO, Bay County Council on Aging
- Tony Bennett, Chief Executive Officer, Encompass Health Rehabilitation Hospital of Panama City
- Michel W. Hennigan, MD, Medical Director of Encompass Rehabilitation, Panama City
- Tori M. Rea, CEO, Brain & Spine Specialists, Panama City
- John Spence, MD, ER Physician Group at Jackson Hospital
- Bobbi Backer, MD PA, Panama City
- William J. Flynn, MD FACP, Panama City
- Dr. Cory Pitts, Senior Pastor, St. Andrew Baptist Church, Panama City
- Kevin Crews, Sheriff, Washington County
- Robyn J. Evans, Chairwoman & Mr. Kristopher McLane, President/CEO, Panama City Beach Chamber of Commerce
- Alice Masker, Owner/Operator, Alice's on Bayview, Panama City
- David Quesada, LCSW/Owner, Cahall's Deli, Panama City
- Floyd D. Skinner, President, Skinner Tax Consulting, Inc., Panama City Beach
- Mark S. McKinney, Owner, McKinney Insurance & Investments, Panama City
- Larry O. Henderson, Henderson & Henderson Investments, LLC, Mexico Beach
- Sandia Hampton, Account Executive, NHC HomeCare Panama City
- Robbie Crews, RN, NHC HomeCare, Chipley
- Kristin Martin, Washington County resident

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** provides 117 letters of support:

**Hospitals:**

- Will Condon, CEO, Studer Family Children's Hospital at Ascension Sacred Heart, Pensacola, FL, "...I was assured that Peoples Hospice will "step up" and provide pediatric hospice services should the need arise."
- Teresa D. Summers, MD, Hospitalist at Sacred Heart on the Gulf, Port St. Joe
- J. McCready, MD, Doctor's Memorial Hospital (Holmes County), Medical Director - St. Andrew's Community Medical Center (Bay County)
- Anna Garrett, RN, Director of Case Management, Encompass Health Rehabilitation Hospital, Panama City
- Emma Branch, RN, Emergency Department Nurse, Jackson Hospital, Marianna
- Lori Franklin, RN, Director of Care Coordination, Northwest Florida Community Hospital, Washington County
- Matt Presley, PharmD, Chief Executive Officer, Critical Illness Recovery Hospital Division, Select Specialty Hospital, Panama City, FL, "I favored their commitment to provide a Respiratory Therapist for our more medically complex end stage pulmonary patients that require a higher level of expertise in the home."
- Dawn Massey, RN, Director of Case Management, Flowers Hospital, Dothan AL, "Flowers Hospital is admits [sic] a significant number of patients from the northern counties of Area 2A. Washington (Marianna is 30 minutes away from our ED), Jackson, Calhoun and Holmes counties. These residents routinely utilize our hospital as their prime acute care provider."
- JoAnn Baker, Chief Administrative Officer, Doctors Memorial Hospital, Perry, FL (Taylor County – SA 2B)

**Nursing Homes:**

- Trenton Nobles, Administrator, Aspire at Emerald Shores (Bay County)
- Grant Williams, LNHA, Administrator, Blountstown Health & Rehabilitation Center (Calhoun County) "We would gladly support and partner with Peoples...to provide routine, inpatient and respite hospice beds".
- Bret Brown, NHA, Administrator, Bonifay Health and Rehab (Holmes County), "We discussed contracting with Peoples...to provide routine, inpatient and respite hospice beds....and would work with them should they receive the CON".
- Duane Barber, Administrator, Chipola Health and Rehabilitation Center, (Jackson County), "We discussed Chipola Health and Rehabilitation being open to contract for respite, routine, and GIP care from Peoples Hospice."
- Susan Ramin, MA CCC-SLP, Rehab Director of Marianna Health and Rehab Center (Jackson County)

**CON Action Numbers: 10763 through 10765**

- Kris Drake, Vice President of Operations, Regional Operations Director for Graceville Health and Rehab and Marianna Health and Rehab (Jackson County), “I also will agree to contract at our Area 2A facilities with Peoples Hospice to allow for them to provide general in-patient, routine and respite care for our patients requiring hospice services.”
- Dustin Dryden, NHA, Administrator, River Valley Rehabilitation Center (Calhoun County), “We discussed contracting with Peoples Hospice and Palliative Care to provide routine, inpatient and respite hospice beds.”
- Christina Dossett Sawyer, MBA, BSN, RN, Nurse Supervisor, Clifford Chester Sims State Veterans Nursing Home
- Gayle Scarborough, Administrator, St. Andrews Bay Skilled Nursing and Rehab (Bay County)
- Tony Downey, Director of Business Development, Ventura Services of Florida, Washington Rehabilitation and Nursing Center (Washington County), “We would gladly partner with them at our Chipley facility for hospice needs.”
- Melinda Gay, Administrator, Washington Rehabilitation and Nursing Center, Chipley, FL, “...is looking forward to partnering with Peoples Hospice for the provision of hospice care within our facility...This includes general in-patient care, respite and routine care.”

**Other Medical Facilities & Practitioners:**

- John Griggs, DNP, MSN, FNP-C, CDCES, CNE, RN-BSN Program Coordinator/Assistant Professor, Gulf Coast State College – Division of Nursing Panama City, FL “We have agreed to partner with Peoples Hospice to utilize them as a clinical practice site for our RN to BSN program.”
- Dale O. Knee, PhD, Past President and CEO, Covenant Hospice and Covenant Alzheimer’s Family Services, Gulf Breeze, FL
- Dianna Harrison, ARC on the Gulf, Port St. Joe
- Katie Marks ARNP, Ascension Medical Group Primary Care serving Franklin and Gulf Counties
- Kaitlyn Rich, DNP, APRN, FNP-C, Ascension Sacred Heart Medical Group Wewahitchka
- Amanda Pate MSN, RN, Director of Outpatient Services, Doctors Memorial Hospital, Bonifay Rural Health Clinic, “I understand that Peoples Hospice will employ a full-time community educator who will work closely with rural organizations...”
- Lisa Bidwell, Ed. D, Licensed School Psychologist (Gulf County)
- April Borders, LPN RN (Gulf County)
- K. Duane Carter, M.D., Pediatrician, Port St. Joe
- Steven Mullis, MD, Cypress Medical Center, Panama City
- Stephanie Davis, RN, Patient Aligned Cared Team- PACT TEAM 6 RN, Veterans Administration in Panama City
- Cathy Douglass, RN, Panama City

**CON Action Numbers: 10763 through 10765**

- Rachael Boyd, APRN-C, Gibbens Family Medical, Panama City
- Jennifer Goodman, PT, Gulf County
- Jonathan Jones, MD, Port St. Joe (Gulf County)
- Brittany McCroan, APRN-BC, Advanced Registered Nurse Practitioner, Port St. Joe
- Ryan N. Helms, Owner, Medical Gallery medical supply store in Bonifay
- Toby Murray, APRN ACHPN, Chipley
- Holly Rish, RN, BSN, Gulf County resident
- Tammy Roberts, RN, Home Healthcare Case Manager, Gulf County
- Diane Sparks, Area Vice President of Hospice Operations for Compassionate Care/Amedisys in Florida, and Port St. Joe resident
- Tommy Wood, RN, Owner, Stethoscope Staffing and In-Home Care, Marianna
- Lauren Jones, RN, Clinical Director, Trilogy Home Health Care, Gulf County
- Amy L. Miller, NP-C, Tupelo Primary Care, Gulf County
- Brian Welch, APRN, Candis Welch, APRN, Bay County
- Joseph Whitfield, MSHA, RN, EMT, Patient Care Manager, Emergency Department, Gulf County
- Pamela Wilder, MSN, FNP, NP-C, Gulf County
- Paula Stanley, ARNP, Dr. Yunus Internal Medicine Office, Bonifay
- Mazen Zaarour, MD, Southeast Hematology and Oncology, Dothan, AL
- Carlos Clark II, MD, MBA, Southern Clinic, P.C., DaySpring Hospice, Dothan, AL
- Payton Tanner, MT-BC, Board-Certified Music Therapist, Peoples Hospice and Palliative Care
- Susan “LEIGH” Dionisio, RN, Director of Clinical Resources, Southeast Region AL, GA, FL, SC, TN, Amedisys Hospice, Compassionate Care Hospice
- Four form letters of support from Johnsons Pharmacy, Bonifay
- Ten form Letters of support from Dothan Hematology & Oncology
- Two letters of support from Pulmonary Associates, Dothan, AL
- Two letters of support from Southeast Cardiology, Dothan, AL

**Community & Social Organizations:**

- Rocky Harrison, President of Operations, 90Works (Assists veterans to access funds for placement into affordable housing), Northwest Florida, “I understand they will provide the following: ...act as the intake for homeless...Peoples will secure a Certificate for terminal illness by via [sic] the St Andrews Clinic...in developing program resources and improvements to access to room and board for veterans who are homeless...”
- Matthew F. Knee, President/CEO, Catholic Charities of Northwest Florida, Inc., Pensacola, FL, “...currently...People’s Hospice donates \$15,000 a year towards our homeless hospice initiative. I

## **CON Action Numbers: 10763 through 10765**

understand...that Peoples Hospice will donate an additional \$15,000 a year for District 2A.”

- Michael J. Thomas, Executive Director, Doorways of NW Florida (Community Resource Center), Panama City, FL

### **Clergy:**

- Alex Dickerman, Executive Pastor & Equipping and Dr. William Shelton Chandler, Lead Pastor, First Baptist Bonifay
- Janie Carroll, Pastor's Wife, Glendale Baptist Church, Defuniak Springs
- Dr. Gregory Thomas, Pastor, Greater Bethel A.M.E. Church, and Clinical Psychologist, Panama City
- Randy S. Torrance, Executive Director, Director of Ministry, Holmes County Ministerial Association
- Brenda G. Anderson, Secretary & Treasurer, Lighthouse Assembly of God Church in Bonifay
- John Hunt, Pastor, Andalusia Full Gospel Tabernacle, Andalusia, AL

### **Elected Officials & Municipalities:**

- Shane Abbott, State Representative, District 5 (Calhoun, Holmes, Jackson & Washington Counties)
- Elizabeth Smith, Vice President of Events and Foundation, Bay County Chamber of Commerce
- Traci S. Hall, City Manager/Finance Director, City of Blountstown
- Larry F. Cook, Mayor, City of Bonifay
- Rickey Callahan, City Clerk, City of Bonifay
- Johnny W. Whitaker, Chief of Police, Bonifay Police Department
- R. Thompson, Deputy Chief, Bonifay Police Department
- Jim McKnight, Executive Director, Gulf County Economic Development Coalition
- Timothy J. McFarland, County Court Judge, Gulf County
- Mike Harrison, Gulf County Sheriff, Port St. Joe
- Jim Norton, Superintendent, Gulf County District Schools
- Jeff Good, Chairman, Holmes County Board of County Commissioners
- Joe E. Rone, Executive Director, Holmes County Development Commission
- Buddy Brown, Superintendent of Schools for Holmes County
- John Tate, Sheriff, Holmes County
- Amy Cutchen, County Veterans Service Officer, Holmes County Veterans Service Office
- Clayton O. Rooks, III, Elected Clerk of Circuit Court and Comptroller, Jackson County
- Hayes Baggett, Chief of Police, Marianna Police Department
- Jonathan H. Hayes, City Manager, City of Panama City
- Shane Busby, Mayor, Ponce De Leon
- Stephen L. Herrington III, Mayor, Town of Westville

### **Local Businesses & Residents:**

**CON Action Numbers: 10763 through 10765**

- Brandon Armstrong, Market President, Capital City Bank, Board Member, Ascension Sacred Heart Hospital on the Gulf
- Kylie Shoemaker, Advisor, Stirling Properties, LLC, Pensacola
- Bill Parrish, Owner, Bowen Hardware (Bonifay)
- Stephanie Bradley, Tri-County Professional Real Estate, LLC
- Larry Curry, Retired Head Coach, Bonifay High School
- Gina Rushing Devin, Retired LPN, Chipley
- Dennis Durant, Durant Insurance, Inc., Bonifay
- Bethany Gorman, Gorman Environmental Services, Ponce de Leon and Westville resident
- Jack Jones, Retired Educator, Holmes County
- Dennis Hood, Retired Assistant Fire Chief, Bonifay
- Micah Peak, Retired Educator, Wewahitchka
- Sharon Peel, Veronica Peel, Owners & Funeral Directors, Peel Funeral Home, Bonifay
- David Quesada, LSCW, Owner, Cahall's Deli (Bay County)
- Steve Brown, Walton County resident
- Sarah Busey Sparks, Michael Sparks, Port St. Joe
- Jessica Feather, USDA farm loan officer, Bonifay
- Neal Webb, Hospice University, Inc., Orlando

**C. PROJECT SUMMARY**

The applicants propose to establish a new hospice program in SA 2A in response to the published need.

**Big Bend Hospice, LLC (CON application #10763)**, referenced as Big Bend or the applicant, is an existing non-profit Florida hospice provider in SA 2B.

Big Bend Hospice expects issuance of license and initiation of service on January 1, 2025.

Total project cost is \$680,114 and includes building, equipment, development, and start-up costs.

Pursuant to project approval, Big Bend Hospice offers the following Schedule C conditions:

Services and Programs Not Specifically Covered by Insurers

Big Bend Hospice conditions this application on offering the "non-core" services listed below in SA 2A. These programs are designed to enhance the quality of life of hospice patients and their caregivers.



### 1. Caregiver Renewal Institute

Caregivers provide vital support to those whom they care for. Research shows that the rewarding, but challenging role of being a caregiver can increase the risk of financial challenges; work-related problems; and physical, mental, and emotional health issues. The Caregiver Renewal Institute is a resource hub dedicated to supporting families and professional caregivers. The Caregiver Renewal Institute provides online resources for caregivers as well as online and in-person caregiver classes. See page 88 of Schedule B for a detailed description of The Caregiver Renewal Institute. Big Bend Hospice conditions this application on providing all Caregiver Renewal Institute materials to Subdistrict 2A caregivers and providing information about these resources as part of the admissions packet. Big Bend Hospice also conditions this application on having at least two educational events or workshops in person in Subdistrict 2A within the first two years of operations. These programs will be free and open to Big Bend Hospice patients' caregivers and to the public.

Conformance with this condition will be shown by submitting the dates of each class or workshop and the number of attendees as part of its first two annual compliance reports.

### 2. Music Therapy

Music therapy is a recognized therapy that uses music to address the physical, emotional cognitive, and social needs of individuals.<sup>1</sup> Conducted within a therapeutic relationship by a credentialed professional, it uses clinical, evidence-based music intervention practices to accomplish individualized goals. Big Bend Hospice's existing music therapy program in 2B and its plans for 2A are discussed beginning on page 110 of Schedule B. Big Bend Hospice conditions this application on offering music therapy in Subdistrict 2A As part of this commitment, Big Bend Hospice will have 1 FTE board certified music therapist dedicated to Subdistrict 2A upon opening and will maintain a board-certified music therapist on staff to serve Subdistrict 2A patients.

Big Bend Hospice will demonstrate conformance with this condition by submitting the name of the music therapist, date of hire, and documentation of their board certification as part of its annual compliance reports.

### 3. Animal Therapy

<sup>1</sup> American Music Therapy Association, <https://www.musictherapy.org>, accessed February 28, 2024.

Studies have shown the positive effects animal therapy can have for those in end-of-life programs. Patients who have an established relationship with a therapy animal can turn to the animal for comfort when they are near death, reducing associated feelings of fear and agitation.<sup>2</sup> Big Bend Hospice's current animal therapy program is discussed beginning on page 111 of Schedule B.

Big Bend Hospice conditions this application on offering animal therapy in Subdistrict 2A and will show conformance with this condition by providing a copy of its contract with the animal therapy organization as part of its annual compliance report.

#### 4. Therapeutic Touch

Therapeutic touch (TT) is an evidence-based nursing intervention blended into conventional care that Big Bend Hospice currently offers in Subdistrict 2B. Therapeutic touch has been shown to decrease pain and anxiety, as well as promote comfort, rest, and relaxation. This program is discussed beginning on page 112 of Schedule B. Big Bend Hospice conditions its application on offering Therapeutic Touch in Subdistrict 2A.

Big Bend Hospice will show conformance with this condition by providing a list of volunteers and staff trained in TT and the number of patients receiving this service as part of its annual compliance report.

#### 5. Virtual Reality

Use of virtual reality (VR) technology as a therapeutic intervention has grown and studies have shown that VR technology can help to alleviate symptoms such as pain and anxiety. Big Bend Hospice has staff members trained in best practices for using VR to provide meaningful, immersive experiences for patients at the end-of-life. This program is discussed beginning on page 112 of Schedule B and in Attachment 23. Big Bend Hospice conditions this application on providing VR technology and services in Subdistrict 2A using devices such as the Rendever technology discussed in Schedule B.<sup>3</sup>

Big Bend Hospice will demonstrate conformance with this condition by documenting the number of patients who use virtual reality in its annual compliance reports.

<sup>2</sup> Jennifer Van Pelt, MA, "Animal-Assisted Therapy in Hospice Care," Social Work Today 10, no. 1(Jan-Feb 2010):8.

<sup>3</sup> Rendever / Virtual Reality for Seniors/ VR for Healthier Communities.

## 6. Life Review and Memory-Making Tools

Big Bend Hospice uses the Voices of the Heart Life Review Journal in Subdistrict 2B.<sup>4</sup> This life review journal was created as a structured guide to capture a patient's life story to create a legacy. Big Bend Hospice also offers assisted songwriting or "heart songs" as part of its music therapy services. Big Bend Hospice's board-certified music therapists ("MT-BCs") help patients and families in legacy songwriting to create poetic music that allows them to reflect on their life. MT-BCs can incorporate a recording of the patient's heartbeat, when appropriate, to give families a feeling of connection to their loved ones. These programs are discussed beginning on page 114 of Schedule B.

Big Bend Hospice will show conformance with this condition by documenting the number of patients who use these tools in its annual compliance reports.

## 7. Art Therapy

Art therapy offers an opportunity for self-expression and reflection and focuses on the artistic process rather than the final product. A 2019 study by the World Health Organization found that arts activities provide "psychological and physical support, opportunities for communication and emotional expression, cognitive reframing of the illness experience and enhanced social interaction."<sup>5</sup> The WHO also found that art therapies are associated with lower levels of sadness, anxiety, and depression, and have been associated with greater spiritual satisfaction.<sup>6</sup> Big Bend Hospice Conditions this application on offering an art therapy program in Subdistrict 2A. As part of this condition, Big Bend Hospice will have a half-time art therapist beginning in the first year of operations. Big Bend Hospice will show conformance with this condition by providing the name and credentials of its art therapist as part of its initial annual compliance report.

## Programs and Outreach to Improve Hospice Use Rates Among Black and African American Residents

As discussed, beginning on page 34 of Schedule B, Black Medicare beneficiaries in Subdistrict 2A access hospice care at a Lower rate (39 percent of deaths) than the overall area rate (55 percent of deaths). For

<sup>4</sup> Voices of the Heart: Life Review Journaling – Caregiver Renewal Institute.

<sup>5</sup> World Health Organization. Health Evidence Network Synthesis Report. What is the Evidence on the Role of the Arts in Improving Health and Well-Being? A Scoping Review, page 49. Available at: <https://iris.who.int/bitstream/handle/10665/329834/9789289054553-eng.pdf...etc>.

<sup>6</sup> Ibid.

Medicare beneficiaries, the hospice use rate for Black residents of Subdistrict 2A (39 percent) is lower than the statewide hospice use rate for Black Floridians (46 percent). Big Bend Hospice is committed to increasing the hospice use rate for all Subdistrict 2A residents at the end-of-life and has developed the following specific programs to improve access to hospice for Black and African American residents.

**8. African American Alzheimer's Caregiver Training & Support (ACTS 2) and Advance Care Planning Community Workshops**

Big Bend Hospice partners with Florida State University (FSU) to provide caregiver support and end-of-life education events. These workshops have two components—ACTS2 caregiver training and an advanced care planning session.<sup>7</sup> Big Bend Hospice conditions this application on having at least three ACTS2/Advance Care Planning workshops in Subdistrict 2A in each of the first two years of operations.

ACTS2 was developed specifically for African American caregivers of adults with dementia, and adopts a faith-integrated, culturally competent approach. ACTS2 offers free skills-building training to caregivers and provides education on the progression of dementia and how to solve common problems. ACTS2 also provides an opportunity for participants to build their social support network. The program is described on page 38 of Schedule B. Big Bend Hospice currently partners with FSU to provide the program in the panhandle.

The second component is an advanced care planning workshop led by Big Bend Hospice staff. During the session, Big Bend Hospice staff guide attendees through an advanced care planning workbook, developed by Project Talk, which has background information on advanced care planning and an easy-to-follow set of forms that attendees can fill out during the session (see Attachment 19). See Attachment 34 for a sample flyer for a community workshop held in Tallahassee.

Big Bend Hospice will show conformance with this condition by providing a list of all ACTS2 and Advanced Care Planning community workshops, their dates and locations and lists of attendees at each as part of the annual compliance report.

**9. Spiritual Leadership Council**

Big Bend Hospice established a Spiritual Leadership Council in 2014 in Subdistrict 2B to find better ways to provide hospice education to minorities through churches and other faith-based organizations. During

<sup>7</sup> African-American Alzheimer's Caregiver Training and Support (ACTS 2) - FSU Reach.

the past eight years, the Spiritual Leadership Council has grown and has met regularly to discuss end-of-life needs of underserved communities, and how Big Bend Hospice can work with ministers and lay leaders to address the needs of their congregations. The program is described on pages 22 and 38 of Schedule B. Big Bend Hospice will invite clergy members in Subdistrict 2A to join the Spiritual Leadership Council to gain their valuable input. Big Bend Hospice conditions this application on hosting four Spiritual Leadership Council meetings per year and offering at least two of these meetings in Subdistrict 2A during the first two years of operations.

Big Bend Hospice will show conformance with this condition by providing a list of all Spiritual Leadership Council members and their affiliations, and the dates, locations, and attendees of all meetings as part of the annual compliance report.

#### 10. Palliative Care

Big Bend Hospice's current palliative care program is discussed beginning on page 14 of Schedule B. Palliative care provides patients with chronic, serious illnesses with relief from pain and stress - whatever the diagnosis. Palliative care can be provided with curative treatment. Palliative care staff educate patients and family members about disease processes and the expected course of an illness. Palliative care will be available to all service area residents who meet clinical eligibility requirements, regardless of race/ethnicity. Big Bend Hospice has found that palliative care offered with curative care is of particular benefit to African Americans who may have reservations about entering hospice care or stopping curative treatment. Palliative care improves quality of life for patients with serious illness and their caregivers, and eases entry to hospice care.

Big Bend Hospice's plans to bring palliative care services will expand into Subdistrict 2A, regardless of the outcome of this CON application. This CON application is conditioned on providing palliative care in Subdistrict 2A within the first twelve months of operations. Big Bend Hospice will show conformance with this condition by providing the date palliative care services are first offered and the number of patients served as part of its first two annual compliance reports.

#### Conditions to Improve Care for Residents with Alzheimer's and Dementia

The age-adjusted death rate from Alzheimer's Disease in Subdistrict 2A counties ranges from a high of 58 deaths per 100,000 in Jackson County to a low of 37-5 deaths per 100,000 in Holmes County. These rates are significantly higher than the statewide average of 18.3 deaths per

100,000.<sup>8</sup> In 2022, Alzheimer's was the fourth Leading cause of death for Subdistrict 2A residents 65 and older and accounted for 7.6 percent of deaths, more than double the statewide percentage of deaths (3-4 percent).

**11. Certified Alzheimer's Disease and Dementia Care Trainers**

Big Bend Hospice conditions this application on having at least two Big Bend Hospice employees who are certified Alzheimer's disease and dementia care trainers.<sup>9</sup> These staff will be qualified to provide the National Council of Certified Dementia Practitioners' Alzheimer's Disease and Dementia Care (ADDC) curriculum to Big Bend Hospice staff. The ADDC course delivers training on how caregivers can enhance the quality of life for dementia patients and provides care strategies that prevent or eliminate difficult care situations for patients with Alzheimer's or dementia. Big Bend Hospice further conditions this application on having these certified care trainers provide training to appropriate clinical staff on an annual basis. Big Bend Hospice has found the National Council of Certified Dementia Practitioners' programs and certifications useful in Subdistrict 2B. See page 50 of Schedule B for more information.

Big Bend Hospice will show conformance with this condition by submitting the names of the two Certified Alzheimer's disease and dementia care trainers on staff and the number of Big Bend Hospice staff members that receive the ADDC training as part of its annual compliance reports.

**12. Partnership with The Alzheimer's Project**

The Alzheimer's Project is a Local non-profit agency that provides comfort, support and assistance to persons with memory disorders and their caregivers across the Big Bend area.<sup>10</sup> The Alzheimer's Project provides respite services, caregiver support groups, and educational courses for caregivers, with the goal of helping caregivers sustain a health quality of life as they care for their loved ones. Big Bend Hospice has worked collaboratively with The Alzheimer's Project in Subdistrict 2A and looks forward to building upon that relationship to benefit Subdistrict 2A residents. Big Bend Hospice conditions this application on holding four events in partnership with The Alzheimer's Project in each of the first two years of operations. These events will be designed to promote education on advance directives and care planning for residents with dementia and Alzheimer's. The events will be tailored to meet the needs of Subdistrict 2A residents and may include having a pharmacist

<sup>8</sup> Florida CHARTS. Deaths Alzheimer's Disease, <https://www.flhealthcharts.gov/ChartsDashboards/rdPaae.aspx?rdReport=Death.DataViewer&cid=0349>

<sup>9</sup> More information available at: <https://www.nccdp.org/train>.

<sup>10</sup> [Home Page – Alzheimer's Project](#)

review attendees' current medications (often called a "brown bag review") to ensure medication dosages and frequency are correct, advance care planning workshops, or administration of the mini mental state examination (MMSE) to screen for dementia and cognitive impairment. Please see the letter of support from John Trombetta in Attachment 6 speaking to the Alzheimer's Project's history with Big Bend Hospice and the commitment to these events in Subdistrict 2A.

Big Bend Hospice will show conformance with this condition by submitting the dates, locations, and topics for each of these events, along with the number of attendees as part of its annual compliance report.  
Ensuring Hospice Patients' Basic Needs Are Met

### 13. Funding for Housing, Food, and Financial Stability

The average per capita income in Subdistrict 2A is over \$10,000 Less than the state average, and 18 percent of residents live in poverty.<sup>11</sup> Poverty can significantly impact health and health outcomes, especially among older adults.<sup>12</sup> African American residents in Subdistrict 2A have even higher rates of poverty, with nearly 30 percent living in poverty.<sup>13</sup> Along with high rates of poverty, area residents have higher rates of food insecurity than the statewide average.<sup>14</sup> Big Bend Hospice has experience serving patients who need assistance to remain securely in their homes at the end-of-life, Big Bend Hospice is committed to providing financial support for Subdistrict 2A residents experiencing housing and food insecurity, based on the social worker's assessment of the patient's situation. Big Bend Hospice will provide up to \$10,000 in the first year, \$20,000 in the second year, and \$30,000 in the third year of operations, Big Bend Hospice will show conformance with this condition by reporting the amount of funds provided for direct patient assistance as part of its first three annual compliance reports.

<sup>11</sup> U.S. Census Quick Facts 2022

<sup>12</sup> Byun M, Kim E, Ahn H, "Factors Contributing to Poor Self-Rated Health in Older Adults with Lower Income," November 9, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC862130q>.

<sup>13</sup> Florida CHARTS Available at:

<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndDataviewer&cid=2q4>.

<sup>14</sup> Florida Health Charts, <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndRateOnly.Dataviewer&cid=qq10>.

Staffing to Meet the Needs of Subdistrict 2A

14. Business Development Coordinator Focused on Underserved Communities in Subdistrict 2A

Big Bend Hospice conditions this application on having a business development coordinator whose focus is reaching and educating underserved Subdistrict 2A populations. This includes outreach to African American communities, other communities of color including Hispanic and Latino residents, LGBTQ+ communities, and coordination with rural hospitals and nursing homes. Big Bend Hospice will make every effort to hire a member of the local Subdistrict 2A community for this position. See page 41 of Schedule B for more information on this position.

Big Bend Hospice will show compliance with this condition by providing the name, date of hire. And pay connection to 2A for the business development coordinator focused on reaching and educating underserved Subdistrict 2A populations.

Rural Hospice Initiatives

Forty percent of Subdistrict 2A residents live in rural areas.<sup>15</sup> As discussed beginning on page 42 of Schedule B. rural residents often face more health inequities compared to urban residents.<sup>16</sup> Higher rates of heart disease, stroke, cancer, unintentional injuries, and chronic lung disease are also associated with Living in rural areas.<sup>17</sup> Big Bend Hospice has served rural residents of the Florida panhandle for 40 years and has developed the following programs and conditions for 2A based on this experience.

15. County Level Advisory Councils

Big Bend Hospice has Advisory Councils with representatives from each of the rural counties it serves in Subdistrict 2B and conditions this application on creating Advisory Councils with members from each of the rural counties in Subdistrict 2A within the first two years of operations. Examples of the initiatives taken through Big Bend Hospice's Advisory Councils begin on page 24 of Schedule B. These Advisory Councils bring influential community members together to discuss local health care and end-of-life concerns. These meetings provide an opportunity to collaborate with Local residents to identify and meet local needs.

<sup>15</sup> Florida Population Estimates and Projections by AHCA District 2020 to 2030. Published January 2024. using July II 2024. midpoint estimate.

<sup>16</sup> <https://hospicenews.com/2021/oq/28/obstacles-persist-for-rural-patients-to-access-hospice>

<sup>17</sup> <https://www.cdc.gov/ruralhealth/about.html>



Big Bend Hospice will show conformance with this condition by submitting a list of Advisory Council members, meeting dates, and copies of meeting agendas as part of the annual compliance report.

#### 16. Hospice Offices

Big Bend Hospice conditions this application on opening three staffed hospice offices in 2A in the first two years of operations. Big Bend Hospice will open its first hospice office in Bay County near the TMH Health Care Campus. This will facilitate coordination of services and special programs with TMH. Big Bend Hospice will open its second and third offices in Jackson and Calhoun counties in the second year of operation. These offices will be a location for education events, administrative meetings, Advisory Board meetings, supplies, and a base for IDG meetings. The offices will also improve community visibility for Big Bend Hospice.

Big Bend Hospice will show conformance with this condition by submitting copies of the rental agreements as part of the annual compliance report.

#### 17. Education in Partnership with PanCare

Big Bend Hospice has established valuable relationships with Federally Qualified Health Centers (FQHCs) in Subdistrict 2B. Please see the letters of support in Attachment 6 from Temple Robinson, the CEO of Bond Community Health Center, and Lane Lunn, the CEO of North Florida Medical Centers, speaking to these relationships.<sup>18</sup> Big Bend Hospice is committed to serving all residents of Subdistrict 2A at the end-of-life and will work with PanCare, which operates the FQHCs in Subdistrict 2A to do so. Please see the letter of support from Alex Veras, the COO of PanCare, in Attachment 6. Big Bend Hospice conditions this application on offering in-service training to PanCare staff at Least twice per year for the first two years of operations. This will ensure the PanCare staff, who care for some of the most vulnerable Subdistrict 2A residents, receive education on how to identify potentially hospice-eligible patients, the importance of conversations on end-of-life wishes, and how palliative care can improve patients' quality of life. See page 47 of Schedule B for more information about Big Bend Hospice's existing relationship with FQHCs in 2B and proposed community education activities in Subdistrict 2A.

<sup>18</sup> About Us (bondchc.com) North Florida Medical Centers » Quality Family Health Care.

Big Bend Hospice will show conformance with this condition by providing the dates and topics covered by these training courses and a list of the number of attendees as part of its annual compliance reports.  
Ensuring All Hospice Patients Understand the Care they Receive

#### 18. Low Literacy Program and Materials

Factors such as hearing or vision loss, violence in the community or household, poverty, and inadequate access to quality education all affect a person's ability to use printed materials. In Subdistrict 2A, approximately 27 percent of adults have difficulty using and comprehending printed materials.<sup>19</sup> A person's literacy can impact many aspects of their life, and the US Department of Health and Human Services (HHS) reports that low literacy is a social determinant of health.<sup>20</sup> Hospice patients and their caregivers must make many important decisions about the end-of-life care they wish to receive.

To ensure patients and caregivers understand the printed materials they receive, Big Bend Hospice conditions this application on providing information on end-of-life care and advanced care planning in short, easy-to-digest documents that provide visual prompts or pictographs to help convey messaging. These documents will use plain language and will be designed for lower levels of reading comprehension. These materials will be offered by the second year of operations. Big Bend Hospice will show conformance with this condition by providing copies of these materials as part of its second annual report.

#### Maintaining Specialty Accreditations that Improve Hospice Care

#### 19. National Institute of Jewish Hospice (NIJH) Accreditation

Big Bend Hospice is accredited by the National Institute of Jewish Hospices (NIJH).<sup>21</sup> Big Bend Hospice conditions this application on maintaining its NIJH accreditation, which requires annual training for all nurses, social workers, chaplains, and nursing assistants who interact with patients and their families. NIJH accreditation and its benefits are discussed beginning on page 114 of Schedule B. There are currently no NIJH accredited hospice providers in Subdistrict 2A. NIJH services help hospice providers understand how Jewish culture and religion impacts patient and family experiences of death and dying. NIJH training and accreditation equip hospice team members to provide culturally sensitive care and bereavement services to Jewish patients and caregivers.

<sup>19</sup> "PIAAC." Program for the International Assessment for Adult Competencies (PIAAC), <https://nces.ed.gov/surveys/piaac>. accessed February 27, 2024.

<sup>20</sup> Ibid.

<sup>21</sup> NIJH Home.

Big Bend Hospice will show conformance with this condition by submitting proof of accreditation as part of the annual compliance report.

## 20. SAGE Platinum Certification

LGBTQ+ elders are at a higher risk of experiencing loneliness<sup>22</sup> and are more likely to experience barriers to health care than their heterosexual peers.<sup>23</sup> LGBTQ+ people may see home-based care as unsafe if they are unsure of the attitudes of staff toward their identities. These factors can increase the challenges LGBTQ+ individuals face at the end-of-life. The spouses or partners of LGBTQ+ people may face disenfranchised grief if their loss is ignored, minimized, or demeaned by others.<sup>24</sup> Big Bend Hospice has Platinum Level LGBTQ+ cultural competency certification from SAGECare.<sup>25</sup> Big Bend Hospice is the only provider in Subdistrict 2B with this certification, and no provider in 2A has this certification. SAGE is the nation's largest and oldest organization dedicated to improving care for LGBTQ+ older adults. See page 64 of Schedule B for more information on SAGECare certification, Big Bend Hospice conditions this application on maintaining SAGECare certification in 2A and 2B, which requires at Least 80 percent of staff to complete training on culturally competent care for LGBTQ+ elders.

Big Bend Hospice will show conformance with this condition by submitting proof of accreditation as part of the annual compliance report.

## 21. CHAP Accreditation

Big Bend Hospice conditions this application on maintaining its CHAP accreditation. Big Bend Hospice will show conformance with this condition by submitting proof of accreditation as part of the annual compliance report.

## Programs and Services for Veterans and their Families

<sup>22</sup> "Loneliness and Social Isolation Linked to Serious Health Conditions," Centers for Disease Control and Prevention, <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>.

<sup>23</sup> Rosa, William et al., Palliative and end-of-life care needs, experiences and preferences of LGBTQ+6 individuals with serious illness: A systematic mixed-methods review. *Palliative Medicine*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10171330/#:~:text=Older%20LGBTQ%2B%20individuals%20report%20a,during%20life%20and%20after%20death>

<sup>24</sup> Rosa, William et al., Palliative and end-of-life care needs, experiences, and preferences of LGBTQ+6 individuals with serious illness: A systematic mixed-methods review. *Palliative Medicine*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10171330/#:~:text=Older%20LGBTQ%2B%20individuals%20report%20a,during%20life%20and%20after%20death>

<sup>25</sup> SAGE – Advocacy & Services for LGBTQ+ Elders ([sageusa.org](http://sageusa.org).)

Subdistrict 2A is home to over 31,000 veterans, 13,590 of whom are 65 and older. One in five elderly residents of Subdistrict 2A is a veteran.<sup>26</sup> Subdistrict 2B is currently home to over 11,000 veterans 65 and over. Big Bend Hospice has been serving veterans for over 40 years and understands veterans and their families benefit from specialized end-of-life services. Big Bend Hospice conditions this application on offering the following veteran-specific programs in Subdistrict 2A, all of which are offered in Subdistrict 2B.

## 22. We Honor Veterans Level 5 Status

Big Bend Hospice has been an active participant in We Honor Veterans since 2013 and has Level 5 status. We Honor Veterans<sup>27</sup> is a program of the National Hospice and Palliative Care Organization (NHPCO) in collaboration with the Department of Veterans Affairs (VA). Its goal is "to care for and honor those who have served when they reach end-of-life." <sup>28</sup> See the discussion beginning on page 115 of Schedule B for more information on We Honor Veterans and Level 5 status. Big Bend Hospice conditions this application on maintaining Level 5 status with We Honor Veterans.

Big Bend Hospice will show conformance with this condition by submitting proof of Level 5 We Honor Veterans status as part of the annual compliance report.

## 23. Valor Ceremonies

Big Bend Hospice hosts Valor Ceremonies to honor veterans who served in the Armed Forces. See page 117 of Schedule B for a description of Valor Ceremonies, which are conducted wherever the patient calls home, including assisted living facilities, nursing homes, or hospice homes. Trained Valor Volunteers conduct each ceremony, which typically includes:

- The Pledge of Allegiance
- Display and gift of a table-top American flag
- Patriotic music
- A certificate of appreciation
- Letter of gratitude
- Red/white/blue afghan or blanket (through community donations)
- Reading of a legacy document (when available)
- Presentation of a Hospice-Veteran Lapel pin

<sup>26</sup> According to data from the Veterans Administration, 2A is home to an estimated 13,590 veterans in 2024. There are a total of 64,551 residents 65+ in 2A.

<sup>27</sup> We Honor Veterans – Caring Professionals on a Mission to Serve

<sup>28</sup> "About We Honor Veterans," We Honor Veterans, <https://www.wehonorveterans.org/about>.

A Big Bend Hospice music therapist is brought into the ceremony to play three patriotic songs, including the Military Branch Song, before closing the ceremony with a military salute, the highest form of respect for a veteran. These ceremonies are an important way Big Bend Hospice shows its appreciation for its veteran patients and thanks them for their service. Big Bend Hospice conditions this application on offering Valor Ceremonies in Subdistrict 2A and will educate all patients who are veterans and their family members about this service.

Big Bend Hospice will show conformance with this condition by submitting the dates and counties in which Valor Ceremonies were provided in Subdistrict 2A as part of the annual compliance report.

#### 24 Tree of Life and Veteran Dog Tags

Big Bend Hospice gives two dog tags to every veteran in its care. After the veteran dies, the dog tag is permanently placed on the Tree of Life to honor the veteran. The other is given to the family as a keepsake. See pages 118-119 of Schedule B for more information on Big Bend Hospice's Tree of Life and Veteran Dog Tags. Big Bend Hospice conditions this application on having a Tree of Life installed in Subdistrict 2A where Big Bend Hospice staff and volunteers will hold ceremonies for family members to place their dog tag on the tree.

Big Bend Hospice will show conformance with this condition by submitting photographs of the Tree of Life with its compliance report.

#### Programs and Services for Patients Living Alone

Twenty-seven percent of Subdistrict 2A residents 65 and older Live alone. As discussed on page 53 of Schedule B, elderly adults living alone face increased isolation, loneliness, depression, and poor health. When a patient Lives alone, the Big Bend Hospice care team will arrange additional services, in keeping with the patient's wishes, to ensure they receive the emotional and social support they need. Some services that may be particularly helpful to patients living alone are included in the conditions in this section. In addition to the financial security conditions, Big Bend Hospice conditions this CON application on offering these services to all Subdistrict 2A patients.

#### 25 Vigil Services

When a patient is entering the final day or hours of life, Big Bend Hospice will offer the patient or their caregiver the option of having a volunteer sit with them at their bedside. whether that be in their own

home, an assisted living facility, or an inpatient unit. Each vigil volunteer receives training from the volunteer coordinator on providing companionship in the final hours of life. The vigil volunteer may read to the patient, play music, hold their hand, or provide other comfort in keeping with the patient's wishes. A vigil volunteer may be particularly meaningful for an individual living alone, as the presence provides assurance they will not die alone if it is not their wish. See page 54 of Schedule B for more information. Big Bend Hospice conditions this application on offering Vigil Services to all patients in Subdistrict 2A.

Big Bend Hospice will show conformance with this condition by reporting how many hours Big Bend Hospice volunteers spent providing vigil service as part of its annual compliance report.

**26. Comfort Callers:**

Comfort callers are volunteers who call patients or caregivers weekly to check on their care and ensure they have the supplies and services they need. These calls are a warm friendly interaction for patients and provide a regular opportunity for them to speak with a volunteer about anything they wish. If a need or concern arises during the call, the volunteer documents the information and provides it to the volunteer coordinator, who then enters the information in the EMR and contacts the proper IDG member to make sure they receive the care and services they need. Big Bend Hospice conditions this application on having comfort callers make weekly calls to all hospice patients living alone, unless they opt out of the service.

Big Bend Hospice will show conformance with this condition by reporting how many hours Big Bend Hospice volunteers spent making these calls to patients and caregivers.

**27. Pet Peace of Mind**

Big Bend Hospice implemented a program to supply pet food, veterinary care, grooming services, and transportation for pet-related needs so patients can maintain the positive support their pet brings to their life. Big Bend Hospice also works to find a forever home for patients' animals, so patients know their beloved pets will be cared for after their deaths. See page 54 of Schedule B and Attachment 13 for more information on this program. This program will be available to all patients but is particularly helpful for patients who live alone and do not have family members or loved ones who are able to care for their pets. Big Bend Hospice conditions this application on offering Pet Peace of Mind for its Subdistrict 2A patients.

**CON Action Numbers: 10763 through 10765**

Big Bend Hospice will show conformance with this condition by providing the number of volunteer hours providing Pet Peace of Mind services as part of its annual compliance report.

**Conditions to Improve Bereavement Services in Subdistrict 2A**

**28. Camp Woe Be Gone**

Camp Woe Be Gone is a free, one-day grief camp for youth who have experienced the death of a loved one. Big Bend Hospice bereavement counselors and volunteers lead campers through activities to help them explore and express their grief and learn new ways to cope. Activities can include creative arts, movement, animal and music therapy, group discussion, and a special remembrance ceremony. Camp Woe Be Gone is currently offered annually in Subdistrict 2B and is described beginning on page 87 of Schedule B and in Attachment 38. Big Bend Hospice currently offers Camp Woe Be Gone in Subdistrict 2B and conditions this application on having an annual Camp Woe Be Gone located in Subdistrict 2A that will be hosted by Masters-level social workers and trained bereavement volunteers. This camp will be offered beginning in the second year of operations.

Big Bend Hospice will show conformance with this condition by providing the date, location, and number of attendees at Camp Woe Be Gone as part of its annual compliance report.

**29. Monthly Grief Support Groups**

Big Bend Hospice currently offers monthly support groups for adults and youth in Subdistrict 2B. These grief groups are discussed on page 87 of Schedule B. These groups are open to hospice bereaved and to community members. Grief support groups for adults run for six weeks and are offered throughout the year. Big Bend Hospice also provides an ongoing, monthly grief support group for survivors of suicide loss. Big Bend Hospice conditions this application on offering these groups in Subdistrict 2A within the first two years of operations.

Big Bend Hospice will show conformance with this condition by providing the date, location and number of attendees at its support groups as part of its annual compliance report.

**Condition on Health Professional Education**

**30. Continuing Education for Healthcare Professionals**

**CON Action Numbers: 10763 through 10765**

Big Bend Hospice understands that community health care professionals are not always trained on how to identify what patients are appropriate for hospice care, the breadth of services hospice provides, and how to engage in conversations about end-of-life care with patients. Big Bend Hospice has conducted outreach and education for health care professionals in Subdistrict 2A and is committed to doing so in Subdistrict 2B as well. See page 33 of Schedule B for more information about Big Bend Hospice's continuing education for health care professionals. Big Bend Hospice conditions this application on offering continuing education for health care professionals on a variety of end-of-life and care planning topics. These offerings will be eligible for continuing education credit for professionals and will be offered at least annually during the first two years of operations to improve area health care professionals' understanding of hospice care and related issues.

Big Bend Hospice will show conformance with this condition by submitting the dates, titles of presentations, and numbers of attendees at each quarterly continuing education offering.

**NHC/OP of Florida (CON application #10764)**, also referenced as the applicant, or NHC/OP is a subsidiary of National HealthCare Corporation (NHC), a NYSE publicly traded company and a leading senior care provider with over 52 years of experience. As of December 31, 2023, NHC health/senior care entities (owned, leased or managed) include skilled nursing facilities (68), assisted living facilities (26), independent living facilities (3), behavioral health hospitals (3), homecare agencies (35) and 30 hospice agencies through Caris Healthcare, LP.

Caris hospices are located in the states of Georgia, Missouri, South Carolina, Tennessee, and Virginia. NHC states Caris has established administrative resources and a proven track record in hospice care that will be central to the SA 2B program. Caris' policies, procedures, and resources are referenced throughout the application.

The applicant plans to co-locate with NHC HomeCare, NHC's existing home health services branch, which it states has been operating in the six-county service area since 1994. NHC has eight homecare agencies serving 23 Florida counties. Exhibit A of the application includes NHC's organizational structure.

Total project cost is \$304,483 and includes project development, start-up and equipment costs.

NHC/OP anticipates issuance of license and initiation of service in October 2024.



**CON Action Numbers: 10763 through 10765**

Pursuant to project approval, NHC/OP of Florida, LLC/CON #10764 offers the following Schedule C conditions:

Commitment: Applicant commits to pursuing hospice accreditation through an approved accrediting entity by the end of its second year of operation.

Measure: Applicant will provide a written report within the annual report to AHCA that documents the progress towards accreditation.

Commitment: Applicant commits to making a financial donation of \$5,000 to Angel House Bereavement Center. These funds will help children, adolescents, and adults struggling with the pain of life-altering loss from either death, trauma, or significant life change.

Measure: Applicant will provide a written report within the annual report to AHCA that documents the support for Angel House Bereavement Center.

Commitment: Applicant commits to allocating \$7,500 to providing homeless patient care or towards homeless patient outreach.

Measure: Applicant will provide a written report within the annual report to AHCA that documents the amount of homeless patient care and homeless patient outreach cost.

Commitment: Applicant commits to allocating \$10,000 for room and board for patients without a caregiver.

Measure: Applicant will provide a written report within the annual report to AHCA that documents the amount of room and board provided to patients without a caregiver.

Commitment: Applicant commits to making a financial donation of \$2,500 to the Alzheimer's Project and to participate in community outreach and education within the organization.

Measure: Applicant will provide a written report within the annual report to AHCA that documents the support for the Alzheimer's Association.

Commitment: Applicant commits to providing a minimum of 25 in-services of hospice related continuing education to referral sources in the service area in the first full year of operation.

**CON Action Numbers: 10763 through 10765**

Measure: Applicant will provide a written report within the annual report to AHCA that documents the number of in-services provided.

Commitment: Applicant commits to allocating a of \$15 per patient per month towards their Three Most Important Things to enhance quality of life, provide individualized care, and ensure dignity at the end-of-life.

Measure: Applicant will provide data on the amount of funds spent on the Three Most Important Things Program in the annual report to AHCA.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON #10765)**, referenced as the applicant or Peoples Hospice, is an affiliate of Peoples Hospice and Palliative Care of Florida, LLC which has been serving SA 1 since January 19, 2023. The applicant is also an affiliate of Family Hospice Group, which operates two hospice programs (DaySpring Hospice and Community Hospice) in Alabama that serve counties contiguous to Florida hospice SAs 1 and 2A. A map provided by the applicant shows DaySpring Hospice serves the Alabama counties (Geneva and Houston) that border Holmes and Jackson counties (Florida's SA 2A counties).

Total project cost is \$468,201 and includes building, equipment, development, and start-up costs.

Peoples Hospice expects issuance of license in June 2025, and initiation of service in July 2025.

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

**Services and Programs Not Specifically Covered by Insurers**

1. Peoples Hospice will establish a minimum of three (3) hospice locations by the end of the second year of operations within the 6-county service area. Proposed locations include Bay County, Gulf County, and Washington County.  
Measure: The monitoring report includes a copy of the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) information identifying office locations.
2. Peoples Hospice's governing board will include a representative from each of the six (6) counties and at least one African American and one Veteran representative to ensure commitment to serving populations with unmet needs in Area 2A.

**CON Action Numbers: 10763 through 10765**

Measure: The annual required monitoring report includes the names and race of each board member.

3. Create a Community Outreach Council, comprised of one individual from each of the six (6) counties. The Council provides feedback on the hospice's rural program, improved access, and identifies any problems within the counties. The Council meets three times a year.  
Measure: The hospice provides the Council's accomplishments in the annual report of community benefit.
4. Peoples Hospice will develop and distribute an annual report of community benefit covering services throughout the panhandle of Florida (Hospice Service Areas 1 and 2A).  
Measure: The hospice develops a report that addresses the priorities for the previous year, services provided by county, feedback from directors and councils, and priorities for the future.  
Accomplishments by the Community Outreach Council is included.
5. Haven for the Homeless/Good Samaritan Program: This is a unique collaborative effort with both the Catholic Charities of Northwest Florida as well as with Doorways of NW Florida of whereas Peoples Hospice will provide hospice care for the indigent homeless.  
Measure: The annual monitoring report will include the number of cases that participated in this program.
6. The Peoples Foundation of NW Florida, Inc. will commit to this 501c3 is dedicated to providing financial support to those in our community whom are suffering while they have elected the hospice benefit. The funds are not exclusive to Peoples' patients. It is open to all hospice patients whom need help with turning their power back on, utilities, groceries, etc.
  - A minimum of \$15,000 a year for the first 5 years of operation to the Catholic Charities where the funds will be used to place homeless patients or near homeless patients suffering with end-of-life illness a safe place to die with dignity and peace.
  - Camp H.U.G. is the final pillar of support the foundation seeks to serve in our community. This is an annual camp held for children 17 and younger who have lost a loved one from any cause. The Camp will be filled with licensed grief counselors and social workers as well as several camp activities for the participants.Measure: The annual required monitoring report will include an affidavit or payment receipt for the contribution to each organization.

**CON Action Numbers: 10763 through 10765**

7. Peoples Hospice will include Non-Hospice Palliative Care services lead by a nurse practitioner for those with a twelve-month or less prognosis.  
Measure: The annual monitoring report will reflect the number of cases that participated in non-hospice palliative care.
8. Cardio-Pulmonary Inspirations Program: Peoples Hospice will provide Tele-Monitoring to our end stage heart failure patients and end stage lung disease patients offering data and trending vitals alerting us of a patient who needs daily visits.  
Measure: The hospice provides an annual report of numbers of cases and the devices/supports that were provided.
9. Peoples Hospice will partner with area nursing schools and colleges within the panhandle of Florida to provide preceptorships for the upcoming nurses in the area's premier nursing schools.  
Measure: The annual required monitoring report reflects the numbers and types of interns, their associated schools, and the length of service.
10. Peoples Hospice will arrange for six nurses from its affiliate hospice in Hospice Service Area 1 to be dually employed to ensure coverage for urgent needs and as part of its Emergency Preparedness Plan.  
Measure: The annual monitoring report will list nurses on staffing rosters of both Peoples Hospice and Palliative Care of Florida, LLC and Peoples Hospice and Palliative Care of NW Florida, LLC.
11. Peoples Hospice will have a Wound Care Specialist Consult available to the hospice staff.  
Measure: The annual monitoring report will include the number of individuals that benefit from the Wound Care Consultations.
12. Contract with a board-certified cardiologist to oversee the end-stage heart disease program.  
Measure: The hospice provides an annual report of cases participating in the program.
13. Employ a full time Minority Outreach Education Liaison to work with faith-based ministries, senior service centers, and community organizations throughout the area to promote education and distribute information about hospice services, advance directives and caregiver assistance.  
Measure: The hospice provides an annual report of meetings conducted and materials distributed.

**CON Action Numbers: 10763 through 10765**

14. Employ a full time Rural Health Education Liaison to work with senior service centers, and community organizations throughout the area to promote education and distribute information about hospice services, advance directives and caregiver assistance.  
Measure: The hospice provides an annual report of meetings conducted and materials distributed.
15. Employ a full time specially trained Social Worker to provide patients assistance with their eligibility for financial assistance, including enrollment in Medicaid and Medicaid Managed Care Long Term Care Program.  
Measure: The hospice provides an annual report of cases enrolled and programs used.
16. Contract with a minimum of two (2) chaplains within the service area to provide spiritual counseling to hospice patients.  
Measure: The hospice annually reports the chaplain's names under contract.
17. Peoples Hospice intends to pursue at least Level 4 status with the We Honor Veterans Program and will appoint a Veteran's Liaison position as part of the staff.
  - Peoples Hospice will also have a Virtual Reality Program for Veterans
  - Military Veterans Challenge Coin and Pinning CeremonyMeasure: The annual monitoring report will include progress on the status of the hospice's We Honor Veterans program, the number of veterans utilizing the Virtual Reality program, and the total number of veterans recognized.
18. Employ a board-certified music therapist to provide individualized music activities to meet patient needs.  
Measure: The hospice provides an annual report of the music therapist's cases.
19. Tuck In Program: Whereas a CNA stays with patient for the first night up to 11 PM after a direct admit from hospital. The CNA goes to home before the admitting nurse visit is complete to allow relief for family and ease anxiety about the first night of hospice, often increases likelihood patient will elect hospice benefit at hospital.  
Measure: The annual monitoring report will include the number of individuals that will receive care from the Tuck In Program.

**CON Action Numbers: 10763 through 10765**

20. Peoples Hospice will provide a Pet Therapy program for patients.  
Measure: The annual monitoring report will include the number of individuals that participate in the pet therapy program.
21. Peoples Hospice will seek accreditation for Jewish Hospice Services through the National Institute for Jewish Hospice (NIJH). NIJH provides guidance and training on the cultural beliefs and sensitivities so the hospice can better serve the terminally ill Jewish population by honoring their heritage and values.  
Measure: The hospice will provide proof of accreditation.
22. Peoples Hospice will become Services and Advocacy for Gay Elders (SAGE) certified by the end of the first year of operations.  
Measure: The annual monitoring report will include proof of certification.

*The proposed conditions and measures are as stated by the applicant. 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. 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." 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.*

*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 Gregory Keeter analyzed the application in its entirety with consultation from financial analyst Kimberly Noble 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.**

**CON Action Numbers: 10763 through 10765**

In Volume 50, Number 23 of the Florida Administrative Register, dated February 2, 2024, the Agency published need for a new hospice provider in Service Area 2A (Bay, Calhoun, Gulf, Holmes, Jackson, Washington Counties) for the July 2025 hospice planning horizon. The applicants are applying to establish a hospice program in response to published need.

SA 2A's CYs 2019—2023 hospice admissions by provider are shown in the table below.

<b>SA 2A</b>					
<b>Hospice Admissions CY 2019—CY 2023</b>					
<b>Hospice</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>	<b>2019*</b>
Covenant Hospice, Inc.	892	1,093	1,266	1,196	886
Emerald Coast Hospice	767	797	771	815	896
Vitas Healthcare Corporation of Florida	581	492	350	115	0
<b>Total</b>	<b>2,240</b>	<b>2,382</b>	<b>2,387</b>	<b>2,126</b>	<b>1,782</b>

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: \*CY 2019 includes 2,168 July-December 2019 admissions which were not published due to the cancellation of the July 2020 batching cycle.

**Big Bend Hospice, LLC (CON application #10763)** states it conducted a comprehensive Community Needs Assessment based on Agency, Medicare, Florida CHARTS, the Bureau of Economic and Business Research (BEBR), the US Census Bureau and other sources to identify the SAs unmet need. The applicant cites the following SA populations have unmet needs:

- Black and African American residents
- Rural residents
- Residents with Alzheimer's Disease/Dementia, and their caregivers
- Older Adults Living Alone
- Residents with Lower Socioeconomic Status
- LGBTQ+ Hospice Patient and Caregivers
- Residents with low literacy.

Big Bend indicates that 10.5 percent of the SA's elderly population is Black. Black residents will be 20 percent of Jackson County's elderly population, and nearly ten percent in Gulf (9.5) and Washington County (9.2 percent). Bay County will have the largest overall age 65+ Black population (3,249) or 8.8 percent of its total. The Black population age 65+ will be approximately 10.5 percent of the SA's total. See the partially reproduced table below.



**CON Action Numbers: 10763 through 10765**

**65+ Population 2025- Subdistrict 2A**

<b>County</b>	<b>White</b>	<b>Black</b>	<b>Hispanic</b>	<b>Total</b>
Bay	31,561	3,249	1,159	36,899
Washington	4,731	496	80	5,375
Holmes	4,353	216	76	4,722
Jackson	8,654	2,231	152	11,138
Calhoun	3,722	278	33	3,105
Gulf	4,731	400	48	4,195
<b>SA 2A Total</b>	<b>55,770</b>	<b>6,870</b>	<b>1,548</b>	<b>65,434</b>

Source: CON application #10763, page 34 from BEBR.

The applicant's 2022 Florida Medicaid Beneficiary Death Age 65+ table (on the application's page 35) indicated two Counties (Bay with 104 and Jackson with 88) accounted for the majority of the SAs 255 Black deaths, while Whites were 2,553 of the SAs 2,863 Medicare beneficiary 65+ deaths. Big Bend next provides a table (on the application's page 36) showing 39 percent of the Black SA Medicare beneficiary 65+ deaths were served by hospice compared to 55 percent of White 65+ deaths in 2022.

Big Bend states Black individuals have poorer lifespan health care outcomes including at the end-of-life and often mistrust palliative and end-of-life programs based on a history of medical segregation and uninformed medical experimentation. End-of-life decisions are often influenced by faith, and eighty percent of African Americans are religious and rely on their faith on these choices. Social-environmental barriers such as care setting, limited access to culturally appropriate programs, geographic location, and communication issues with health care providers can further restrict access to hospice services. Also, lack of awareness about hospice, preference for aggressive treatment over palliative care, and family resistance and lack of insurance also impact access.

Big Bend Hospice's strategies for addressing the lower hospice use rate among Black residents in SA 2A are described on the application's pages 36-41. These include the National Hospice and Palliative Care Organization's (NHPCO) Black and African American Outreach Guide ("the Guide") best practices:

Leadership and Planning – Big Bend has staff experienced in community engagement with underserved populations and a business development coordinator focus on underserved communities. Listening to the Community – a rural county advisory board will have members from each rural community.

Messaging and Marketing – Big Bend Hospice uses various methods to hear community concerns, including health fairs, town hall meetings, and faith-based collaborations. Building partnerships and embracing

the faith communities – Big Bend plans to have Spiritual Leadership Council, church based drop sites, ACTS2 and advance care planning workshops, panel discussions in area houses of worship. Visual Community events and Media are stated to be the fifth best practice with Big Bend again citing ACTS2 and advance care planning workshops, and community events including Juneteenth and Martin Luther King Day celebrations accessible via Zoom.

Big Bend Hospice cites its successful initiatives in SA 2B as a model for the approach in SA 2A.

Rural Residents are next addressed with Big Bend noting the Florida Department of Health's rural county definition (counties with a population of 75,000 or less, or counties with a population 12,500 or less contiguous to a county of 75,000 or less). The applicant notes every SA county except Bay County qualifies as rural. According to data from Florida Population Estimates and Projections by AHCA District 2020 to 2030 (January 2024), rural residents aged 65 and over were (28,202) of the SA 2A total of 64,551 or approximately 44 percent of the total Subdistrict 2A population in this age group, live in rural settings.

Big Bends cites studies that have shown that rural residents generally face higher risks of death due to chronic health conditions such as heart disease, stroke, cancer, and lung disease compared to their urban counterparts. These disparities are further compounded by limited access to health care providers and transportation options in rural areas. Additional factors contributing to these disparities, include:

- Lower availability of healthy food choices
- Higher poverty rates
- Lower likelihood of health insurance coverage
- Higher exposure to environmental hazards such as pollution and poor water quality
- Less leisure-time physical activity
- Higher obesity and high blood pressure rates.

Big Bend states that the aging rural population in SA 2A will result in a growing demand for hospice care. However, access to hospice services remains limited compared to urban areas. This lack of access often translates to fewer rural seniors having the option for in-home hospice care during their final days.

Big Bend cites its SA 2B program, which has nine hospice offices indicating that having these offices allow staff to gather supplies without delay and it will use this model in SA 2A. Big Bend Hospice cites its history of serving rural Floridians for over 40 years and its letter of

support from Lauren Faison-Clark, CEO of Doctors Memorial Hospital in Taylor County. Challenges for hospices serving rural communities include higher operating costs, stringent federal regulations, staff shortages, and technology issues make providing care to rural residents less financially attractive for hospices, further exacerbating the existing access limitations. Big Bend cites its relationships with SA 2B's Federally Qualified Health Centers (FQHCs) and its intent to do so in SA 2A, citing its letter of support from PanCare, which operates FQHCs in SA 2A.

As a further demonstration of its commitment, Big Bend has conditioned this application on opening three new hospice offices within the first two years of operation in SA 2A. The applicant states this expansion aims to deepen its roots within the local communities and ensure responsiveness to the needs of rural residents. Big Bend also references a statement from the Mayor of Monticello celebrating the opening of a new Big Bend Hospice office in the city, which reinforces the positive impact Big Bend Hospice's presence has on rural communities.

Big Bend Hospice, next identifies a critical need for hospice care services tailored to patients with Alzheimer's disease and dementia in SA 2A. The applicant notes that the Alzheimer's Association estimates that 580,000 Floridians aged 65 and older are living with Alzheimer's disease and Alzheimer's and dementia-related conditions are most common in adults over 65. Florida CHARTS data is cited to support that SA 2A has a higher prevalence of Alzheimer's disease compared to the state. In 2022, Alzheimer's disease was the fourth leading cause of death for SA 2A residents aged 65 and older, accounting for nearly eight percent of all deaths in this age group, more than double the state's 3.4 percent average.

**2022 Age-adjusted Deaths from Alzheimer's Disease  
(Rate Per 100,000)**

<b>County</b>	<b>Rate</b>
Bay	57.2
Calhoun	54.4
Gulf	56.8
Holmes	37.5
Jackson	58.0
Washington	54.1
<b>Florida</b>	<b>18.3</b>

Source: CON application #10763, page 50 from Florida CHARTS, Deaths for Alzheimer's Disease.

Big Bend cites its partnership with the Alzheimer's Project as part of its solution to meet the needs of patients with Alzheimer's disease and dementia. The Alzheimer's Project is a SA non-profit that provides respite services, caregiver support groups, and educational courses for

caregivers with the goal of helping caregivers sustain their quality of life while they provide care to Alzheimer's/dementia persons. Big Bend cites its condition to host four events in partnership with the Alzheimer's Project in the project's first two years of operations.

Another part of Big Bend's Alzheimer's care solution, is its use of the Caregiver Renewal Institute, resource hub offering online and in-person educational programs for caregivers. The Caregiver Renewal Institute is described "as a separate entity under the 7 Oaks umbrella" that "empowers caregivers through access to practical tools, resources, wellness strategies, and classes". These programs address various topics, including "Dealing with Dementia" Caring for You, Caring for Me", a five-part series focused on self-care strategies for caregivers, including understanding caregiver roles, preventing/solving caregiver problems, while taking care of themselves. Big Bend cites its condition to giving Caregiver Renewal Institute material to SA 2A caregivers as part of its admissions packet.

Big Bend Hospice next addresses its programs that support elderly residents living alone (see the table below).

**2022 Individuals Living Alone  
(Aged 65 Years and Older)**

<b>County</b>	<b>% of total living alone</b>
Bay	24%
Calhoun	36%
Gulf	22%
Holmes	34%
Jackson	32%
Washington	30%
<b>SA 2A Total</b>	<b>27%</b>
<b>Florida</b>	<b>25%</b>

Source: CON application #10763, page 53 from Florida CHARTS.

Big Bend acknowledges that standard hospice services typically presume a designated caregiver is present in the patient's home. As shown above, 27 percent of elderly residents in SA 2A live alone, exceeding the state average (25 percent). Four of the five rural counties within SA 2A have a particularly high percentage of elderly residents living alone.

Elderly residents living alone often lack a readily available caregiver at home and have limited access to resources due to their rural location. Social isolation (physical separation from others) and loneliness (the subjective feeling of distress from being alone) are identified as risk factors for poor health outcomes, particularly in older adults. Loneliness is linked to a 50 percent increased risk of dementia and higher rates of mental health issues (e.g. depression, anxiety, and suicide). For older

## CON Action Numbers: 10763 through 10765

adults with heart disease, loneliness is associated with a higher risk of hospitalization and emergency department visits.

Immigrant and LGBTQ+ people are at higher risk of experiencing loneliness. Social isolation can contribute to food insecurity and financial strain for elders living alone. To address the needs of elderly residents living alone in SA 2A, Big Bend Hospice proposes to implement several programs which are also cited as conditions to project approval. Big Bend provides details on these under the topics – Vigil Services, Comfort Callers and Pet Peace of Mind.

Big Bend next its programs for low-income patients and families, noting that the average per capita income in SA 2A is over \$12,000 less than the state average. All five SA rural counties have a higher percentage of people living in poverty than the state average. See the table below.

**2022 Socioeconomic Indicators  
Subdistrict 2A**

County	Per capita income in past 12 months	People in Poverty %
Bay	\$36,868	11.9%
Calhoun	\$21,234	22.2%
Gulf	\$30,011	18.0%
Holmes	\$22,860	19.6%
Jackson	\$23,210	17.5%
Washington	\$23,984	19.4%
<b>SA 2A Average</b>	<b>\$26,376</b>	<b>18.1%</b>
<b>Florida Average</b>	<b>\$38,850</b>	<b>12.7%</b>

Source: CON application #10763, page 55 from US Census Quick Facts 2022.

Big Bend acknowledges the correlation between poverty and poor health outcomes, particularly among older adults. The applicant provides the table below comparing Black and White SA 2A residents poverty rates.

**2022 Poverty Rates among Black SA 2A Residents  
(Aged 65 Years and Older)**

County	White Residents in Poverty %	Black Residents in Poverty %
Bay	9.9%	19.7%
Calhoun	14.9%	37.4%
Gulf	11.3%	27.6%
Holmes	15.6%	25.6%
Jackson	17.3%	37.3%
Washington	23.2%	25.8%
<b>SA 2A Average</b>	<b>15.4%</b>	<b>28.9%</b>
<b>Florida Average</b>	<b>10.7%</b>	<b>20.0%</b>

Source: CON application #10763, page 56 from Florida CHARTS.

Big Bend's points out that Black residents in SA 2A experience poverty at a significantly higher rate than the state average and nearly double the percentage for White residents. The applicant contends that for these

residents an experienced provider like Big Bend will do more than just expand into the SA. Big Bend indicates that poverty can restrict access to proper nutrition, safe living environments, quality health care and lead to shorter life expectancy and higher death rates. The applicant emphasizes its expertise in providing high-quality care to underserved populations.

Big Bend cites its condition to provide up to \$10,000 in the first year, \$20,000 in the second year, and \$30,000 in the third year of operations to address housing and food insecurity issues identified by social workers during patient assessments. These funds will be used to help patients maintain stable housing, access food, and ensure a safe and comfortable environment at the end-of-life.

Big Bend next addresses the heightened vulnerability of individuals experiencing homelessness to develop serious health conditions. Unstable housing conditions significantly hinder access to quality health care and continuity of care. Even if the homeless gain access to needed medical services, homelessness often reverses any positive impact of treatment. Research indicates a higher prevalence of morbidity and mortality among homeless people compared to the general population. They also experience a greater number of co-morbidities. These challenges are compounded by past and present traumas impacting their decision-making abilities.

Mental illness and substance use disorders are not the only concerns contributing to a shortened lifespan. Physical ailments like diabetes, hypertension, HIV, hepatitis C, and heart attacks are significantly more common in this population. The applicant highlights Big Bend Hospice's experience in serving this vulnerable demographic within SA 2B to ensure dignified end-of-life care.

Big Bend emphasizes its mission to not only address basic needs but also provide a pathway out of homelessness through employment services, educational opportunities, and comprehensive health care access. The applicant cites the Big Bend and The Kearney Center partnership (letter from Center's founder) which indicates Big Bend's holistic approach aligns perfectly with the Kearney Center's "philosophy of treating everyone with respect and dignity. Big Bend Hospice's willingness to serve the homeless population, often neglected by traditional health care systems, has been nothing short of miraculous. Their specialized teams have worked closely with our staff to ensure those facing the end-of-life receive compassionate care surrounded by dignity, rather than in isolation or despair".

Florida has the third-highest homeless population nationally, accounting for over four percent of the country's unhoused individuals. The applicant's table for homeless estimates that over 524 people experienced homelessness within SA 2A during 2023. The breakdown by county is provided and it is noted that two counties, Holmes and Washington had less than 15 homeless persons.

Homeless estimates are based on Point-in-Time (PIT) counts conducted annually. These counts include sheltered and unsheltered homeless individuals. While helpful for assessing the prevalence of homelessness, PIT counts likely underrepresent the actual numbers due to the difficulty of locating every homeless person. Big Bend presents a table with data from Florida's Council on Homelessness, illustrating the rate of homeless individuals per 1,000 people in SA 2A compared to the state average, which indicate SA 2A rate was comparable to the state average in 2022 (both at 1.2 per 1,000), but increased to 1.7 per 1,000 compared to the states' 1.4 per 1,000 average in 2023.

The majority of SA 2A's homeless population resides in Bay County and the county acknowledges the lack of resources and funding to adequately support them. The local shelter, Panama City Rescue Mission, faces staffing shortages due to funding limitations, rising food costs, and a lack of affordable housing. The widening gap between average income and housing costs puts further pressure on residents, potentially leading to a future increase in homelessness.

In contrast, Jackson County developed a plan in 2023 to address homelessness. The plan incorporates strategies to increase affordable housing options for county residents, including senior citizens. The Chairman of the Jackson County Board of Commissioners expresses alignment with the applicant's goals of improving overall resident well-being, as evidenced by his letter of support.

The applicant restates that the average per capita income in SA 2A is over \$12,000 lower than the state average and 18 percent of residents live in poverty. Racial disparities are also evident, with Black residents in SA 2A experiencing a nearly 30 percent poverty rate. SA 2A residents have higher rates of food insecurity compared to the state average.

The applicant highlights Big Bend Hospice's experience in serving patients facing housing and food insecurity at the end-of-life. Big Bend notes that social worker assessments will guide the level of support provided to address these social determinants of health and restates that it provide up to \$10,000 in the first year, \$20,000 in the second year, and \$30,000 in the third year of operations.

Food insecurity is addressed with Big Bend citing Feeding America data which indicates that over 527,000 Florida seniors (aged 60+) experienced food insecurity in 2021. Food insecurity is defined by the US Department of Agriculture “as a lack of consistent access to enough food for every person in a household to live an active and healthy life. Big Bend’s table on page 60 of the application indicates the Florida Average Food Insecurity Rate was 10.6 percent compared to SA 2A, where it affects 12.9 percent of the population. The source cited in the table was Florida Health Charts. The applicant states that “food insecurity is a serious social determinant of health” is linked to poorer health outcomes, including an increased risk of chronic diseases like heart disease, the leading cause of death among those aged 65+ in SA 2A.

The applicant underscores the heightened vulnerability of older adults experiencing food insecurity. This demographic is more likely to have chronic health conditions and mental health issues, further jeopardizing their well-being. Nationally, over 13 percent of adults aged 60 and older suffer from food insecurity, and SA 2A mirrors this trend. Poverty is identified as the primary cause of food insecurity by Feeding America. Residents of SA 2A have lower per capita income and higher poverty rates compared to the state average, making them more susceptible to food insecurity due to limited financial resources for purchasing food. The applicant notes the racial disparities associated with food insecurity. Nationally, Black households experience food insecurity at a rate nearly two and a half times higher than White households. In SA 2A, where over a quarter of the Black population lives below the poverty line, Black residents face a heightened risk of hunger.

While various food programs and benefits exist, a segment of the eligible population does not participate due to a lack of awareness or stigma associated with these programs, such as SNAP. The applicant emphasizes Big Bend Hospice's commitment to supporting housing and food security and states that by ensuring end-of-life patients' basic needs are met, caregivers can focus on providing companionship and care for their loved ones, rather than worrying about obtaining their next meal.

Big Bend indicates that low literacy is a critical issue within SA 2A. Approximately 27 percent of adults in the SA function at or below Level 1 literacy, according to the Program for the International Assessment of Adult Competencies (PIAAC). Individuals at this level struggle with comprehending basic written materials. The US Department of Health and Human Services recognizes low literacy as a social determinant of health. Big Bend provides the table below showing literacy rates within SA 2A by the 65 to 74 age group and overall adult population by county.



## CON Action Numbers: 10763 through 10765

**Literacy Rates within SA 2A**

County	Population Age 65-74%	Overall Adult Population %
Bay	25.4%	18.4%
Calhoun	40.3%	29.2%
Gulf	33.6%	24.4%
Holmes	42.1%	30.5%
Jackson	42.5%	30.8%
Washington	38.8%	28.1%
<b>SA 2A Average</b>	<b>37.1%</b>	<b>26.9%</b>
<b>Florida Average</b>	<b>32.6%</b>	<b>23.7%</b>

Source: CON application #10763, page 62 from PIAAC: <https://nces.ed.gov/surveys/piaac/>

Note: The Rate is the numeracy proportion at or below Level 1, which is the level at which people are at risk for difficulty using or comprehending print material.

The data indicates that literacy rates in SA 2A are consistently higher than the state average. For example, 42.5 percent of residents aged 65 to 74 in Jackson County fall within Level 1 literacy, compared to the state average of 32.6 percent.

Big Bend acknowledges the specific challenges faced by older adults regarding health literacy, citing the Office of Disease Prevention and Health Promotion reports that many seniors struggle to understand complex health information, complete medical forms, and navigate the health insurance system. These difficulties can be further compounded by age-related physical impairments, such as vision loss. Furthermore, poor health literacy poses a barrier for seniors accessing hospice care. The inability to understand their medical conditions, treatment options, and end-of-life care choices can prevent them from making informed decisions about hospice care. The National Assessment of Adult Literacy (NAAL) reports that adults aged 65 and older are more likely to have poor health literacy skills than other age groups. The applicant concludes that given the high percentage of seniors within SA 2A with low literacy skills, there is a heightened risk of poor end-of-life health care decisions.

Big Bend underscores its commitment to ensuring patients and caregivers understand the information provided. To achieve this, the applicant cites its condition on providing information on end-of-life care and advanced care planning in short, easy-to-digest documents that provide visual prompts or pictographs to help convey messaging and use plain language designed for lower levels of reading comprehension. The materials will be available by the second year of operation.

Big Bend next addresses the unique challenges faced by LGBTQ+ seniors, particularly concerning health care access and end-of-life care. Florida has a large LGBTQ+ population (approximately 895,000 adults with a significant number (about 80,000 are aged 65 and over) being seniors. Research indicates that LGBTQ+ individuals are more likely to experience certain health conditions compared to the general population

and often encounter discrimination within the health care system. A 2020 study found that 70 percent of LGBTQ+ people in the US had negative experienced refusal of care, bias, incorrect assumptions, or derogatory statements during health care visits.

These discriminatory experiences can deter LGBTQ+ seniors from seeking necessary medical services, including end-of-life care. A 2023 study on LGBTQ+ end-of-life care found that many LGBTQ+ adults reported bias, discrimination, or mistreatment from health care professionals. Nearly 24 percent of 865 hospice professionals reported witnessing inadequate or abusive care provided to LGBTQ+ patients. Fear of discrimination can lead LGBTQ+ seniors to avoid disclosing their sexual orientation or gender identity in health care settings, potentially hindering the quality of care received. Furthermore, concerns about safety and acceptance in home-based care settings can arise if patients are unsure of their provider's stance on LGBTQ+ identities.

Big Bend emphasizes the importance of culturally competent care for LGBTQ+ seniors. This includes proper training for providers to create a safe and comfortable environment that addresses the specific needs of this population. Poor communication or a lack of awareness regarding LGBTQ+ issues can create unnecessary barriers to care. Open communication is crucial, including discussions about sharing a patient's sexual orientation or gender identity with other health care providers involved in their care. Big Bend notes that it is the only SAGECare platinum certified hospice in SA 2B, SA 2A doesn't have one and its condition to obtain SAGECare Platinum certification from SAGE, the national organization focused on improving care for LGBTQ+ older adults. The applicant includes excerpts from letters of support from both SAGE and the Gulf Coast LGBTQ+ Center which cite its commitment to LGBTQ+ cultural competency and the potential impact of their services on the LGBTQ+ senior population in SA 2A. The Gulf Coast LGBTQ+ Center letter expresses enthusiasm for collaborating with Big Bend Hospice on other community needs, such as homelessness and teen suicide prevention.

Big Bend Hospice highlights its over 40 years of experience caring for older adults in the Florida Panhandle, emphasizes its success serving SA 2B and cites shared demographic similarities with SA 2A. These include the high percentage of residents aged 65 and older, approximately 21 percent in 2A and 18 percent in SA 2B. Big Bend Hospice notes 44 percent of SA 2A age 65+ population is located in rural counties compared to 41 percent in SA 2B. The applicant also compares the percentage of "Non-Hispanic Black (African American)—SA 2A is 10 percent compared to SA 2B's 22 percent of the total populations. Big Bend notes its endorsements from respected community figures like

Reverend Dr. Rufus Wood Jr. (NAACP Bay County Branch President) and Reverend Ronald Dale Mizer (Pastor of St. James AME Church in Marianna), highlight Big Bend Hospice's reputation and the confidence referral sources have in their ability to deliver care in the new service area.

**NHC/OP of Florida, LLC (CON application #10764)** argues that SA 2A demonstrates a net unmet need for hospice patients citing the Agency's February 2024 need forecast unmet need of 609 patients, justifying the need for an additional hospice program. Beyond the identified need, NHC/OP contends that additional factors within SA 2A necessitate further hospice services, particularly those delivered by the applicant. These factors include the SAs:

- Population growth and aging
- The number of elderly residents living alone
- The most prevalence causes of death
- Socioeconomic disparities in the SA
- Health literacy levels of the SA population
- The high number of veterans residing in the SA
- The rurality of the SA
- The disaster preparedness needs of the SA 2A population; and
- The current penetration rate of care of existing hospice providers.

The applicant argues that SA 2A is experiencing significant population growth and aging, factors that contribute to a greater need for hospice services. The Agency's population data shows SA 2A had a net gain of over 5,000 residents (population decreased in three counties) between 2020 and 2022. Bay County, the largest in the subdistrict, saw a population increase of nearly 6,000 during that period, exceeding the state's overall growth rate. The population is projected to have continued population growth across all SA 2A counties by 2026, with an expected increase of over 10,000 residents.

NHC/OP states SA 2A mirrors Florida's trend of an aging population. The applicant's findings include:

- The number of residents aged 65 and older in SA 2A grew by nearly 5,000 between 2020 and 2022, with three counties exceeding the state's growth rate for this age group.
- AHCA projections suggest SA 2A will have nearly 6,000 additional residents aged 65 and older by July 2026.
- Every county in the subdistrict is expected to have at least 20 percent of its population aged 65 and older by 2026, with two counties exceeding the state's projected percentage for this age group.

NHC/OP believes population growth and aging will translate to an increased demand for health care services, particularly hospice care for elderly patients. Further, the SA 2A is expected to see a significant increase in deaths due to its aging population. The applicant cites Agency data projecting a total death increase in SA 2A by 2.4 percent CAGR from 2022 to 2026, exceeding the projected increase for Florida overall. Bay County is projected to have the highest death increase at 5.2 percent CAGR, more than double the statewide projection. Most of these deaths are expected to be among residents aged 65 and older, mirroring the statewide trend. In 2022, 72 percent of deaths in SA 2A were for those aged 65 and older and the applicant cites projections suggest nearly 6,000 additional residents aged 65 and older will reside in SA 2A by July 2026.

The applicant highlights Caris Healthcare's (an affiliate) existing policies and practices designed to assist elderly patients and their families in navigating end-of-life care decisions. These practices will be applied by the proposed hospice program.

- "Necessary Conversations" Program - This program offers resources and guidance to facilitate discussions between patients, families, and Caris social workers.
- "The Better Way" Commitment: - ensures compassionate, accountable, respectful, and high-quality care
- Caris Transitions Program - streamlines communication between patients and health care providers, ensuring timely and efficient care delivery.

NHC/OP acknowledges the specific challenges faced by elderly hospice patients who live alone. These patients often require a broader range of support due to limitations in performing daily tasks, managing emotional stress from their illness and isolation, and navigating financial and logistical hurdles. SA 2A has a higher-than-average prevalence of seniors living alone compared to the state of Florida. This social isolation can exacerbate health risks for these vulnerable individuals, increasing their susceptibility to depression, falls, heart disease, and even premature death. NHC/OP contends that its hospice affiliate, Caris Healthcare, has established a comprehensive approach to address the needs of patients living alone. During the initial intake process, a social worker conducts a thorough assessment to identify the patient's financial resources, social needs, and availability of caregivers. Caris Healthcare then leverages its referral network to connect patients with essential community resources, including support groups, home care services, and financial assistance programs. They are also prepared to refer patients to VA services or long-term care options if necessary. Caris' "Three Most Important Things" program personalizes care by asking patients to

identify their top priorities for a fulfilling end-of-life experience. This approach allows Caris Healthcare to tailor its services to maximize comfort, connection with others, and spiritual well-being for each patient living alone.

NHC/OP next addresses the leading causes of death in SA 2A and highlights the applicant's qualifications to address them. The leading Causes of Death based on the data from the Florida Department of Health shows the top five causes of death in SA 2A for 2023 were Heart disease, Cancer, Chronic lower respiratory diseases, Cerebrovascular diseases and Alzheimer's disease. These five causes accounted for nearly 60 percent of all deaths in the area.

In reference to Alzheimer's Disease - SA 2A has a significantly higher rate of death from Alzheimer's disease compared to the state average (5.0 percent vs. 2.6 percent). This disparity is even more pronounced among Black residents in SA 2A. The applicant contends that through its affiliate Caris Healthcare, it has a strong understanding of caring for patients with Alzheimer's disease and other cognitive disorders. Caris Healthcare incorporates various strategies, including:

- "10 Absolutes of Alzheimer's Caregiving" – a set of best practices emphasizing compassion and empathy.
- Mandatory training on Alzheimer's disease care for social workers and clinical practitioners (updated annually).
- Participation in national initiatives like the Walk to End Alzheimer's; and
- Grassroots efforts promoting community awareness.

The applicant acknowledges the prevalence of other leading causes and offers its capabilities including:

- Nursing staff training programs on various disease conditions.
- Partnership with Optum Hospice Pharmacy for specialized medication management.
- Access to pharmacists with expertise in geriatrics, wound care, pain management, and palliative care.

NCH/OP contends that as a provider with a comprehensive understanding of SA 2A's specific mortality profile. By highlighting its expertise in caring for patients with Alzheimer's disease and other leading causes of death, the applicant aims to convince the reviewer of its qualifications to deliver high-quality hospice care in the region. Beyond the specific diseases affecting SA 2A, the applicant acknowledges the significant role that social and economic factors play in overall health outcomes. These "Social Determinants of Health" (SDoH) encompass elements like income, education, access to health care, and social support networks. Unfortunately, these factors can create disparities between different populations, leading to poorer health for some residents.

One particularly concerning SDoH is race. Nationally, Black Americans experience higher rates of chronic diseases and lower life expectancy compared to white Americans. This disparity is also evident in SA 2A, where mortality rates from Alzheimer's disease are nearly double for Black residents compared to the state average. The applicant states it is committed to addressing these disparities and Caris Healthcare has implemented policies and practices that emphasize outreach and inclusion for diverse populations, including Black Americans. Social workers receive ongoing training to understand the unique needs of various minority groups and ensure culturally sensitive care. This dedication to diversity will allow NHC to provide empathetic and tailored care to all residents of SA 2A, regardless of race or background. The applicant also recognizes that limited financial resources and access to health care services can be significant barriers to hospice care. These challenges can prevent individuals from receiving palliative and end-of-life care that can improve their quality of life. NHC/OP plans to address these issues by actively identifying underserved populations within SA 2A and gaining a deep understanding of the obstacles they face. This knowledge will allow the applicant to develop strategies to ensure that all residents have access to the compassionate hospice care they deserve. NHC states it is committed to providing comprehensive care that addresses not just the physical symptoms of illness, but also the broader factors that influence health and well-being.

NHC/OP states SA 2A faces a significant challenge when it comes to access to health care services, particularly hospice care., which stems in part from the high poverty rate within the region. According to U.S. Census data, over 14.6 percent of residents in SA 2A live below the poverty line, exceeding the state average for Florida. Furthermore, five out of the six counties within the district have poverty rates exceeding the state average, with some counties having nearly one-fifth of their population living in poverty. This economic hardship is further evidenced by SA 2A's low total retail sales per capita. This metric indicates that the average resident has limited disposable income, restricting spending to essential needs. Interestingly, counties with the highest poverty rates within SA 2A also have the lowest total retail sales per capita, suggesting a strong correlation between poverty and limited discretionary spending.

The applicant recognizes these economic barriers and states it will provide care to all patients in need, noting that Caris Healthcare has established policies ensuring that race, ethnicity, sexual orientation, religion, diagnosis, or ability to pay do not hinder access to hospice services. The organization has the financial resources to care for all patients, regardless of insurance coverage. For patients struggling financially, Caris Healthcare assigns a dedicated nurse case manager

and social worker. This care team conducts a comprehensive assessment to determine the patient's indigent status and identify potential resources. This collaborative effort aims to secure medication coverage, medical care access, and assistance with health insurance, disability benefits, and other relevant programs. By identifying these resources, Caris Healthcare tailors care to each patient's unique circumstances and financial situation.

The applicant emphasizes its commitment to serving all socioeconomic groups within SA 2A. Quality care standards are applied equally to all patients, and medically appropriate patients will be accepted regardless of age or ability to pay.

NHC/OP states that SA 2A experiences a disproportionately high rate of homelessness compared to the state average - Florida Department of Health data indicates that Bay, Calhoun, and Gulf Counties within SA 2A have homeless rates exceeding the state's overall rate per 10,000 residents and the entire SA 2A reflects a homeless rate surpassing the state average. Notably, Bay County, the most populous county in SA 2A, has a concerning homeless population of 342 residents according to the 2023 Point-in-Time (PIT) count. The applicant indicates this translates to a homeless rate of 1.89 per 1,000 residents, exceeding the state average by more than half a point.

The applicant's affiliate, Caris Healthcare, employs social workers trained to assess the needs of homeless patients. These social workers actively research available economic assistance and housing options within the communities they serve. This includes resources such as transitional housing, independent and assisted living facilities, homeless shelters, interfaith hospitality programs, adult day care, and respite services. Caris Healthcare's social workers are adept at identifying resources specific to niche patient populations, such as veterans who may qualify for additional programs due to their military service.

High poverty rates and rural characteristics (discussed later) within SA 2A contribute significantly to food insecurity across the region. Data from the United States Department of Agriculture (USDA) identifies several areas in SA 2A as either low-income communities lacking a grocery store within a 10-mile radius or low-income communities where the closest grocery store requires a vehicle to access. This lack of access to nutritious food likely translates to similar limitations in accessing health care services. This situation underscores the critical need for accessible health care resources, particularly for low-income residents or those with limited mobility who require in-home care.

The applicant's affiliate, Caris Healthcare, implements a structured approach to support patients experiencing food insecurity. This approach involves a thorough needs assessment conducted by a team of nurses and social workers to gain a comprehensive understanding of each patient's basic living requirements. Based on this personalized evaluation, Caris Healthcare tailors care plans to meet each patient's specific needs, ensuring the highest possible quality of care. The needs assessment specifically identifies whether patients and their caregivers have sufficient access to food, clean water, sanitation, medications, and other essential needs. Caris Healthcare leverages an interdisciplinary approach, combining the expertise of social workers, the patient care team, and volunteers, to connect patients and their caregivers with relevant community resources.

NHC/OP notes that SA 2A experiences a higher rate of uninsured residents compared to the state average, particularly among those under 65. Data reveals that the uninsured rate for this age group within SA 2A sits at 15.8 percent, exceeding the statewide rate of 13.9 percent. While hospice care primarily serves patients over 65, the applicant contends that the high rate of uninsured residents under 65 within SA 2A counties (all exceeding the state average) signifies a broader need for health care resources throughout the service area. The applicant's parent company, NHC, is stated to have a history of responsible financial management, which will allow the applicant to provide care to all patients regardless of their ability to pay or insurance status. NHC upholds consistent quality care standards for all patients, irrespective of their financial situation.

The applicant has established an indigent care policy for employees to follow when encountering patients who lack the financial means to pay for care. The hospice care team, which includes social workers, assists all patients, particularly those facing financial hardship, in obtaining resources to secure health insurance coverage whenever possible. Social workers can also help patients apply for Medicare, Medicaid, and disability benefits, facilitate referrals to home-based programs, and connect them with local agencies offering services for aging and disabled individuals. Finally, charity care is available for patients who cannot afford hospice services and lack alternative funding sources.

Health literacy, a person's ability to understand basic health information and make informed decisions, significantly impacts a community's health care needs. Low health literacy can lead to difficulty comprehending the often overwhelming and sometimes conflicting information about health care services. This confusion can result in misinterpretations and potentially detrimental health care decisions. Individuals with low health literacy may struggle to communicate their concerns and symptoms effectively to health care providers, hindering



accurate diagnosis and treatment plans. This impaired communication can also lead to poor adherence to care instructions and ultimately, inappropriate treatment, including for hospice patients.

The applicant believes that examining overall health literacy levels within the proposed service area is crucial and a patient's ability to grasp health information directly affects their health awareness and empowers them to make informed health care decisions. Patients with low health literacy may have a limited understanding of hospice care's goals and the implications of forgoing aggressive medical interventions. This can lead to difficulties in discussing end-of-life care preferences, values, and goals, ultimately creating decision-making challenges for patients and families during critical treatment decisions.

NHC/OP's Health Literacy Rates chart (Figure E.1-4) demonstrates that four counties within SA 2A (Calhoun, Holmes, Jackson, and Washington) have a higher percentage of residents with literacy skills at or below Level 1 (basic level) compared to the state average. In simpler terms, a significant portion of these populations grapple with literacy challenges, hindering their ability to understand their health care rights and benefits as explained by potential providers. The applicant acknowledges that many potential patients may not have received the necessary health literacy skills to comprehend the complexities of end-of-life care. To address this, NHC/OP will provide patients and caregivers with clear and easy-to-understand guides and brochures that explain end-of-life care and its potential benefits for patients, caregivers, and family members. These materials will include multiple guides on financing and payment options, emphasizing the applicant's acceptance of Medicare as a payment source (further detailed in Schedule 7A).

In addition, the applicant offers an information-sharing program called "Caris Transitions", which aims to assist patients and families in preparing for end-of-life decisions by facilitating discussions with hospice professionals. Regular communication with hospice professionals empowers patients and families to make informed end-of-life decisions, potentially increasing hospice utilization rates. The Caris Transitions program fosters relationships with patients and families, allowing them to become comfortable with the applicant's health care team and its services. This program equips them with the knowledge necessary to make informed care decisions and enhances their overall hospice experience. If a patient is not yet eligible or ready for hospice services after a referral, the Transitions program ensures the applicant remains a resource for the patient and family. The program maintains contact with these patients based on their preferences, and care decisions made by the patient and family are shared with the referring physician to ensure everyone remains informed.

SA 2A boasts a significant population of veterans, both young and old. Veterans, particularly older veterans, generally require more frequent and specialized health care services compared to the general population. This increased need stems from a higher prevalence of chronic conditions requiring ongoing health care management. The Veterans Benefits Administration's 2022 Annual Benefits Report identifies tinnitus, hearing loss, post-traumatic stress disorder (PTSD), and various physical limitations as the most common service-related disabilities among veterans. Additionally, veterans are more susceptible to both chronic and acute health conditions, independent of their military service. Studies indicate that veterans exhibit poorer health behaviors and outcomes compared to civilians, including higher rates of smoking, diabetes, cardiovascular disease, and mental health issues.

The applicant states SA 2A is home to a substantial veteran population and cites data from the National Center for Veterans Analysis and Statistics (NCVAS) which indicates that in 2022, Subdistrict 2A housed nearly 32,000 veterans and almost 14,000 veterans aged 65 and older. This translates to 10.6 percent of Subdistrict 2A's total population being veterans, with a particularly high concentration (22.6 percent) of veterans aged 65 and older. Even more notable, veterans aged 65 and older comprise one-quarter of the population in Bay County, the most populous county within Subdistrict 2A. Given the high veteran population rates, the applicant prioritizes providing targeted care to veterans in SA 2A who require hospice services. The applicant's affiliate Caris Healthcare actively participates in the We Honor Veterans (WHV) program, a collaborative effort between the National Hospice and Palliative Care Organization and the Department of Veterans Affairs. The WHV program equips and supports hospice providers in caring for veterans from all eras. Caris Healthcare is a Level 5 We Honor Veterans partner, the highest achievable designation, Caris Healthcare possesses the expertise to address the unique needs of veteran patients and their loved ones. NHC/OP provides the following examples of how Caris Healthcare prioritizes the needs of veteran patients:

- Regular staff training on caring for veterans and their families.
- Addressing the specific and unique needs of veterans nearing the end-of-life.
- Providing training to nursing center staff on caring for veterans at the end-of-life.
- Recruiting veteran volunteers to offer one-on-one interaction with veteran patients.

The applicant notes that a significant portion of SA 2A is classified as "rural". Residents in rural areas often face greater difficulty accessing health care services compared to their urban counterparts. This

disparity translates into a higher overall need for health care services in rural communities. Studies indicate that rural patients are more likely to experience mental illness, chronic diseases, and poorer health outcomes in general and these factors contribute to elevated rates of morbidity (illness) and excess mortality (deaths) in rural populations.

Several obstacles hinder access to vital medical care for residents in rural areas. These challenges include longer travel distances to reach health care providers, higher rates of uninsured residents, and lower overall health literacy levels. Furthermore, for the purposes of this application, it's important to note that rural populations face specific issues regarding access to hospice services. These issues include a general lack of hospice care availability within their home counties, limited awareness of existing resources, and the broader health disparities between rural and urban populations mentioned earlier. This lack of access is reflected in the data, with only 47.8 percent of Medicare beneficiaries residing in rural areas utilizing hospice services in 2022, compared to 50.2 percent of urban residents who received hospice care at the end-of-life.

While SA 2A encompasses Panama City, a thriving urban area with over 160,000 residents, no other Census Urban Area within SA 2A has a population exceeding 50,000. Additionally, in the SA only Bay County, which includes Panama City and its surrounding metropolitan area, boasts a population exceeding 100,000 residents (as shown in Table E. 1-1). The applicant states NHC and its subsidiary Caris Healthcare, possess extensive experience in delivering care to patients in diverse settings, including rural areas like those found in SA 2A. Currently, Caris Healthcare operates 30 health care facilities across five states, with many locations situated in rural communities. All these locations possess the capability to serve and do currently serve patients in rural areas.

NHC/OP acknowledges the importance of a tailored approach to build trust within rural communities and improve perceptions of hospice care and ultimately lead to increased hospice utilization rates. For instance, the 2020 opening of a Caris Healthcare location in Big Stone Gap, Virginia, resulted in a noteworthy 1.95 percent increase in hospice utilization within Wise County, Virginia, within just one year. Caris Healthcare prioritizes enhancing hospice utilization rates in rural areas, focusing on the needs of the community rather than minimizing the number of patients served by competing hospice providers. This strategic approach will be replicated upon in SA 2A.

The applicant states that the internal network of NHC and Caris Healthcare allows for the sharing of best practices across all its locations

and these best practices will extend to the SA 2A hospice. The applicant will utilize this experience to strategically deploy resources throughout all counties in SA 2A, ensuring optimal awareness of its hospice services among both patients and referral sources.

SA 2A, situated in the Florida panhandle, is prone to tropical storms, hurricanes, and severe tropical weather. The applicant recognizes the importance of assessing not only the overall number of emergency shelters but also the availability of special needs shelters within SA 2A. Unfortunately, data reveals a significant disparity between the number of general emergency shelters (93) and special needs shelters (7) across all six counties in SA 2A. This scarcity is particularly concerning in Bay County, the most populous county (nearly 60 percent of the total population), which has only two special needs shelters (Table E-1.21). The applicant's affiliates possess experience operating in disaster-prone areas like coastal South Carolina. This experience translates into established plans and allocated resources to ensure uninterrupted care for patients during natural disasters. All NHC-affiliated locations, including Caris Healthcare's home hospice locations, have implemented Emergency Preparedness Plans. These plans guarantee that patients continue receiving outreach and care, regardless of weather or environmental disruptions.

As a provider serving coastal communities, NHC and Caris Healthcare acknowledge the unique challenges and risks associated with such locations. Their coastal home hospice offices possess firsthand experience in preparing for and responding to emergencies, prioritizing the safety and well-being of patients, caregivers, and staff members.

The applicant notes that SA 2A is currently served by three existing hospice providers: Covenant Hospice, Emerald Coast Hospice, and VITAS Healthcare Corporation of Florida. These providers also serve neighboring areas. Its analysis of hospice utilization data from 2020 to 2023 reveals:

- Relatively stable utilization for Covenant Hospice and Emerald Coast Hospice.
- Significant growth for VITAS, likely due to their later entry into the market (established care in mid-2020).
- Overall hospice utilization growth rate (1.8 percent CAGR) that falls below the growth rate of the population aged 65 and older in SA 2A (both historical and projected).

NHC notes that based on current trends - the existing hospice providers are unlikely to keep pace with the growing population of potential hospice patients (aged 65 and older) and that by 2026, using a conservative projection of continued historical utilization rates, there will be a projected gap of 489 unserved hospice patients in SA 2A.

The applicant argues that the limited growth in hospice utilization compared to the growing senior population indicates a need for an additional hospice provider in SA 2A. NHC/OP believes its existing experience with home health care services in the area, coupled with Caris established hospice programs in other states, positions it to effectively address the unmet need.

NHC/OP emphasizes that SA 2A residents will benefit from the addition of a new hospice provider with a demonstrated record of excellence in care. Data from Trella Health for Q1 2024 indicates that both the Caris Healthcare system overall and their hospice agency in Charleston, SC (a community with a similar patient population to SA 2A), outperform national averages on multiple quality benchmarks.

**Key Quality Metrics:**

- Hospice Item Set (HIS): This standardized tool assesses various aspects of hospice care, including adherence to best practices in treatment preferences, pain and dyspnea management, addressing patient values and beliefs, and appropriate opioid use. A perfect HIS score signifies consistent excellence across these domains.
- Hospice Care Index (HCI)
- Hospice Visits in the Last Days of Life (HVLDL)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey

Caris Healthcare's Performance - As shown in Table E-1.25, both the Caris Healthcare system and their Charleston agency achieved a perfect 100 percent score on the HIS, exceeding the national average of 91 percent. They similarly outperform national benchmarks on CAHPS, HVLDL, and overall quality measures. Caris Healthcare boasts a history of being recognized as a high-quality provider. According to Hospital CAHPS data, Caris Healthcare's existing hospice agencies in nearby southeastern states consistently scored higher on multiple survey questions compared to the Florida state average. (Table E-1.26)

The applicant contends that Caris Healthcare demonstrates superior performance compared to existing hospice SA 2A providers. Caris most recent CAHPS survey resulted in an overall star rating of 3.6, exceeding the ratings of the three existing agencies. Caris also scored higher on specific CAHPS measures related to respectful treatment and emotional/spiritual support provided to patients. (Table E-1.27)

NHC/OP contends that the introduction of Caris Healthcare as a high-quality hospice provider offers Subdistrict 2A residents a valuable additional choice for their end-of-life care needs and will cater to the diverse needs of patients and their caregivers. The applicant states it

goes beyond service delivery and is committed to supporting the communities it serves. These efforts include educational lectures, bereavement programs, health fair participation, community event planning, and volunteer training. NHC-affiliated locations, including Caris Healthcare, function as training grounds for clinical education programs. These programs collaborate with community colleges and universities to provide medical education and vocational development opportunities for local health care professionals. The applicant contends that this approach strengthens the knowledge and expertise of the local health care workforce and will ensure SA 2A has a well-equipped workforce to meet future hospice care needs.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** states its application is in response to the fixed need for hospice services in SA 2A, citing the gap of 609 admissions between the current capacity for hospice care and the projected number of patients who will require these services. Peoples notes that most projected deaths (71.7 percent) are expected to occur among residents aged 65 and over. While a significant number of deaths are anticipated for those under 65 (28.2 percent), they are projected to represent a smaller portion (14.6 percent) of total hospice admissions as 85.4 percent of the admissions are projected to be age 65 and over. Cancer diagnoses are expected to contribute to 18.9 percent of overall deaths and 26.9 percent of hospice admissions.

Peoples states its owner has over a decade recognized the unmet hospice and palliative care needs in the Florida panhandle through its hospice operations in adjacent Alabama counties and its home health agency in Northwest Florida. Further, its hospice in operation in the adjacent SA 1 “strengthens the ability” of Peoples “to improve hospice services in SA 2A”. Peoples Hospice leadership held hundreds of face-to-face meetings with residents, health care providers, and community leaders to discover gaps in hospice services in SA 2A. The most urgent needs identified include:

- Lack of understanding about hospice and palliative care
- Underserved rural counties
- Elderly Age 65 and older
- Minorities – African Americans
- Low Income Persons, the Homeless and Nearly Homeless
- Veterans
- Prevalence Heart Disease and Respiratory Illness
- Continuity of care for area residents seeking care in Dothan, Alabama.

## **CON Action Numbers: 10763 through 10765**

The applicant states it will tailor the proposed program to address these needs and these include:

- Rural Outreach and Education to raise awareness about hospice and palliative care options within SA 2A.
- Partnerships with local businesses, churches, social service agencies, and community organizations
- Multiple Office Locations (3) - in Panama City (Bay County), Port St. Joe (Gulf County), & Chipley (Washington County) to improve accessibility for residents throughout SA 2A.
- Staffing solutions to ensure access to hospice services
- Cardio-Pulmonary Program which is Peoples' specialized program addressing the prevalent heart disease and respiratory illnesses in the area.

Population demographics and dynamics are discussed with the applicant representing Table 1-2 showing 2024 and projected 2029 population (age 0-64, Age 65+ and total) by SA 2A County. SA 2A's 65+ population is projected to grow by 11 percent while the age 0-64 is projected to decrease by 0.5 percent and the total by 1.8 percent.

Peoples presents the unique demographics of each of the six counties. Bay County has the largest population (60 percent of the SA total) and is projected to have the most significant increase in all population groups and along with Washington County are the only two counties with projected growth in all age groups. All counties except Bay and Washington are expected to see a decline in younger adults.

While there will be significant and growing elderly population (65+) in all counties, Gulf County seniors will have the largest percentage (27 percent by 2029) of a county's total population. Peoples concludes that the steady increase in the 65+ growth will require increasing demand for hospice services.

Bay County boasts the largest veteran population (14.2 percent), nearly double the state average. Understanding veterans' specific needs is important. Bay County has the most health care facilities, including hospitals, skilled nursing facilities, and assisted living facilities. The other counties have fewer resources, with some even lacking acute care hospitals. Three existing hospice providers currently serve SA 2A - all three have offices in Panama City. The applicant cites two letters of support from Bay County – Trenton Nobes, Administrator, Aspire at Emerald Shores stating he would “gladly support and partner with Peoples Hospice and Palliative Care to provide routine, inpatient, and respite hospice beds” and Matt Presley, Chief Executive Officer, Select Specialty Hospital, Panama City, FL, “I favored their commitment to provide a Respiratory Therapist for our more medically

**CON Action Numbers: 10763 through 10765**

complex end stage pulmonary patients that require a higher level of expertise in the home....(and) ability to help fund our patients through their foundation...is needed in the Bay area.”

Calhoun County is the smallest of the six SA counties with a total population of 13,873 residents expected to increase to 14,112 in January 2029. It is the least densely populated with only 24.2 person per square mile and the highest poverty level at 22.2 percent compared to the states’ 12.7 percent. Peoples notes its support letters from the county two nursing homes expressing interest in offering inpatient services at their facilities.<sup>29</sup>

Gulf County has 16,621 residents with 25 percent belonging to the age 65 and older cohort. Gulf is projected to have 4,604 seniors in 2019. Gulf County has an estimated 18 percent of its residents living in poverty. The applicant notes it plans to locate an office in Port St. Joe which is approximately 36.5 miles and about a 45 minute drive from Panama City.

Holmes County has 19,916 residents with 23 percent (4,609) belonging to the age 65 and older cohort. Gulf is projected to have 5,012 seniors by January 1, 2019. Holmes County has an estimated 19.6 percent of its residents living in poverty. The applicant notes its support letter the county’s one nursing home - Bret Brown, NHA, Administrator, Bonifay Health and Rehab (Holmes County) expressing interest in contracting with Peoples for the provision of routine, inpatient and respite hospice beds.

Jackson County has 49,020 residents with 22.3 percent age 65 and older. Jackson County is projected to have 11,770 seniors by January 1, 2019. The County has an estimated 17.5 percent of its residents living in poverty and eight percent of its residents are veterans. All existing providers have offices in Marianna. The applicant notes its support letter Duane Barber, Administrator, Chipola Health and Rehabilitation Center, expressing interest in contracting with Peoples for the provision of routine, inpatient and respite hospice beds.

Washington County has 25,932 residents with 5,245 or 20 percent age 65 and older. Washington County is projected to have 26,504 residents with 21.8 percent age 65 and over by January 1, 2019. The County has an estimated 19.4 percent of its residents living in poverty. The

<sup>29</sup> Peoples provides the inventory of the SA County hospitals, nursing homes and assisted living facilities, which we did not include in our review.



applicant proposes to establish an office in Chipley (the county seat) as it is central to Washington, Holmes, Jackson and Calhoun Counties, most of whom are underserved by the existing hospices. Peoples cites the support letter from Toney Downey of Ventura Services, who writes “We would gladly partner with (Peoples) at our Chipley facility (Washington Rehabilitation and Nursing Center) for hospice needs.”

Peoples emphasizes its experience operating in rural, multi-county areas and success in overcoming challenges related to access to hospice care. The applicant’s map on page 1-4 shows Peoples existing hospice operations in counties bordering SA 2A. Peoples’ Table 1-3 on the application’s page 1-10 shows County demographic characteristics including 2023 person per square mile, percentage poverty, Median Household Income, High School Grad, Veterans and Work Outside of the County percentages. Peoples Table 1-5 on the application’s page 1-11 Compares Hospice Penetration Rates in SA 2A by County for CY 2020, 2021 and 2022. The applicant notes that all SA Counties had lower penetration rates than the state in 2021 but in 2022 only three (Calhoun, Jackson and Washington) were below the state average.

In reference to outmigration, Peoples states many residents in SA 2A travel to Dothan, Alabama, for health care services. Peoples Hospice notes its DaySpring Hospice affiliate borders Holmes and Jackson County and cites the importance of continuity of care and will collaborate with hospitals and health care providers in Dothan to ensure a smooth transition for patients returning to SA 2A for hospice care. The applicant’s map on page 1-12 is cited to demonstrate the proximity of the SA county seats of Holmes (Bonifay) and Jackson (Marianna) are to Dothan—Bonifay is 41 miles away or a 47 minute drive and Marianna 36 miles and approximately 37 minutes. Peoples notes it is the only applicant to reach these Florida residents through their relationship with the Alabama health care system. The applicant cites its letters from Flowers Hospital, Dothan Hematology and Oncology, Southeast Hematology and Oncology and Pulmonary Associates in Dothan to support this contention.

In reference to the elderly population, Peoples notes all six counties in SA 2A are expected to see a significant rise in their elderly population (aged 65+) in the next five years. Peoples’ Table 1-6 (page 1-15 of the application) is included to demonstrate the limited availability of assisted living (ALF) and skilled nursing facilities (SNF) beds in the region. The data shows SA 2A has considerably fewer beds per 1,000 age 65+ compared to the Florida average, suggesting a scarcity of resources for the elderly population. Peoples argues that lower income levels and accessibility issues within SA 2A cause residents to rely more heavily on SNFs than alternative options. To address this, Peoples Hospice will increase hospice bed availability and establish partnerships with nursing

homes. The applicant highlights its numerous letters of support from nursing homes across SA 2A as evidence of the desire for a well-established hospice provider in the area.

Peoples acknowledges pediatric hospice care services are provided by Covenant Hospice in SA 2A. Data from 2018 indicates Covenant served 16 patients aged 0-18 (outcomes of less than 30 have since been redacted by the Agency). The applicant notes VITAS recent acquisition makes it unclear if these services will continue. Regardless, Peoples Hospice expresses their intent to offer pediatric care if needed, citing potential benefit for families experiencing the loss of a child. Leading causes of death for children in SA 2A are perinatal conditions, unintentional injuries, and congenital malformations with the latter have 42 deaths occurring over a five-year span. Peoples highlights the importance of bereavement care for families facing sudden loss.

Will Condon, CEO of Studer Family Children's Hospital at Ascension Sacred Heart Gulf letter is cited for Peoples' commitment to identifying unmet needs and the applicant states it "intends to have pediatric centered care if need arises".

Peoples notes SA 2A has 41,038 Black/African American residents or about 13 percent of the total SA population and are expected to have nine percent growth by 2029. Population estimates by race and ethnicity in SA 2A counties are presented in the application's Tables 1-8A and 1-8B on page 1-17 and Table 1-9 on page 1-18 has the 2024 and projected 2029 SA population. The applicant's Table 1-10 shows the hospice penetration rates by race for CY 2020-2022 that show racial disparities in hospice use within SA 2A. Hospice penetration rates hovered around 35-40 percent for Black/African Americans in 2020-2021, and was approximately 57 percent for whites during the same period. The gap narrowed slightly in 2022, but Black hospice use (45.7 percent) remained considerably lower than white (nearly 70 percent) rate. Other minorities also have lower hospice penetration rates and the Hispanic population is projected to increase by 33 percent and Asian population by 10 percent by 2029. Peoples states "While minority populations continue to increase, disparity in hospice penetration rates continues".

Peoples Hospice attributes this disparity to potential lack of awareness and education within minority communities. To address this, Peoples will employ a full-time Minority Outreach Education Liaison to work with faith-based organizations, senior centers, and community groups throughout the service area. This program aims to educate residents about hospice services, advance directives, and caregiver support options.

The applicant notes that SA 2A's homeless population has grown from 488 people in 2018 to 524 people in 2023. This data is based on annual Point-in-Time (PIT) counts. Further, adults aged 64 and older represent about 28 percent of Florida's homeless population based on the Florida Council on Homeless 2023 annual report. As part of its efforts to assist the homeless, Peoples plans to collaborate with Catholic Charities of Northwest Florida and Doorways of Northwest Florida. The applicant notes its condition to donate \$15,000 a year to Catholic Charities to fund this collaboration. Peoples also cites its support letter from Dr. Teresa Summers, MD and Port St. Joe resident that praises "Peoples' commitment to providing hospice services to the homeless and indigent populations. "

The applicant notes that SA 2A boasts a significant veteran population, exceeding the national average. As shown in Table 1-12, veterans comprise an estimated 10 percent of the total population in the service area, compared to just 3 percent statewide. Notably, all counties within SA 2A have a higher proportion of veterans than the state average. Peoples' Table 1-12 "2024 Veterans Population & Percent of Total Population" shows SA 2A has 31,279 Veterans (or 9.97 percent of SA total population) and 13,590 of whom age 65 and over (or 21.26 percent of the SA's total Veteran population). The applicant cites its condition to obtain Level 4 status in the We Honor Veterans Program and to appoint a Veteran's Liaison as part of its staff. Peoples also cites its support letter from Christina Dossett Sawyer MBA, BSN, RN, Nurse Supervisor, Clifford Chester Sims State Veteran Nursing Home in Panama City.

Peoples presents 2022 causes of death and potential hospice death data analysis for SA 2A residents. Cardiovascular diseases, Cancer, respiratory diseases, infectious diseases and nervous system diseases were the top five causes. The applicant notes that during 2020 and 2021, hospice penetration rates among SA 2A Medicare beneficiaries were far below the state average; however, in 2022 the SA 2A cardiovascular disease exceeded the state rate. Compared to the state average, the applicant notes SA 2A residents experience significantly higher rates of cardiovascular diseases, cancer, and respiratory diseases. Peoples states it will include tele-monitoring resources for patients with end-stage heart failure and end-stage lung disease as part of its special services.

The applicant's Tables 1-16 and 1-17 (page 1-25 of the application) address SA hospital discharges to hospice and Peoples indicates that the SA discharge to hospice show the most SA 2A hospital discharges to hospice were in the Infectious & Parasitic Diseases, Respiratory System and Circulatory System, which it contends further support need for hospice care catered to respiratory and cardiovascular illnesses. The applicant cites its support letters from Ascension Sacred Heart Gulf (Gulf

County), Select Specialty Hospital (Bay County) and Doctor's Memorial Hospital (Holmes County) and quotes from Ms. Lori Franklin, RN, Director of Care Coordination at Northwest Florida Community Hospital, who wrote, "There is a tremendous need for additional hospice services... In my work, I see too many patients who miss out on hospice care or receive referrals too late."

Peoples next briefly describes Lesbian, Gay, Bisexual, and Transgender (LGBT) nation-wide demographics for the over 50 age group and its projected growth. LGBT elders are more likely to be single and live alone, face poverty and homelessness and experience poorer physical and mental health. The applicant attributes these disparities to a history of discrimination within the health care system, leading LGBT older adults to fear mistreatment and isolation when seeking care. Proposes and conditions the project's approval to achieving certification from Services and Advocacy for Gay Elders (SAGE) within the first year of operation

Peoples cites data from the Pew Research Center (2020), which indicates that approximately 2.4 percent of U.S. adults identify as Jewish, representing a population of 7.5 million. The notes that Jewish community in Panama City has roots dating back to the early 20th century. The applicant pledges to pursue accreditation for Jewish Hospice Services through the National Institute for Jewish Hospice (NIJH), which also provides guidance and training to hospices on cultural beliefs so it can better serve terminally ill Jewish patients.

In reference to projected admissions, Peoples Hospice forecasts capturing an eight percent market share (230 admissions) in year one and a 15 percent market share (434 admissions) in year two. These figures are below the total projected need, suggesting there will not be a negative impact on existing providers as there will still be opportunity for existing hospices to serve patients. Tables 1-20 and 1-21 detail Peoples' Hospice' projected admissions, patient days, average length of stay (ALOS), and average daily census (ADC) for the first two years of operation. Peoples Hospice justifies its market share projections by referencing Vitas Healthcare Corporation's start-up data in SA 2A. Vitas achieved an 11 percent market share in year one and a 19 percent market share in year two. Peoples Hospice believes their local presence and established programs in surrounding counties will allow them to achieve similar or slightly better results.

Peoples concludes its need factors show the need for a locally developed method of delivering hospice care, including disease-specific programs, outreach strategies and local partnerships. The applicant contends it has deep community support (shown in letters of support) and it will meet the SA needs with its approaches to patient care and staffing.

**2. Agency Rule Criteria and Preferences**

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

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

**Big Bend Hospice, LLC (CON application #10763)** cites its need discussion (see Item E. 1) and proposed conditions. The applicant's table in this response outlines programs/ services and conditions designed to address the specific needs of various subpopulations within Subdistrict 2A. These include:

- Program and outreach to improve hospice use rate among Black Residents
- Hospice Services for Rural Residents
- Improve Care for Residents with Alzheimer's and Dementia
- Resources for Residents at End-of-Life Living in Poverty
- Supporting Patients Who Live Alone
- Ensuring Patients Understand the Care they Receive
- Providing Care for Honors Veterans
- Educate Healthcare Professionals on Hospice Care

**NHC/OP of Florida, LLC (CON application #10764)** identifies the following underserved populations in SA 2A that Caris Healthcare is prepared to serve:

- Elders Aged 65 and Older Living Alone
- Populations Facing Socioeconomic Disparities
- Individuals with Low Health Literacy
- Veterans
- Residents of Rural Communities.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** states its analyses shows the following underserved populations:

- Underserved rural counties
- Elderly Age 65 and older
- Minorities – African Americans
- Low Income Persons, the Homeless and Nearly Homeless
- Veterans
- Patients with Heart Disease and Respiratory Illness
- Continuity of care for area residents seeking care in Dothan, Alabama.

Peoples provided a lengthy detailed response to this on the application's pages 2-11 through 2-16 detail.

- (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.**

**Big Bend Hospice, LLC (CON application #10763)**, emphasizes its experience and qualifications in providing inpatient care, which is a crucial service for hospice patients requiring a higher level of care. The applicant highlights its established network of inpatient care contracts with 17 facilities in SA 2B, including five hospitals. The application includes letters of support from Subdistrict 2A's, Northwest Florida Community Hospital, Calhoun Liberty Hospital, and Jackson Hospital, which indicate the facilities' willingness to partner with Big Bend Hospice for inpatient hospice care services.

**NHC/OP of Florida, LLC (CON application #10764)** states it will provide inpatient hospice care (GIP) through contracts with existing facilities like skilled nursing homes, hospitals, and hospice houses. The applicant states its current operational model is to contract "with at least one facility per hospice location to ensure GIP care is available.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** proposes to offer inpatient care through partnerships with existing hospitals and nursing homes within SA 2A. Peoples' application includes letters of support from at least 13 SA facilities and the applicant contends the following nursing homes have expressed a willingness to collaborate with Peoples Hospice to provide inpatient hospice care for their residents. These include:

- Blountstown Health and Rehabilitation Center (Calhoun County)
- Bonifay Nursing and Rehab Center (Holmes County)
- Chipola Health and Rehabilitation Center (Jackson County)
- Emerald Shores Health and Rehabilitation Center (Bay County)
- Graceville Health Center (Jackson County)
- Marianna Health and Rehabilitation Center (Jackson County)
- River Valley Rehabilitation Center (Calhoun County)

**CON Action Numbers: 10763 through 10765**

- Washington Rehabilitation and Nursing Center (Washington County)

The applicant also cites letters of support received from several hospitals in SA 2A, including:

- Doctors Memorial Hospital (Holmes County)
- Northwest Florida Community Hospital (Washington County)
- Select Specialty Hospital (Bay County)
- Ascension Sacred Heart Gulf (Gulf County)
- Jackson Hospital (Jackson County)

**(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**

**Big Bend Hospice, LLC (CON application #10763)** states its commitment to serving patients who do not have primary caregivers at home; the homeless; and patients with AIDS. Details are provided on Big Bends Commitment to Serving Patients Without Primary Caregivers at Home describing Big Bends' Vigil Services, Comfort Callers and Pet Peace of Mind programs. In reference to serving the homeless, Big Bend details the SA's homeless statistics and history of collaboration to serve individuals experiencing homelessness and underhoused residents and its history of serving patients with AIDS and references its letter of support Rob Renzi, Big Bend Cares.

**NHC/OP of Florida, LLC (CON application #10764)** states it is dedicated to serving patients without caregivers by creating a supportive environment through an interdisciplinary team and collaboration with community resources. Examples highlight this commitment, like arranging sitter services for a patient struggling with daily tasks. The applicant states it extends services to the homeless population and veterans at risk of homelessness by partnering with shelters and VA programs. The applicant cites Caris' care for a pediatric hospice patient and service to the patient's family. The applicant states it offers specialized care to patients with AIDS through a trained team and educational efforts, whose focus is on sensitivity, respect, and comprehensive support throughout a patient's journey.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** outlines its approach to caring for patients who lack a primary caregiver at home, including those who are homeless or living with AIDS. Topics detailed include Patients

**CON Action Numbers: 10763 through 10765**

Without a Primary Caregiver at Home and Patients with AIDS. The applicant references its previous response to preference #1 for its Homeless Program. Peoples notes that eight SA deaths were from HIV in 2022, or less than 0.07 and the low number of AIDS-related deaths in the service area reflects advancements in HIV treatment. However, Peoples Hospice acknowledges the need for specialized care in these cases and proposes partnership with Local Non-Profit - with Basic NWFL, a local AIDS service organization, to enhance case-finding and improve end-of-life care. The applicant also cites plans to offer quarterly educational programs to SA's AIDS population and to obtain SAGE Certification.

- (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.**

As of June 19, 2024, SA 2A has two hospice providers - VITAS Healthcare Corporation of Florida, which has a satellite office in Panama City (Bay County) and Emerald Coast, which has a satellite office in Chipley (Washington County). Both hospices have satellite offices in Marianna (Jackson County). There are no residential or licensed freestanding in-patient hospice facilities in SA 2A.

**Big Bend Hospice, LLC (CON application #10763)** proposes to condition project approval to opening three staffed SA 2A offices in the first two years of operations. These include Bay County near the TMH HealthCare Campus, Jackson County and Calhoun County.

**NHC/OP of Florida, LLC (CON application #10764)** proposes to establish a physical presence in Bay County, Panama City, Florida.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON #10765)** proposes to condition project approval to establishing three offices in the SA - Panama City (Bay County), Port St. Joe (Gulf County) and Chipley (Washington County).

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

**Big Bend Hospice, LLC (CON application #10763)** states it meets this preference and conditions this application on offering the following "non-core" services:



**CON Action Numbers: 10763 through 10765**

- Therapies - Music, Animal, and Art Therapy
- Therapeutic Touch ('a direct process of energy exchange through hand movement to decrease pain and anxiety – promote comfort, rest & relaxation
- Virtual Reality
- Life Review and Memory-Making Tools
- Culturally Appropriate Jewish Care/NIJH Accreditation; and
- Specialized Veterans Care.

**NHC/OP of Florida, LLC (CON application #10764)** states it prioritizes equitable access to hospice care and accepts all qualified patients, regardless of their ability to pay. Responsible financial management allows us to extend services to those with limited insurance. Social workers go the extra mile for all patients, especially those facing financial hardship, by helping them secure resources and health care coverage. This unwavering commitment ensures a single, high standard of compassionate hospice care for everyone in our community. Services beyond core services are not addressed.

**Peoples Hospice and Palliative Care of NW Florida, LLC/CON #10765** proposes additional services beyond standard insurance coverage to improve access and patient/family experience including the following:

- Bereavement Program (which is required for licensure)
- Cardio-Pulmonary Inspirations Program - TeleMonitoring
- Camp HUG – (Helping to Understand Grief for children (17 and under)
- Music Therapy
- Non-Hospice Palliative Care
- Wound Care specialist available for consult with staff
- Tuck-In Program (CNA for first night home from hospital)
- Pet Therapy, and
- We Honor Veterans program.

- (6) **Consistency with Plans. An applicant for a new Hospice program shall provide evidence in the application that the proposal is consistent with the needs of the community and other criteria contained in local health council plans and the State Health Plan. The application for a new Hospice program shall include letters from health organizations, social services organizations, and other entities within the proposed service area that endorse the applicant's development of a Hospice program.**

**Big Bend Hospice, LLC (CON application #10763)** states it incorporated findings from state and local health needs assessments in its proposal to serve SA 2A. Big Bend provides County Health Profiles and notes its earlier discussion of these which includes its response to meet the health needs identified in county health profiles, including a higher prevalence of chronic diseases and a larger low-income population in SA 2A compared to the state average. Big Bend Hospice proposes strategies to address these disparities, such as financial assistance for patients in need. The applicant cites its proposals to address the seven critical areas identified in the Florida State Health Improvement Plan (SHIP), including: Alzheimer's disease and dementia care, through staff training and partnerships like the Alzheimer's Project, Chronic disease management and Mental well-being, by addressing social isolation and loneliness among elderly patients living alone. Big Bend concludes its response citing its “150 letters of support” and listing the hospitals, nursing homes, ALFs Clergy members, FSU and FAMU, community and government organizations, other health care providers and “others”.

**NHC/OP of Florida, LLC (CON application #10764)** contends it has demonstrated consistency with the SA plans and needs of the community. The applicant states its letters of support included in Exhibit B substantiate this.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** cites the Big Bend Community Health Assessments and Priorities report (BBHC Report) to substantiate unmet need in SA 2A. The BBHC Report identifies socioeconomic factors affecting health status, with low-income areas experiencing greater health care access challenges. Priorities in SA 2A counties focus on health equity and addressing chronic illnesses like heart disease and cancer. The report also reveals that all six counties in SA 2A have higher age-adjusted death rates for three leading causes of death (heart disease, cancer, chronic lower respiratory disease) compared to the state average. A graph included in the application visually depicts this disparity.

The BBHC Report highlights Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) within SA 2A, particularly in low-income populations. Peoples Hospice emphasizes its plan to establish offices in underserved MUAs – Port St. Joe (Gulf County) and Chipley (Washington County) – to improve accessibility.

The applicant cites its letters of support from health care providers and community members and its five letters from churches whose congregations include SA residents. These letters endorse the project's value and express a desire for a new, locally owned hospice provider, especially one catering to homeless and veteran populations.

Amanda Pate, MSN, RN, Director of Outpatient Services at Bonifay Rural Health Clinic, emphasizes collaboration potential in her letter of support. She highlights Peoples Hospice's commitment to employing a full-time community educator who will collaborate with rural organizations to reach underserved populations and raise awareness about the importance of hospice care.

**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.**

**Big Bend Hospice, LLC (CON application #10763)**

proposes a total of 19.3 FTEs in year one and 31.3 FTEs by year two. The applicant presents its lists of attachments which cover its SA 2B operations in reference to this and states it will utilize existing staff for some administrative and support functions, minimizing the need for additional FTEs in Subdistrict 2A.

**NHC/OP of Florida, LLC (CON application #10764)** states "Schedule 6 has the proposed staffing for the proposed hospice agency in the first two years of operation".

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** outline cites its earlier response to preference "4(e) 5" and its Schedule 6 which excludes volunteers but notes it does have the Volunteer Coordinator position, acknowledging the importance of this role. Federal regulations require hospices to utilize volunteers, with the total volunteer hours reaching five percent of total patient care hours delivered by paid staff. Volunteers can assist with various tasks, including patient care, bereavement

support, errands, transportation, and office administration. A sample Volunteer Services Policy and Procedure is included in the application (Exhibit 3). The Volunteer Program will be overseen by a Volunteer Coordinator. All patients will be informed about volunteer services upon admission. Volunteers can be assigned to various areas, including office duties, direct patient care, bereavement support, and fundraising. Professional volunteers, such as social workers, attorneys, and ministers, may also participate but are subject to the same regulations as paid staff in their respective disciplines. Prior to service, all volunteers will undergo training that meets industry standards. This training will cover volunteer duties, reporting structures, hospice philosophy and services, confidentiality, death and dying processes, and emergency procedures.

**(b) Expected sources of patient referrals.**

**Big Bend Hospice, LLC (CON application #10763)** referrals will come from physicians, other care providers, or patients and caregivers as well as:

- Nursing Homes
- Hospitals
- Assisted living facilities
- Health maintenance organizations
- Physicians
- Dialysis centers
- Social workers
- Home health organizations
- Churches
- Synagogues
- Funeral directors
- Social services organizations
- Families
- Individuals

Big Bend Hospice proposes a targeted outreach plan for SA 2A, leveraging existing panhandle connections and pre-application efforts. Two additional FTEs in marketing, volunteer coordination, and community outreach will focus on SA 2A in year one, collaborating with referral sources to increase hospice admissions.

**NHC/OP of Florida, LLC (CON application #10764)** states it will use the NHC HomeCare network to create a care network with various health care providers in the SA. They will establish unique protocols for each provider type to ensure smooth collaboration and transitions in care. The applicant details its partnering with each health care provider including Physicians, Skilled Nursing Facilities (SNFs), Long-Term Care Facilities (LTCs), Assisted Living Facilities (ALFs), Home Health Agencies and Hospitals. NHC/OP states these partnerships aim to increase hospice utilization and ensure patients receive appropriate care at the right time and refers to its Exhibit L for Referral Source Brochures.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** has secured letters of support from various health care providers and community organizations, indicating a strong network for referrals. Peoples anticipates referrals from:

- Nursing homes
- Hospitals
- Assisted living facilities
- Other health care organizations (clinics, etc.)
- Physicians
- Home health organizations
- Churches and clergy
- Social service organizations

Specifically, Peoples Hospice expects initial referrals from the several nursing homes and hospitals within the service area, along with a few religious organizations that provide letters of support. The application also recognizes the possibility of direct referrals from individuals and families.

- (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.**

**Big Bend Hospice, LLC (CON application #10763)** table below presents the projected distribution of admissions by payor source in SA 2A for the first two years of operation.

## CON Action Numbers: 10763 through 10765

This projection is based on Big Bend Hospice's historical experience in SA 2B. Big Bend Hospice states it remains committed to providing services regardless of a patient's ability to pay and assumptions underlying the total admission forecasts for years one and two can be found in Schedule 5.

Payor Source	Year One Admissions	Year Two Admissions
Medicare	145	277
Medicaid	4	7
Indigent/Charity Care	1	1
Private Ins./Self-Pay	6	12
<b>Total</b>	<b>156</b>	<b>297</b>

Source: CON application #10763, page 130.

Note: Admissions were not forecast by payor. However, patient revenue was projected by payor, and applying the percentage of revenue to the total admissions in each year provides a reasonable forecast of admissions by payor.

### **NHC/OP of Florida, LLC (CON application #10764)**

presents the table (Table E.2-1) below, with the exception of the percentages which the reviewer did not include.

#### **Projected Admissions by Payor— NHC Healthcare Subdistrict 2A**

	Year One Admissions	Year Two Admissions
Medicare	50	99
Medicaid	2	4
Commercial	4	9
Self-Pay/Charity Care	1	1
<b>Total</b>	<b>57</b>	<b>113</b>

Source: CON application #10764, page 53.

**Peoples Hospice and Palliative Care of NW Florida, LLC**  
**(CON# application #10765** projected payer mix is presented in table below.

Payor Source	Year One Admissions	Year Two Admissions
Medicare	207	406
Medicaid HMO	8	15
Commercial Ins.	3	7
Self-Pay	2	4
Charity Care	9	2
<b>Total</b>	<b>230*</b>	<b>434</b>

Source: CON application #10765, page 2-26.

Note: \* Reviewer notes total is 229 – 230 probably due to rounding.

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

**Big Bend Hospice, LLC (CON application #10763)** presents a table including Cancer and the seven ‘other’ categories, which the reviewer combines below. The applicant states the projection is based on Big Bend Hospice's historical mix of patients by diagnosis. While the title is cited as “Projected Admissions by Payor for Subdistrict 2A” it does have the admissions by illness as stated above.

Diagnosis	Year One Admissions	Year Two Admissions
Cancer	44	83
Other	112	214
<b>Total Admissions</b>	<b>156</b>	<b>297</b>

Source: CON application #10763, page 131.

**NHC/OP of Florida, LLC (CON application #10764)** presents the table (Table E.2-2) below, with the exception of the percentages which the reviewer did not include.

	Year One Admissions	Year Two Admissions
Cancer	4	7
Other	53	106
<b>Total Admissions</b>	<b>57</b>	<b>113</b>

Source: CON application #10764, page 54.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** presents a table showing Cancer, separately listing three predominant “End-Stage” diseases and an ‘other’ category for the first two years of operation. The “End-Stage” diseases are combined with the ‘other category’ in the table below. The applicant’s Table 2-3 also provided percentages which are not included below.

Cause of Death	Year One Admissions	Year Two Admissions
Cancer	62	117
Other	168	317
<b>Total Admissions</b>	<b>230</b>	<b>434</b>

Source: CON application #10765, page 2-27.

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

**Big Bend Hospice, LLC (CON application #10763)** presents a table including Cancer and the seven ‘other’ categories.

## CON Action Numbers: 10763 through 10765

The applicant states the projection is based on Big Bend Hospice's historical mix of patients by diagnosis. While the title is cited as "Projected Admissions by Payor for Subdistrict 2A" it does have the admissions by illness as stated above.

Age Group	Year One Admissions	Year Two Admissions
Under 65	24	45
65 & Over	132	252
<b>Total Admissions</b>	<b>156</b>	<b>297</b>

Source: CON application #10763, page 131.

### **NHC/OP of Florida, LLC (CON Application #10764)**

presents the table (Table E.2-3) below, with the exception of the percentages which the reviewer did not include.

	Year One Admissions	Year Two Admissions
Under 65	11	21
65 & Over	46	92
<b>Total Admissions</b>	<b>57</b>	<b>113</b>

Source: CON application #10764, page 54.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** format (Table 2-4 which includes the year one (7/25-6/26) and two dates (7/26-6/27) and Peoples' format is not used below.

	Year One Admissions	Year Two Admissions
Under 65	33	64
65 & Over	197	370
<b>Total Admissions</b>	<b>230</b>	<b>434</b>

Source: CON application #10765, page 2-27.

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

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

- **Section 400.609 (1) (a) & (b) Florida Statutes,** states (a):
  - *The hospice care team shall directly provide the following core services: nursing services, social work services, pastoral or counseling services, dietary counseling, and bereavement counseling services. Physician services may be provided by the hospice directly or through contract. A hospice*



**CON Action Numbers: 10763 through 10765**

*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*

**Big Bend Hospice, LLC (CON application #10763)** states employees provide medical direction, pharmacy oversight, nursing (RNs, LPNs, and CNAs), bereavement counseling, social work, and music therapy. Big Bend Hospice also employs administrative staff and maintenance personnel for its facilities. The applicant states trained volunteers assist in providing its services. Contracted Services include:

- Speech, Occupational, and Physical Therapy (currently contracted with TMH)
- Dietary Services
- Housekeeping
- Security Services

Big Bend states it ensures all contracted services meet CHAP standards and it ensure all contracted services will be in place before initiating operations in SA 2A.

**NHC/OP of Florida, LLC (CON application #10764)** states its contracted services include Durable Medical Equipment (DME), Pharmacy, Therapy (Physical Therapy, Occupational Therapy, Speech Therapy, Transportation and Infusion services. All other care provided is by staff and volunteers.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** states the four levels of required hospice care that must be provided and that it uses an interdisciplinary team approach to providing care consistent

with each patient's plan of care. The team includes nurses, social workers, pastoral counselors, dietitians, bereavement specialists, and a board-certified music therapist. A Clinical Administrator and Medical Director oversee patient care.

Peoples notes a hospice program utilizes volunteers to meet the federal mandate of five percent of total patient care hours being delivered by volunteers. All volunteers receive training on various topics, including patient rights, communication with terminally ill patients, ethical issues, and signs of approaching death. Volunteers may visit with patients and family members, read to patients, play music, assist with errands, or home maintenance, prepare meals, or record memories. Volunteer activities typically involve patient care, bereavement support, errands and transportation, or office work. Peoples cites its Volunteer Coordinator FTE and Volunteer Services Policy and Procedure included “behind” the application’s Exhibit 3.

Contracted Professionals include the Medical Director and therapists, such as respiratory or physical therapists will be contracted as needed based on patient requirements. The hospice retains responsibility for contracted services and all contracted personnel receive hospice care orientation and “given a clear delineation of the services to be provided”. Peoples states it relies on other organizations for patient needs which may include speech therapy, transportation, or medical equipment.

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

**Big Bend Hospice, LLC (CON application #10763)**

emphasizes that this application focuses solely on establishing a new hospice program and does not propose constructing a separate inpatient hospice facility. Further, upon receiving approval, it will seek to establish at least one inpatient agreement in each of the SA’s six counties comprising the service area. Big Bend cites its letters of support from three SA 2A hospitals expressing desire to partner with Big Bend for inpatient care services.

**NHC/OP of Florida, LLC (CON application #10764)** states plans to establish contracts with existing health care providers (existing hospitals, skilled nursing facilities and hospice houses) to provide inpatient care for their patients when needed.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** highlights letters of support from several nursing homes in SA 2A expressing interest in collaborating with Peoples Hospice for inpatient care. These facilities include:

- Blountstown Health and Rehabilitation Center (Calhoun County)
- Bonifay Nursing and Rehab Center (Holmes County)
- Chipola Health and Rehabilitation Center (Jackson County)
- Emerald Shores Health and Rehabilitation (Bay County)
- Graceville Health Center (Jackson County)
- Marianna Health and Rehabilitation Center (Jackson County)
- River Valley Rehabilitation Center (Calhoun County)
- Washington Rehabilitation and Nursing Center (Washington County)

The applicant also notes its letters of support from several hospitals within the service area:

- Doctors Memorial Hospital (Holmes County)
- Northwest Florida Community Hospital (Washington County)
- Select Specialty Hospital (Bay County)
- Ascension Sacred Heart Gulf (Gulf County)
- Jackson Hospital (Jackson County)

Peoples indicates it will continue to pursue inpatient beds to ensure access in close proximity to residents in the six-county area.

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

**Big Bend Hospice, LLC (CON application #10763)** states that upon CON approval, it will secure inpatient care agreements with hospitals and skilled nursing facilities in SA 2A and while it projects 503 inpatient days in year two, the exact number of beds is undetermined.

**NHC/OP of Florida, LLC (CON application #10764),** restates it plans to establish contracts with existing health care providers (existing hospitals, skilled nursing facilities

and hospice houses) to provide inpatient care for their patients when needed.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** states “as previously described in preference 2,” it has secured letters of support from nursing homes and hospitals interested in partnering to provide inpatient care. Peoples notes its financial projections show 407 patient days for general inpatient care in year two, translating to an average daily census of 1.1 patients requiring an inpatient bed.

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

**Big Bend Hospice, LLC (CON application #10763)** states that inpatient care is a temporary option for hospice patients experiencing uncontrolled pain or symptoms that cannot be managed effectively at home. Inpatient stays typically focus on symptom management, respite care for caregivers (no more than five days), and stabilizing symptoms before returning home. Big Bend cites its established policies outlining eligibility for inpatient and respite care, roles of the hospice interdisciplinary team (IDG) and partnering facilities during admissions and concludes by stating it will contract with licensed facilities providing safe and comfortable environments for hospice patients.

**NHC/OP of Florida, LLC (CON application #10764)** states General Inpatient Care (GIP) is a short-term, specialized hospice care service provided in existing inpatient facilities like hospitals or nursing homes, which focuses on effectively managing pain and acute/chronic symptoms that cannot be adequately addressed in a patient's usual setting. Examples of symptoms include patient symptom not at a tolerable level, symptom management requiring a higher level of care, complicated/complex delivery of care, and problematic/symptomatic imminent death.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** acknowledges Medicare limits hospices to providing no more than 20 percent of their total annual patient days for inpatient hospice care. Inpatient beds are typically used for pain control, symptom management and respite care to provide temporary relief for caregivers. When an inpatient stay is necessary, Peoples

Hospice will direct patients to facilities with whom they have established bed contracts. The goal is to have both hospital and nursing home bed availability in each of the six counties served.

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

**Big Bend Hospice, LLC (CON application #10763)** states that for patients without caregivers, its IDG will arrange additional volunteer services, tailored to patient preferences, to ensure they receive essential emotional and social support. Big Bend again provides details on these under the topics – Vigil Services, Comfort Callers and Pet Peace of Mind. The applicant concludes its response by referring to its "Older Residents Living Alone" on page 53 of the application.

**NHC/OP of Florida, LLC (CON application #10764)** states it is committed to serving underserved populations including those facing unique challenges – such as Patients without Primary Caregivers, the Homeless Population and individuals with AIDS. The applicant details Caris Healthcare's service to a patient without familiar support.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** states it first identifies family members or relatives living nearby who can share caregiving responsibilities. In some cases, the patient can move in with a family member or relative who becomes their primary caregiver which allows them to remain in a familiar environment. Volunteer caregiver support provides additional assistance. Respite care, a core service, offers temporary relief for caregivers, allowing them to take breaks and potentially remain in their caregiving role for longer. The applicant describes its Daily Care Call program and its Homemaker or companion services. When no caregiver can be designated, the patient and his/her family can choose an assisted living facility or skilled nursing facility to coordinate care with Peoples Hospice.

**(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*

**Big Bend Hospice, LLC (CON application #10763)** states its compassionate bereavement counselors assist families before, during, and after the loss of a loved one. Following a patient's death, Big Bend Hospice offers bereavement support and services to grieving families for a 13-month period. The applicant refers to its response to Rule 59A-38.013 Bereavement Services on page 85 of the application for its detailed description.

**NHC/OP of Florida, LLC (CON application #10764)** states a structured bereavement care program is overseen by the Bereavement Team and includes ongoing assessments and diverse support groups including visits and memorial services to ensure holistic bereavement care for up to one year after the patient's death. The Interdisciplinary Team, including a grief counseling professional, develops a personalized bereavement plan based on the deceased survivors' needs. Support Services are provided including support groups, memorial services, bereavement visits, and/or phone calls. Bereavement counseling is also provided to community members through support groups, community education, crisis counseling, and working with schools or businesses impacted by loss.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** notes that family members and caregivers are eligible to receive bereavement services for a minimum of one year after the patient's death. Peoples states it identifies a Bereavement Coordinator to oversee bereavement services. Peoples' Camp HUG for children, which is to be provided annually is cited in the hospice bereavement letter for families. The applicant notes that

volunteers may be used in bereavement support. Peoples describes its program in detail and includes its Bereavement Services Policies and Procedures in the application's Exhibit 3.

**(l) Proposed community education activities concerning hospice programs.**

**Big Bend Hospice, LLC (CON application #10763)** states it has the experience and talent to deliver high-quality and compassionate care in SA 2A and is committed to community education and outreach events to address the specific needs of SA 2A residents. The applicant states DEI requires ongoing learning and it has interactive training sessions for employees and community members. Big Bend also has town hall meetings, lunch-and-learn events, local presentations, and ongoing meetings with the Spiritual Leadership. The applicant states it will collaborate with local organizations to reach seniors throughout SA 2A through a comprehensive education and outreach program.

Big Bend Hospice cites its educational materials for patients, families, and the community at large. These materials address key topics such as:

- Recognizing when hospice care should be considered
- Common questions and concerns surrounding hospice care
- The various services and support offered by hospice care (dispelling misconceptions)
- Disease-specific care considerations (e.g., dementia).

Big Bend emphasizes that its materials are designed for easy comprehension, utilizing clear language and digestible formats (flyers, radio outreach, billboards). The application's attachment 20 has examples of its educational materials. Recent (June 2023 – March 2024) Community Education events are listed on pages 135 and 136.

## **CON Action Numbers: 10763 through 10765**

Big Bend cites its Caregiver Renewal Institute's educational programs and lists some 2023 accomplishments. The applicant proposes to have the following community education events in SA 2A:

- Four Spiritual Leadership Councils meetings a year
- ACTS2 Caregiver Training and Advance Care Planning
- Town Hall Conversations to receive input from the community
- Advanced Care Planning Workshops
- Hospice and Palliative Care Workshops
- Rural County Advisory Council Meetings
- Partnerships with local churches, senior centers, retirement communities, and health care facilities to address misconceptions and educate on hospice care, eligibility, and criteria.

Big Bend also discusses its partnership with The Alzheimer's Project, and its condition to hold four events in partnership with The Alzheimer's Project in each of the first two years. These events will be designed to promote education on advance directives and care planning for resident with dementia and Alzheimer's care and include Medication Reviews (Pharmacist review of attendees' medications), Advance Care Planning Workshops and Mini-Mental State Examination (MMSE) Screenings: Screening for dementia and cognitive impairment.

**NHC/OP of Florida, LLC (CON application #10764)** states it will offer community education program regarding to hospice, advanced directives and patient caregiver education through various initiatives such as educational lectures, bereavement programs, participation in health fairs, and community events. The application's Exhibit M includes Caris Community Education brochures. NHC/OP next discusses Caris Patient Transitions Program, which educates patients who are not yet hospice ready. Next is the We Honor Veterans Program, which educates health care professionals, volunteers, and veterans on the unique needs of veterans at end-of-life, veteran-specific benefits, and the importance of veteran volunteers. Caris role as an American Nurses Credentialing Center is discussed and the applicant contends its accreditation will offer ANCC-accredited continuing education programs to enhance nurses' knowledge and skills, ultimately improving patient care.



## **CON Action Numbers: 10763 through 10765**

In reference to eligibility education for the health care community, NHC/OP states it is dedicated to enhancing community awareness and understanding for health care providers with hospice eligibility criteria, ensuring timely access to appropriate end-of-life care. Exhibits N and O include an ANCC Announcement) and Education in the Healthcare Community Brochures.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** plans a comprehensive outreach program for hospitals, skilled nursing facilities, assisted living facilities, and physician offices to educate health care professionals about hospice and palliative care services. The applicant will offer quarterly in-person education for staff at facilities with contracted hospice and respite beds. Topics include appropriate hospice patient care, documentation, and other hospice-specific areas. Peoples expects to offer continuing education seminars for nurses and social workers, with oversight by the Medical/Clinical Director for accredited programs.

A variety of methods will be used to advertise educational events, ensuring compliance with professional board requirements for information disclosure (e.g., title, date, target audience, instructor credentials, costs, etc.). The applicant expects to provide community education events, such as participation in health fairs and similar community events. Peoples Hospice includes sample brochures in the application's Tab 10.

### **(m) Fundraising activities.**

**Big Bend Hospice, LLC (CON application #10763)** states its Big Bend Hospice Foundation (the Foundation), a registered 501(c)(3) non-profit, is dedicated to securing financial support for Big Bend Hospice's unfunded and underfunded programs. Established in 1995, the Foundation's efforts have ensured that no one is denied hospice care due to financial limitations. The Foundation hosts various community events throughout the year to raise awareness and secure funds for Big Bend Hospice programs. These events cater to a range of donors through tiered pricing and packages.

**CON Action Numbers: 10763 through 10765**

The applicant lists the Foundation's achievements (2022-2023) which include Over \$480,000 raised through events (Spring Fling, Dr. Glenn Bass Golf Tournament, Songwriters for Hope), \$5 million Capital Campaign goal achieved for the First Commerce Center for Compassionate Care, and \$118,000 in grant support designated for patient care and programs. Community impact achievements include over 70 Thanksgiving meals provided, 45 Charity Care patients served, and 20 Special Patient Needs requests fulfilled.

Big Bend cites its letter from Foundation President Dena Strickland and Board Chair Stan Barnes (expressing their support for this project and commitment to continued financial support for both SA 2B and 2A (if approved)).

**NHC/OP of Florida, LLC (CON application #10764)** states it is a for-profit entity and does not conduct fundraising for its hospice program but directs interested donors to a list of reputable charitable organizations on their website. The applicant demonstrates a commitment to community support through active participation in fundraising efforts for other causes. They highlight a significant partnership with the Alzheimer's Association, where their parent company, NHC, has achieved a high sponsorship level. This collaboration supports essential research, advocacy, and programs that benefit the community facing Alzheimer's disease and dementia.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** acknowledges its for-profit status and the limitations it places on fundraising. To address this, the applicant cites the Peoples Hospice Foundation, Inc., a separate 501(c)(3) non-profit organization, responsible for fundraising activities. This structure allows the hospice to leverage the foundation's non-profit status to solicit donations. Peoples states intent to use these funds to support programs like those serving the homeless population. The applicant also plans to donate a portion of the profits from the hospice to the foundation. Evidence of fundraising activities include promotional materials (in Exhibit 5) from a past fundraising event (ROCK4VETS) organized by the Peoples Foundation of Northwest Florida, Inc. to showcase the foundation's experience in conducting fundraising activities.

- 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 20<sup>th</sup> of each year and January 20<sup>th</sup> of the following year.**

All applicants directly respond that they will comply with this reporting requirement.

**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 50, Number 23, of the Florida Administrative Register, dated February 2, 2024, need was published for a hospice program Service Area 2A (Bay, Calhoun, Gulf, Holmes, Jackson, Washington Counties) for the July 2025 hospice planning horizon. SA 2A is currently served by Emerald Coast, Covenant Hospice Inc., VITAS Healthcare Corporation of Florida.<sup>30</sup>

SA 2A has 11 hospitals with 1,044 licensed beds, 17 SNFs with 2,199 beds, 21 ALFs with 905 licensed beds, and 23 home health agencies.

In reference to the applicants licensed in Florida's quality of care - the reviewer notes that during the 36 months ending April 24, 2024, Big Bend Hospice had no substantiated complaints. Peoples Hospice recently began operating in SA 1 on January 19, 2023, and has had no substantiated complaints.

**Big Bend Hospice, LLC (CON application #10763)** provides a table showing SA 2A's utilization by provider from 2015-2023. The applicant notes SA 2A's 2023 utilization rate (59.6) was over 10 percentage points under the statewide (70.3) average. The applicant also notes SA 2A hospitals discharges patients to hospice at a lower rate than the statewide average, indicating unmet needs. Big Bend restates its special programs and staffing will improve access to hospice care for, Black residents, rural residents, residents with Alzheimer's Disease/Dementia and their caregivers, older adults living alone, residents with lower

<sup>30</sup> The reviewer notes that VITAS Healthcare Corporation of Florida purchased Covenant Hospice and the change of ownership license was issued effective April 17, 2024.

Socioeconomic Status, LGBTQ+ hospice patients and caregivers and residents with low literacy. The applicant also includes tables showing the age 65+ and total population growth from 2020-2027 in support of hospice demand increasing.

**NHC/OP of Florida, LLC (CON application #10764)** cites the current providers not projected to meet the need, its quality of care and contends that since its affiliate providers home health services it should be able to ramp-up care efficiency thus increase accessibility in the SA. NHC also references the extent of utilization by the existing providers. The applicant states it will serve Medicaid patients, cites Caris Healthcare 'generous charity care and indigent care policies' it will use so that all patients may be provided care regardless of their ability to pay.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** cites availability as how much of a service exists and type of programs hospices offer. The applicant states its commitment to engage the community and increase availability through its proposed conditions and lists nine of these. Peoples quotes the support letter from Dr. John Griggs as demonstration of one of its many support letters demonstrating that its commitments will enable hospice to be more widely available and will lead to service being provided where it is needed most. Dr. Griggs letter highlights the value of Peoples Hospice' partnership with Gulf Coast State College in educating future caregivers.

Peoples cites quality of care include achieving CHAP accreditation within one year of licensure, Membership in the National Hospice and Palliative Care Organization (NHPCO), reporting of hospice quality measures to the Centers for Medicare and Medicaid Services (CMS), and employing Certified Hospice and Palliative Nurses (CHPNs) in supervisory roles. The applicant demonstrates the Family Hospice affiliates consistently outperform existing SA 2A providers, the state average, and the national average (Figure 3-1, page 3-3). Peoples also provides Hospice Item Set (HIS) Scores for Family Hospice affiliates and SA providers data (Table 3-1 & 3-2, page 3-4), stating it demonstrates improvement with the addition of its program.

In reference to access, the applicant notes it will help "Area 1" residents obtain care include but are not limited to-an access specialist to assist patients in need and its partnership with Catholic Charities (\$15,000 a year for the first five years). In reference to geographic access, Peoples notes it will open offices in three of the SA's six counties to ensure the entire service is accessible within a 45-minute drive from selected locations.

In reference to service access, the applicant cites its letters of support from eight skilled nursing facilities in SA 2A indicate interest in collaborating with Peoples Hospice to deliver hospice services within their facilities. Peoples also restates its non-reimburse services will include Music therapy, pet therapy, fall monitoring technology, cardio-pulmonary telemonitoring and its Camp HUG program. The applicant also cites its letter from Rachael Boyd, APRN-C at Gibbens Family Medical, highlighting the need for additional hospice services, particularly inpatient care.

Peoples also addresses the extent of SA 2A utilization compared to the states' other service areas, noting SA 2A has the fourth lowest hospice penetration rate. The applicant notes the existing providers are now owned by larger corporations and contends it is a locally owned provider in SA 1 that will bring an understanding of the issues the SA faces.

Peoples Hospice also responds to the Healthcare Access Criteria.

- 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.**

**Big Bend Hospice, LLC (CON application #10763)** states it has been a trusted provider of end-of-life care in Northwest Florida since 1983 in SA 2B and has a proven track record of quality care. Big Bend address its CAHP survey quality measures and includes a table showing it exceeds state and national averages on key quality measures, including Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results from family caregivers, the Hospice Item Set (HIS) scores measuring care processes for patients and its Hospice Care Index (HCI) (score of 10) to reflect its overall service quality.

Big Bend Hospice also cites its:

- CHAP accreditation (included in the application's attachment 41)
- National Hospice and Palliative Care Organization (NHPCO) and Florida Hospice and Palliative Care Association (FHPCA) memberships.
- Platinum certification by Services and Advocacy for Gay Elders (SAGE) for LGBTQ+ patient sensitivity.
- Adherence to Centers for Medicare and Medicaid Services' (CMS) training and reporting requirements.
- National Institute of Jewish Hospice accreditation for culturally sensitive care.

**CON Action Numbers: 10763 through 10765**

- Pet Peace of Mind certification for pet care support.
- We Honor Veterans Level 5 status for veteran-specific care and community education.

As previously stated, Big Bend Hospice had no substantiated complaints during the 36 months ending April 24, 2023.

**NHC/OP of Florida, LLC (CON application #10764)** states it will bring experienced leadership that operates 30 hospices to SA 2A, and Caris Healthcare has a long-standing history of increasing hospice utilization and providing quality hospice care. NHC's cites its "The Better Way" program, which has 20 core promises to ensure exceptional service for every patient and family. The applicant's Exhibit P includes Caris Healthcare's Certificate of Commitment for employees and more details on the program. The applicant provides tables of 'the applicant'/Caris Healthcare HIS, HCI, HVLDL, and CAHPS scores. Caris' HIS, HCI and HVLDL (hospice visits when death is imminent-low complexity) exceed the stated national average. Its CAHPS score for "willingness to recommend this hospice" is 84, slightly below the national 85 average.

NHC/OP cites the awards Caris has received during 2008-2014. The applicant also addresses NHC's SNFs and Home Health Agencies ratings. The applicant notes its NHC HomeCare Florida operations had a Star Rating of 4.5 compared to the state average of 4 and 3.5 national average.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** emphasizes its commitment to providing high-quality hospice services in SA 2A. The applicant cites the experience of its affiliated organization, Family Hospice Group, to demonstrate a track record of quality care.

The principles of Peoples Hospice are provided. These are:

- ✓ Our word is our bond
- ✓ We treat everyone with respect
- ✓ We are open, honest, and consistent in all communications, and
- ✓ We go the extra mile to ensure every customer experience is a positive one.

Peoples lists the NHPCO ten components of quality in hospice care Membership. As previously stated, Peoples cites quality of care include achieving CHAP accreditation within one year of licensure, Membership in the National Hospice and Palliative Care Organization (NHPCO), reporting of hospice quality measures to the Centers for Medicare and Medicaid Services (CMS), and employing Certified Hospice and Palliative Nurses (CHPNs) in supervisory roles.

The applicant demonstrates the Family Hospice affiliates consistently outperform existing SA 2A providers, the state average, and the national average (Figure 3-1, page 3-3). Peoples also provides Hospice Item Set (HIS) Scores for Family Hospice affiliates and SA providers data (Table 3-1 & 3-2, page 3-4), stating it demonstrates improvement with the addition of its program. The data is based on the April 1, 2022 – March 31, 2023 scores released February 21, 2024. The applicant's table 4-3 on page 4-5 indicates the Family Hospice Group exceeds the 'willing to recommend this hospice' scores of Big Bend (87 percent) and Caris HealthCare (84 percent) with a 92 percent rating. Caris exceeds Big Bend and the Family Hospice Group on the HIS scores.

Peoples next details its QAPI plan which it states will meet all CMS conditions of participation and is "to guide its efforts and a committee to review information, make recommendations and propose actions to remedy identified problems.

Peoples Hospice states its approach will enhance SA 2A quality care with a suite of targeted programs. These include a board-certified music therapist, rural outreach, providing end-of-life care to the homeless, veterans, and elderly assisted living residents, "Heart of Peoples" end-of-life care for heart disease patients with a contracted board-certified cardiologist and contracting with a pediatrician to develop protocols and oversee pediatric admissions. Peoples concludes that it demonstrates understanding of quality and the delivery of hospice services to all SA residents.

- 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.

## CON Action Numbers: 10763 through 10765

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.

**Big Bend Hospice, LLC (CON application #10763)** includes

<b>10763 - 7 Oaks Healthcare, Inc. &amp; Affiliates</b>	
	<b>Sep-23</b>
Current Assets	\$9,138,430
Total Assets	\$35,528,857
Current Liabilities	\$4,639,565
Total Liabilities	\$10,941,628
Net Assets	<b>\$24,587,229</b>
Total Revenues	\$28,776,695
Excess of Revenues Over Expenses	<b>(\$1,602,469)</b>
Cash Flow from Operations	\$1,759,101
<b>Short-Term Analysis</b>	
Current Ratio (CA/CL)	<b>2.0</b>
Cash Flow to Current Liabilities (CFO/CL)	<b>37.92%</b>
<b>Long-Term Analysis</b>	
Long-Term Debt to Net Assets (TL-CL/NA)	<b>25.6%</b>
Total Margin (ER/TR)	<b>-5.57%</b>
<b>Measure of Available Funding</b>	
Working Capital	<b>\$4,498,865</b>

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
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 \$960,114, which includes this project (\$680,114) and other capitalization (\$280,000). The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$4.6 million in cash and cash equivalents, the applicant has sufficient resources to fund this project and all capital expenditures.



**CON Action Numbers: 10763 through 10765****Conclusion:**

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

**NHC/OP of Florida, LLC (CON application #10764)**

<b>10764 - NHC/OP of Florida, LLC</b>		
	<b>Dec-23</b>	<b>Dec-22</b>
Current Assets	\$406,235,000	\$353,932,000
Total Assets	\$1,310,796,000	\$1,275,450,000
Current Liabilities	\$214,476,000	\$197,887,000
Total Liabilities	\$400,316,000	\$397,936,000
Net Assets	<b>\$910,480,000</b>	<b>\$877,514,000</b>
Total Revenues	\$1,141,544,000	\$1,085,738,000
Excess of Revenues Over Expenses	\$57,134,000	\$31,896,000
Cash Flow from Operations	\$111,216,000	\$8,742,000
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	<b>1.9</b>	<b>1.8</b>
Cash Flow to Current Liabilities (CFO/CL)	<b>51.85%</b>	<b>4.42%</b>
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	<b>20.4%</b>	<b>22.8%</b>
Total Margin (ER/TR)	<b>5.00%</b>	<b>2.94%</b>
<b>Measure of Available Funding</b>		
Working Capital	<b>\$191,759,000</b>	<b>\$156,045,000</b>

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
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 \$610,659, which includes this project (\$306,176), and CON 10764 (\$304,483). The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$107 million in cash and cash equivalents and working capital in excess of cash on hand, the applicant has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** is a developmental stage entity and has \$1,500,000 in cash with no operations.

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$468,201, which includes this project only. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$1,500,000 in cash, the applicant has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

**d. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035 (6), Florida Statutes**

**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.

## CON Action Numbers: 10763 through 10765

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 10763	Big Bend Hospice, Inc.				
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$144.10	0.8789	\$126.65	\$74.23	\$200.88
Routine Home Care 61+ days	\$113.75	0.8789	\$99.97	\$58.60	\$158.57
Continuous Home Care	\$1,177.23	0.8789	\$1,034.67	\$388.23	\$1,422.90
Inpatient Respite	\$309.70	0.8789	\$272.20	\$198.01	\$470.21
General Inpatient	\$727.27	0.8789	\$639.20	\$418.04	\$1,057.24
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	1.114	\$223.74	\$1,249,065		5,583
Routine Home Care 61+ days	1.114	\$176.62	\$2,602,350		14,734
Continuous Home Care	1.114	\$1,584.82	\$0	24	0
Inpatient Respite	1.114	\$523.71	\$208,195		398
General Inpatient	1.114	\$1,177.55	\$0		0
		<b>Total</b>	<b>\$4,059,610</b>		<b>20,714</b>
			Days from Schedule 7		25,689
			<b>Difference</b>		<b>4,975</b>
			<b>Percentage Difference</b>		<b>19.36%</b>

As such, the applicant's projected patient days are 19.36 percent or 4,975 days more than the number of patient days calculated by staff. Revenues appear to be understated, which is a conservative assumption. Operating profits from this project are expected to increase from a net profit of \$10,696 in year one to a net profit of \$527,465 in year two.

### Conclusion:

This project appears to be financially feasible.

**CON Action Numbers: 10763 through 10765**

<b>CON 10764</b>	<b>NHC/OP of Florida, LLC</b>				
<b>Base Rate Calculation</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
Routine Home Care 1-60 days	\$144.10	0.8789	\$126.65	\$74.23	\$200.88
Routine Home Care 61+ days	\$113.75	0.8789	\$99.97	\$58.60	\$158.57
Continuous Home Care	\$1,177.23	0.8789	\$1,034.67	\$388.23	\$1,422.90
Inpatient Respite	\$309.70	0.8789	\$272.20	\$198.01	\$470.21
General Inpatient	\$727.27	0.8789	\$639.20	\$418.04	\$1,057.24
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.106	\$222.16	\$760,315		3,422
Routine Home Care 61+ days	1.106	\$175.38	\$1,800,580		10,267
Continuous Home Care	1.106	\$1,573.65	\$0	24	0
Inpatient Respite	1.106	\$520.02	\$7,156		14
General Inpatient	1.106	\$1,169.25	\$16,064		14
		<b>Total</b>	<b>\$2,584,115</b>		<b>13,717</b>
			Days from Schedule 7		15,300
			<b>Difference</b>		<b>1,583</b>
			<b>Percentage Difference</b>		<b>10.35%</b>

As such, the applicant's projected patient days are 10.35 percent or 1,583 days more than the number of patient days calculated by staff. Revenues appear to be understated, which is a conservative assumption. Operating profits from this project are expected to increase from a net loss of \$212,382 in year one to a net profit of \$163,245 in year two.

**Conclusion:** This project appears to be financially feasible.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)**

**CON Action Numbers: 10763 through 10765**

<b>CON 10765</b>		<b>Peoples Hospice &amp; Palliative Care of NW Florida, LLC</b>			
<b>Bay</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$144.10	0.8789	\$126.65	\$74.23	\$200.88
Routine Home Care 61+ days	\$113.75	0.8789	\$99.97	\$58.60	\$158.57
Continuous Home Care	\$1,177.23	0.8789	\$1,034.67	\$388.23	\$1,422.90
Inpatient Respite	\$309.70	0.8789	\$272.20	\$198.01	\$470.21
General Inpatient	\$727.27	0.8789	\$639.20	\$418.04	\$1,057.24
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.129	\$226.87	\$2,078,100		9,160
Routine Home Care 61+ days	1.129	\$179.09	\$4,848,900		27,075
Continuous Home Care	1.129	\$1,607.00	\$631,390	24	393
Inpatient Respite	1.129	\$531.04	\$82,734		156
General Inpatient	1.129	\$1,194.03	\$478,985		401
		<b>Total</b>	<b>\$8,120,109</b>		<b>37,184</b>
			Days from Schedule 7		32,550
			<b>Difference</b>		<b>-4,634</b>
			<b>Percentage Difference</b>		<b>-14.24%</b>

As such, the applicant's projected patient days are 14.24 percent or 4,634 days less than the number of patient days calculated by staff. It should be noted that the applicant included a sizeable contractual adjustment of roughly 16 percent. When this is taken into consideration, projected revenues appear reasonable. Operating profits from this project are expected to increase from a net loss of \$842,211 in year one to a net profit of \$833,115 in year two.

**Conclusion:**

This project appears to be financially feasible.

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

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

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

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 an area with only two programs should increase 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.**

The project do not involve construction.

- 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.

**Big Bend Hospice, LLC (CON application #10763)** cites its history of providing care to Medicaid patients and the medically indigent indicating that in its most recent fiscal years 2022 and 2023, Medicaid account for 4.6 and 3.7 percent of total admissions, respectively. In FY 2023, Big Bend staff provided care to 45 indigent or “Charity Care” patients. Big Bend Hospice states it served 45 charity care patients in CY 2023. Schedule 7 shows Big Bend projects Medicaid will be 2.4 percent of its year one patient days and 2.0 percent of year two’s total patient days. Notes to the schedule state self-pay (55 year one and 105 days in year two) are “revenues at gross charges and net of Charity Care and Bad Debt”.

**NHC/OP of Florida, LLC (CON application #10764)** states it is “committed to providing equitable care and services irrespective of (the patients) ability to pay”. The applicant again states NHC affiliates and Caris Healthcare have in place generous charity care and indigent care policies. The applicant does not provide any monetary numbers in

reference to the parent's charity care or Medicaid care history. Schedule 7A indicates the applicant projects Medicaid will be 3.8 percent of year one and year patient days. Self-pay (not defined re charity) is projected at one percent. Notes to the schedule indicate its projections are consistent with Caris Healthcare of Charleston FY 2023 performance.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** states it accepts the requirement that "no person shall be denied access to hospice care due to the lack of a payor". The applicant projects Medicaid HMO patients will be 3.5 percent of year one and year two annual patient days. Charity care is projected to be 623 days (4.0 percent) of year one and 163 days (0.5 percent) of year two total annual patient days.

## **F. SUMMARY**

The projects are in response to the need for an additional SA 2A hospice.

**Big Bend Hospice, LLC (CON application #10763)** is an existing non-profit Florida hospice provider licensed in SA 2B.

Total project cost is \$680,114 and includes building, equipment, development, and start-up costs.

Big Bend Hospice expects issuance of license and initiation of service on January 1, 2025.

Big Bend Hospice proposes 30 Schedule C conditions.

**NHC/OP of Florida, LLC (CON application #10764)** is a for-profit, development stage Florida Limited Liability Company subsidiary of National HealthCare Corporation (NHC), and Caris Healthcare affiliate

Total project cost is \$304,483 and includes project development, start-up and equipment costs.

NCH/OP anticipates issuance of license and initiation of service in October 2024.

NHC/OP proposes 18 Schedule C conditions.

**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)**, is a for-profit entity and affiliate of the Family Hospice Group and has an affiliate serving SA 1 since January 19, 2023.

**CON Action Numbers: 10763 through 10765**

Total project cost is \$468,201 and includes building, equipment, development, and start-up costs.

Peoples expects issuance of license in June 2025, and initiation of service in July 2025.

Pursuant to project approval, Peoples Hospice offers 22 Schedule C conditions.

**Need/Access:**

The projects are in response to the fixed need pool for a new hospice program in SA 2A. The applicants specific responses to need are briefly addressed below.

**Big Bend Hospice, LLC (CON application #10763)** conducted a thorough needs assessment to understand the specific gaps in hospice care within SA 2A. Big Bend research included data analysis, community outreach, and resident surveys, which revealed a clear need for additional hospice services, as evidenced by the positive response and letters of support. The assessment identified several underserved populations including Black residents, rural residents, individuals with Alzheimer's/dementia and low-income residents.

Big Bend Hospice outlines specific plans to address the needs of each group within their application, demonstrating their commitment to serving all residents of SA 2A.

**NHC/OP of Florida, LLC (CON application #10764)** states the Agency's need projection demonstrates a net unmet need for 609 hospice patients, justifying the need for an additional hospice program. Beyond the identified need, the applicant contends that additional factors within SA 2A necessitate further hospice services. These factors include:

- Population growth and aging within the SA
- The number of elderly residents living alone
- The prevalence of specific causes of death in the SA
- Socioeconomic disparities within the SA
- Health literacy levels of the SA population
- The high number of veterans residing in the SA
- The rural nature of the SA
- The disaster preparedness needs of the Subdistrict 2A population
- The current penetration rate of care offered by existing hospice providers



**Peoples Hospice and Palliative Care of NW Florida, LLC (CON application #10765)** leadership conducted extensive community outreach, holding hundreds of face-to-face meetings with residents, health care providers, and community leaders. This groundwork allowed Peoples to identify specific gaps in hospice services within SA 2A and tailor their proposed program to address these needs.

Key Needs Identified: lack of awareness (of hospice), underserved populations, continuity of care and specific medical conditions

**Quality of Care:**

All applicants demonstrate the ability to provide quality care.

**Big Bend Hospice, LLC (CON application #10763)** states it has been a provider of end-of-life care in Northwest Florida since 1983 in SA 2B and has a proven track record of quality care. Big Bend Hospice indicates its consistently exceeds state and national averages on key quality measures, including CAHPS, HIS, and HCI.

The applicant has had no substantiated complaints during the 36 months ending April 24, 2023.

**NHC/OP of Florida, LLC (CON application #10764)**

- cites its experienced leadership, proven track record with a team successfully managing 30 existing hospices and passionate leadership team focus on exceeding expectations through its "The Better Way" program.
- The applicant cites Caris Healthcare for much of its quality discussion.

**Peoples Hospice and Palliative Care of NW Florida, LLC/CON #10765**

- emphasizes its commitment to providing high-quality hospice services in SA 2A and the experience of its affiliated organization, Family Hospice Group, demonstrate a track record of quality care.
- Peoples also cites membership in the National Hospice and Palliative Care Organization which signifies its commitment to the ten components of quality hospice care established by the organization.
- The applicant's Florida affiliate has had no substantiated complaints since licensure in January 2023 - April 24, 2023.

**Financial Feasibility/Availability of Funds:**

- All applicants appear capable of funding the project and all capital projects.
- All projects appear to be financially feasible.
- The projects, strictly, from a financial perspective, will not have a material impact on price-based competition.
- The addition of another provider in the SA should increase competition and improve quality of care.

**Medicaid/Indigent/Charity Care:**

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal Regulations 418.108).

The applicants discussed service to Medicaid and medically indigent patients and commit to serving all patients.

**G. RECOMMENDATION**

Approve CON #10765 to establish a new hospice program in Service Area 2A. The total project cost is \$468,201.

**CONDITIONS:**

**Services and Programs Not Specifically Covered by Insurers**

1. Peoples Hospice will establish a minimum of three (3) hospice locations by the end of the second year of operations within the 6-county service area. Proposed locations include Bay County, Gulf County, and Washington County.  
Measure: The monitoring report includes a copy of the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) information identifying office locations.
2. Peoples Hospice's governing board will include a representative from each of the six (6) counties and at least one African American and one Veteran representative to ensure commitment to serving populations with unmet needs in Area 2A.  
Measure: The annual required monitoring report includes the names and race of each board member.

**CON Action Numbers: 10763 through 10765**

3. Create a Community Outreach Council, comprised of one individual from each of the six (6) counties. The Council provides feedback on the hospice's rural program, improved access, and identifies any problems within the counties. The Council meets three times a year. Measure: The hospice provides the Council's accomplishments in the annual report of community benefit.
4. Peoples Hospice will develop and distribute an annual report of community benefit covering services throughout the panhandle of Florida (Hospice Service Areas 1 and 2A). Measure: The hospice develops a report that addresses the priorities for the previous year, services provided by county, feedback from directors and councils, and priorities for the future. Accomplishments by the Community Outreach Council is included.
5. Haven for the Homeless/Good Samaritan Program: This is a unique collaborative effort with both the Catholic Charities of Northwest Florida as well as with Doorways of NW Florida of whereas Peoples Hospice will provide hospice care for the indigent homeless. Measure: The annual monitoring report will include the number of cases that participated in this program.
6. The Peoples Foundation of NW Florida, Inc. will commit to this 501c3 is dedicated to providing financial support to those in our community whom are suffering while they have elected the hospice benefit. The funds are not exclusive to Peoples' patients. It is open to all hospice patients whom need help with turning their power back on, utilities, groceries, etc.
  - A minimum of \$15,000 a year for the first 5 years of operation to the Catholic Charities where the funds will be used to place homeless patients or near homeless patients suffering with end-of-life illness a safe place to die with dignity and peace.
  - Camp H.U.G. is the final pillar of support the foundation seeks to serve in our community. This is an annual camp held for children 17 and younger who have lost a loved one from any cause. The Camp will be filled with licensed grief counselors and social workers as well as several camp activities for the participants.Measure: The annual required monitoring report will include an affidavit or payment receipt for the contribution to each organization.
7. Peoples Hospice will include Non-Hospice Palliative Care services lead by a nurse practitioner for those with a twelve-month or less prognosis.

**CON Action Numbers: 10763 through 10765**

Measure: The annual monitoring report will reflect the number of cases that participated in non-hospice palliative care.

8. Cardio-Pulmonary Inspirations Program: Peoples Hospice will provide Tele-Monitoring to our end stage heart failure patients and end stage lung disease patients offering data and trending vitals alerting us of a patient who needs daily visits.  
Measure: The hospice provides an annual report of numbers of cases and the devices/supports that were provided.
9. Peoples Hospice will partner with area nursing schools and colleges within the panhandle of Florida to provide preceptorships for the upcoming nurses in the area's premier nursing schools.  
Measure: The annual required monitoring report reflects the numbers and types of interns, their associated schools, and the length of service.
10. Peoples Hospice will arrange for six nurses from its affiliate hospice in Hospice Service Area 1 to be dually employed to ensure coverage for urgent needs and as part of its Emergency Preparedness Plan.  
Measure: The annual monitoring report will list nurses on staffing rosters of both Peoples Hospice and Palliative Care of Florida, LLC and Peoples Hospice and Palliative Care of NW Florida, LLC.
11. Peoples Hospice will have a Wound Care Specialist Consult available to the hospice staff.  
Measure: The annual monitoring report will include the number of individuals that benefit from the Wound Care Consultations.
12. Contract with a board-certified cardiologist to oversee the end-stage heart disease program.  
Measure: The hospice provides an annual report of cases participating in the program.
13. Employ a full time Minority Outreach Education Liaison to work with faith-based ministries, senior service centers, and community organizations throughout the area to promote education and distribute information about hospice services, advance directives and caregiver assistance.  
Measure: The hospice provides an annual report of meetings conducted and materials distributed.
14. Employ a full time Rural Health Education Liaison to work with senior service centers, and community organizations throughout the area to promote education and distribute information about hospice services, advance directives and caregiver assistance.

**CON Action Numbers: 10763 through 10765**

Measure: The hospice provides an annual report of meetings conducted and materials distributed.

15. Employ a full time specially trained Social Worker to provide patients assistance with their eligibility for financial assistance, including enrollment in Medicaid and Medicaid Managed Care Long Term Care Program.

Measure: The hospice provides an annual report of cases enrolled and programs used.

16. Contract with a minimum of two (2) chaplains within the service area to provide spiritual counseling to hospice patients.

Measure: The hospice annually reports the chaplain's names under contract.

17. Peoples Hospice intends to pursue at least Level 4 status with the We Honor Veterans Program and will appoint a Veteran's Liaison position as part of the staff.

- Peoples Hospice will also have a Virtual Reality Program for Veterans
- Military Veterans Challenge Coin and Pinning Ceremony

Measure: The annual monitoring report will include progress on the status of the hospice's We Honor Veterans program, the number of veterans utilizing the Virtual Reality program, and the total number of veterans recognized.

18. Employ a board-certified music therapist to provide individualized music activities to meet patient needs.

Measure: The hospice provides an annual report of the music therapist's cases.

19. Tuck In Program: Whereas a CNA stays with patient for the first night up to 11 PM after a direct admit from hospital. The CNA goes to home before the admitting nurse visit is complete to allow relief for family and ease anxiety about the first night of hospice, often increases likelihood patient will elect hospice benefit at hospital.

Measure: The annual monitoring report will include the number of individuals that will receive care from the Tuck In Program.

20. Peoples Hospice will provide a Pet Therapy program for patients.

Measure: The annual monitoring report will include the number of individuals that participate in the pet therapy program.

**CON Action Numbers: 10763 through 10765**

21. Peoples Hospice will seek accreditation for Jewish Hospice Services through the National Institute for Jewish Hospice (NIJH). NIJH provides guidance and training on the cultural beliefs and sensitivities so the hospice can better serve the terminally ill Jewish population by honoring their heritage and values.  
Measure: The hospice will provide proof of accreditation.
22. Peoples Hospice will become Services and Advocacy for Gay Elders (SAGE) certified by the end of the first year of operations.  
Measure: The annual monitoring report will include proof of certification.

Deny CON #10763 and CON #10764.

**AUTHORIZATION FOR AGENCY ACTION**

Authorized representatives of the Agency for Health Care Administration adopted the recommendation contained herein and released the State Agency Action Report.

DATE: June 21, 2024



---

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



Certificate of Need  
2727 Mahan Drive  
Building 2  
Tallahassee, FL 32308  
Ph: 850-412-4401