

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

**A. PROJECT IDENTIFICATION**

1. Applicant/CON Action Number

**AccentCare Hospice & Palliative Care of North Central Florida, LLC/  
CON application #10768**

17855 North Dallas Parkway, Suite 200  
Dallas, Texas 75287

Authorized Representative: Christopher Smith, Sr., VP Hospice Operation  
(903) 399-4104

**Arc Hospice of Florida, LLC/CON application #10769**

100 Challenger Road, Suite 105  
Ridgefield Park, New Jersey 07660

Authorized Representative: David Glick, CEO  
(917) 647-1536

**Charis Healthcare Holdings, LLC/CON application #10770**

6001 Broken Sound Parkway, Suite 220  
Boca Raton, Florida 33487

Authorized Representative: Christine Blanch, COO  
(941) 400-2847

**Hospice of the Sunshine State, LLC/CON application #10771**

946 Grady Avenue, Suite 200  
Charlottesville, Virginia 22903

Authorized Representative: Robert McMullan, Sr. VP Corp. Development  
(434) 290-3725

2. Service District/Subdistrict

Service Area 3A (Alachua, Bradford, Columbia, Dixie, Gilchrist,  
Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties)

**B. PUBLIC HEARING**

No public hearing was requested or held.

**Letters of Support**

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** included over 55 letters of support and testimonials with noteworthy letters received from Brian Nunn, Chief Executive Officer of HCA Florida Putnam Hospital and Dana Fortson, Director of Community Relations at Bedrock Rehabilitation & Nursing Center at Suwannee, and Ida Cribb, LNHA, Administrator for Windsor Health and Rehabilitation Center (Starke) indicating a willingness to contract with AccentCare Hospice & Palliative Care of North Central Florida, LLC for inpatient and respite services in SA 3A. These attestations are located in Exhibit 1 of this application.

Brian Nunn, Chief Executive Officer and Anand M. Kuruvilla, MD, FACRO, Director, Cancer Center of Putnam, Chief of Staff - HCA Florida Putnam Hospital submitted letters indicating the applicant has an interest in entering into a partnership to open an eight bed inpatient unit at their hospital.

Dana Fortson, Director of Community Relations at Bedrock Rehabilitation & Nursing Center at Suwannee (a 180-bed nursing home in Suwannee County) states interest “in exploring the potential for a general inpatient contract” with the applicant.

Ida Cribb, LNHA, Administrator for Windsor Health and Rehabilitation Center (a 120-bed nursing home in Bradford County) states her facility does not use hospice but she does “*foresee a need for a GIP contract as we will soon be accepting higher acuity patients. This will probably not be for another year but...(she). will be open to discussing a GIP contract with AccentCare*”.

Aaron Dallas, Nursing Home Administrator for Gainesville Health and Rehabilitation Center (a 120-bed nursing home in Alachua County) states “we would be interested in discussing the option of having a GIP agreement to serve their hospice patients in our facility.”

Other Skilled Nursing and Assisted Living Facilities include:

- Shelby Jackson, Administrator, Ayers Health & Rehabilitation Center, (a 120-bed nursing home in Gilchrist County)

## **CON Action Numbers: 10768 through 10771**

- Aaron Dallas, Nursing Home Administrator and Daryl Haley, Director of Social Services, Gainesville Health and Rehabilitation Center, Gainesville, Florida (Alachua County)
- Deborah Lang, Director of Resident Care, HarborChase of Gainesville, Senior Assisted Living and Memory Care, Gainesville, Florida (Alachua County)
- Jennifer Fitterman, MBA, Executive Director, Our Home at Riverwood Lodge, Assisted Living, Ft. White, Florida (Columbia County)
- Nikita Jenkins, Director, Young Hearts Assisted Living Facilities, Starke and Lawtey, Florida (Bradford County)

### Physicians, Nurses, and Other Health care Providers

- Carlton DeCarlo, PA-C, the practice of Jack M. Matheny, MD, UF Health – St. Johns, Palatka (Putnam County)
- Island Doctors, Kevin Alen, AP OMD, and Kelly Akins and Brooke Frank, Referral Coordinators, and Brooklyn Eubanks, Office Manager, Palatka, Florida (Putnam County)
- Dr. Brent Hayden, MD, Family Medicine, Lake City Florida, (Columbia County)
- Dr. Jack Matheny II, MD, Community Physician, Palatka, Florida (Putnam County)
- Taylen Peaden DO PLLC, Family Medicine Physician, Lake City Florida, (Columbia County)

### Government, Organizations, and Business Leaders:

- Anne Polo, Director of Communications and Marketing, Chamber of Commerce Gainesville (Alachua County)
- Shari Jones, Executive Director, Family Promise of Gainesville, an organization providing ‘children and families facing homelessness with resources like diversion, shelter and stabilization’
- Katina Mustipher, Chief Executive Officer, Elder Options, Advocate/Referral Agency, serving the 16 counties in District 3 states: “We look forward to the possibility of partnering with AccentCare to further our shared goal of providing comprehensive, dignified care to every elder in need.”
- Jeffrey Linville, Chief Executive Officer, Next Steps Senior Solutions, Advocate/Referral Agency, Gainesville (Alachua County)

### Religious Organizations and Veteran Services

- Teresa Matheny, Chief of Programs, Episcopal Children's Services, Serving SA 3A counties per website
- Denise Fanning, Regional Director, Catholic Charities of Gainesville, Florida (Alachua County)

## **CON Action Numbers: 10768 through 10771**

- Kenneth M. Boggs, Jr., USN, Senior Veterans Service Officer, Alachua County Veterans Services, Gainesville
- Jim Hess, Commander, Post 42, American Veterans, Chiefland, Florida, (Levy County)
- Forest Hope, President, Chapter 1092, Vietnam Veterans of America, Gainesville, Florida (Alachua County)

### **Notable out of SA:**

- Angela M. Snell, M.S. Ed, MT-BC, President, AMTA, Music Therapy Association (AMTA), Silver Spring, MD

**Arc Hospice of Florida, LLC (CON application #10769)** has 25 letters of support (many undated) and includes excerpts throughout the application with noteworthy letters received from Elliot J. Williams, MSHA, NHA, Administrator, Parklands Care Center indicating a willingness to contract with Arc Hospice of Florida, LLC for general inpatient beds services in SA 3A. These attestations are located in Exhibit C-1 and G of the application. Mr. Williams undated letter in Exhibit G states: "If approved, I am willing to contract with Arc Hospice of Florida to provide general inpatient beds at our long-term care facilities in the Gainesville metropolitan area - I believe that this is a great opportunity for patients in the community as well as their families."

Arc's Exhibit C-1 includes 12 letters that are not dated. Arc's Exhibit C-2 includes the letters of support for its previous (CON application #10735) in SA 3A. These include:

### **Skilled Nursing Facilities:**

- Elliot J. Williams, MSHA, NHA, Executive Director/Administrator, Parklands Care Center (also in CON #10735)
- Barry Audain, Administrator, Terrace Health and Rehabilitation Center (previous administrator Truvette Lennear also in CON #10735)
- Hemwattie (Hemi) Clough, Administrator, Williston Care Center (also in CON #10735)
- Jacques Joseph, LHNA, MBA, Executive Director, Park Meadows Health and Rehabilitation Center

### **Physicians/Nurses:**

- Alfonso Mortmer, M.D., Physician (also in CON #10735)

### **Government/Leaders:**

- Charles S. Chestnut IV, Commissioner, District 5, Alachua County Board of County Commissioners (also in CON #10735)

**CON Action Numbers: 10768 through 10771**

- Eric L. Godet, President/CEO, Greater Gainesville Chamber of Commerce
- Harvey L. Ward, Jr, Mayor, City of Gainesville
- Julio Fuentes, President Florida State Hispanic Chamber of Commerce (also in CON #10735)
- Casey Willits, City Commissioner, District 3, Gainesville
- Ken Cornell, County Commissioner, District 4, Alachua County Board of County Commissioners
- Marihelen Wheeler, District 2, Alachua County Board of County Commissioners
- Katherine Weitz, Mayor - Seat 5, City of High Spring, Board of City Commissioners
- Carolyn M. Tucker, Ph.D., University of Florida, Department of Health Disparities
- Joe Dixon, Chair, Black Chief Officers Committee, Fire Chief, Gainesville Florida
- Tashea Henderson, Business owner, Heavenly Tasting Cake
- Felisa Davis-Holmes, United Angels Insurance Agency, LLC.
- B. K. Long-Richardson, Community Member

**Clergy:**

- Karl D. Anderson, President, Alachua County Christian Pastors Association (also in CON #10735)
- Pearlie Shelton, Senior Pastor, Upper Room Ministries (also in CON #10735)
- Reverend/Dr. Marie Herring, Senior Pastor, DaySpring Missionary Baptist Church (also in CON #10735)
- Margaret C. Dennison, Senior Pastor, Compassionate Outreach Ministries (also in CON #10735)
- LaShon Young, Senior Pastor, Fresh Start Ministries
- Alvieta Robinson, Director, Widows Wing Ministry – Gainesville (also in CON #10735)

The applicant used excerpts of its support letters throughout the application. Common themes in the excerpts include:

- Rural areas are underserved and Arc Hospice of Florida, LLC will have “outreach to” rural area constituents.
- Arc’s continued engagement with the community
- “Arc Hospice's plan to create partnerships with local organizations, recruit staff from within the community, and provide specialty care programs for conditions such as dementia, CHF, and COPD” and their “Arc of Life wishes program”.

## **CON Action Numbers: 10768 through 10771**

The reviewer was unable to verify that Alfonso Mortmer, MD, is licensed in SA 3A or in the state and the application also includes an unverifiable support letter whose signature was illegible, but was titled “MD.”

**Charis Healthcare Holdings, LLC (CON application #10770)** submitted 43 letters of support. These letters include:

- Perinchery Narayan, M.D. FACS and Unyime Nseyo MDDDD, North Florida Urology, Gainesville, Florida (Unsigned)
- Six letters signed by Haven Home Health (its affiliate) personnel
- 16 letters of support from writers outside of the service area and 20 unidentifiable or illegible form letters.

### **Hospice of the Sunshine State, LLC (CON application #10771)**

submitted seven total letters of support (six local), with one noteworthy letter received from Ida Cribb, LNHA, Administrator, Windsor Health and Rehabilitation Center (Bradford County) indicating a willingness to contract with Hospice of the Sunshine State for inpatient and respite services in SA 3A. The application’s Exhibit L and N include letters of support from:

- Shakira Henderson, PhD, DNP, MS, MPH, EMBA, IBCLC, RNC-NIC, Dean, College of Nursing - Chief Administrative Officer, UF College of Nursing, Associate Vice President for Nursing Education, Practice, and Research - System Chief Nurse Executive, UF Health, University of Florida
- David B Stegall, Mayor, City of Lake Butler (Union County)
- Carolyn Spooner, Chairwoman, Bradford County Board of County Commissioners, District I
- Eric L. Godet, President/CEO, Greater Gainesville Chamber of Commerce and
- Hongjun Li, Ph.D., Senior Pastor, Gainesville Chinese Christian Church.

## **C. PROJECT SUMMARY**

The applicants propose to establish a new hospice program in SA 3A in response to the published need.

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)**, referenced as AccentCare or the applicant, is an affiliate of AccentCare, Inc., which employs over 31,000 home health professionals in over 260 locations in 32 states, serving over 260,000 individuals each year. AccentCare affiliates provide hospice services in

**CON Action Numbers: 10768 through 10771**

SAs 5A, 5B, 6A, 10, and 11. Another affiliate - Seasons Hospice & Palliative Care of Pasco County LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County has CON #10726 approved to establish a new hospice in SA 3D (Hernando County).

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

Total project cost is \$476,640 and includes building, equipment, project development, and start-up costs.

AccentCare Hospice & Palliative Care of North Central Florida, LLC's preamble to its conditions indicates the conditions "will improve access, availability, and quality of hospice services to residents of the service area." The applicant's conditions are provided verbatim below.

**Special Programs:**

**CLINICAL CARE PROGRAMS SUPPORTING PATIENTS HAVING LEADING CAUSES OF DEATH:**

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

**The number of Area 3A patients with cardiac diagnoses will be included in the annual required monitoring report.**

- 2. Pulmonary Care Pathway Program** partners with area pulmonologists to help identify patients in the disease process who are eligible for hospice care. Patients in this pathway will be closely monitored by specially trained staff and volunteers to prevent respiratory distress, and pharmacological and non-pharmacological interventions will maximize such prevention. **The number of Area 3A patients with pulmonary disease will be included in the annual required monitoring report.**

- 3. Stroke/CVA Pathway Program** partners with area physicians and long-term care facilities to help identify patients at risk of stroke or who have suffered a stroke and who are eligible for hospice care. **The number of Area 3A patients with pulmonary disease will be included in the annual required monitoring report.**
- 4. Namaste Care Program** assists Alzheimer's patients and others through its healing touch. **The monitoring report will identify the number of Area 3A patients that utilized this program.**
- 5. Open Access Program** serves patients with complications or with multiple system involvement in addition to a terminal diagnosis to provide additional medical interventions. **The monitoring report will identify the number of Area 3A patients that utilized this program.**

**PROGRAMS SUPPORTING SENIORS IN LONG TERM CARE FACILITIES AND AT HOME:**

- 6. Partners in Care Program** provides education and training to staff and volunteers regarding the importance of partnering with long term care facility staff in care of the hospice patient. AccentCare educates facilities using, for example, e-learning modules, educational videos, protocols, and in-person team building education. AccentCare North Central Florida commits to facilitating care plan meetings with facility and hospice staff and the patient and family to address the hospice plan of care and improve continuity of care expectations. **The annual required monitoring report will identify the number of Area 3A patients served and number of deaths in assisted living facilities and skilled nursing facilities.**

**PROGRAMS SUPPORTING LOW INCOME AND INDIGENT POPULATIONS:**

- 7. Homeless/ALICE Program** aids efforts for shelter and comfort for homeless hospice patients in their final days and benefits those who are at risk of homelessness, experiencing food insecurity, or are **Asset Limited, Income Constrained, Employed (ALICE)**. AccentCare of North Central Florida commits to initial funding of \$50,000 during the first three years (\$10,000 in year 1, \$20,000 in year 2, and \$20,000 in year 3), to the **United Way of North Central Florida (serving Alachua, Bradford, Levy, Putnam, and Gilchrist Counties) and the United Way of Suwannee Valley (serving Columbia, Hamilton, Lafayette, and Suwannee Counties)** or other similar organizations to provide assistance

based on individual needs and resources for those experiencing financial hardship, including housing vouchers, from subsidizing rent to supporting the entire expense for monthly assisted living facility care. **The required monitoring report will include an affidavit or payment receipt for the contribution and the number of homeless individuals receiving hospice care.**

**Other Conditions:**

**CONDITIONS TO INCREASE HOSPICE SERVICES WITHIN HOSPICE SERVICE AREA 3A:**

- 8. The primary office location is Alachua County.** To improve access to rural counties, AccentCare of North Central Florida will establish a physical presence in Suwannee County by end of the second year of licensure. **The monitoring report includes a copy of the [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov) information identifying office locations or other similar confirmation.**
  
- 9. Establish a Social Worker to focus on Community Education.** This Social Worker will visit community organizations including, for example, Community Health Departments, Health Care Clinics, and Senior Centers to increase public awareness and improve access to hospice and palliative care for residents in low-income and rural areas, initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. AccentCare Hospice of North Central Florida will host workshops to address these topics. **The annual required monitoring report identifies the number of workshops held throughout the year and location.**
  
- 10. Establish a Rural Health Community Council for Hospice and Palliative Care** to foster collaboration between the medical community, non-profit community organizations, faith-based organizations, and government entities for improving access to hospice and palliative care. The council will meet a minimum of twice per year and will aim to include representatives from the following groups:
  - Physicians
  - Hospitals
  - Nursing Homes
  - Assisted Living Facilities
  - CARES - Elder Care Services
  - Faith Based Organization or Church
  - Patient/Family

**The monitoring report will identify council members, the number of meetings held throughout the year and location.**

- 11. Commitment to local community based non-profit organizations to assist seniors with homemaker/companion services and adult day care.** An initial, one-time investment of **\$30,000** (\$10,000 each) will benefit **Columbia County Senior Services, Inc., Suwannee River Economic Council, Inc.** and **ElderCare of Alachua County, Inc. d/b/a Al'z Place (affiliate of UF Health)** to provide homemaker/companion services and adult day care to seniors, providing services to the elderly and relief to their caregivers. AccentCare of North Central Florida will partner with these organization to ensure staff and recipients of care are informed about what hospice and palliative care is and how to access it. **The required monitoring report will include an affidavit or payment receipt for the contribution.**
- 12.** AccentCare of North Central Florida will offer a **Referral Website or App** or other similar technology to physicians and referral sources throughout Service Area 3A, offering the ability to begin the hospice evaluation and enrollment process within minutes. **The annual required monitoring report will identify the number of referrals received through the website, mobile application, or other similar technology.**
- 13.** Implement AccentCare's **No One Dies Alone** policy in Hospice Service Area 3A, educating staff and volunteers to identify when the patient is approaching the final weeks of life, providing additional support. Continuous Care is available when the patient meets the eligibility requirements. Otherwise, the **Volunteer Vigil** program provides specially trained volunteers to stay with the patient throughout the dying process. When volunteers are unavailable, AccentCare staff hold vigil to ensure No One Dies Alone. AccentCare's **24-Hour Call Center** operations provide another level of assurance to deal with any emergencies, concerns, or fears that may arise. **The annual required monitoring report will identify the number of deaths accompanied by an AccentCare volunteer or staff member, and the percent of total deaths.**
- 14.** AccentCare of North Central Florida offers **Telehealth** options by providing tablets/devices to terminally ill patients in Hospice Service Area 3A to help gain access to on call staff to supplement the 24/7 Call Center. The program budgets \$10,000 for this effort. **The annual required monitoring report will identify the number of devices distributed to Service Area 3A patients.**

15. AccentCare of North Central Florida donates **\$25,000** in year 1 and **\$50,000** in year 2 to either the **AccentCare Hospice Foundation** or **Seasons Hospice Foundation** restricted to **Wish Fulfillment** (funding of wishes that enhance quality of life), **Emergency Relief** (funding basic needs such as food and shelter), and **Camp Kangaroo** (children's grief camp) for Service Area 3A residents. **The required monitoring report will include an affidavit or payment receipt for the contribution.**

**CONDITIONS TO INCREASE SERVICE TO MINORITY POPULATIONS:**

16. **AccentCare of North Central Florida ensures minority by having a minimum of one African American and one Hispanic board member on the hospice program's governing board within the first year, identifying those members in the annual required monitoring report.**
17. AccentCare of North Central Florida commits to forming a **Minority Advisory Board in Hospice Services Area 3A to serve during the initial three years of operation.** The Advisory Board will advise AccentCare of North Central Florida in ensuring culturally competent care for **African Americans, Hispanics**, and the **LGBT Community**, recruiting professionals that represent communities served and educate the community about access to hospice services. The Board meets at least twice per year during the first three years of operation to strengthen minority relationships, facilitate diversity training, and promote minority enrollment. **The annual required monitoring report will include the board members, number of meetings, and location.**
18. AccentCare of North Central Florida commits to having a **Chaplain with expertise in the African American community.** **In addition to serving the spiritual needs of African Americans in hospice care, a minimum of six workshops will be held in African American churches or other community locations within Service Area 3A each year** to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. These **“Church Chats”** will help inform the community of hospice care

**CON Action Numbers: 10768 through 10771**

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

- 19.** AccentCare of North Central Florida commits to **bilingual staff**, having a minimum of 1.0 FTE who is Spanish speaking to provide outreach in the Hispanic community. **The monitoring report will confirm AccentCare employs at least 1.0 FTE employee who speaks Spanish.**
- 20.** AccentCare of North Central Florida will initiate a **Low Literacy Outreach Campaign** to provide information on the “5 Wishes” advanced directives to residents with low literacy. Low health literacy is found among the elderly, those with limited English and the poor. **The annual required monitoring report will identify the number of Low Literacy Care Choices booklets ordered for distribution.**
- 21.** AccentCare of North Central Florida will achieve **Services and Advocacy for Gay Elders (SAGE) Platinum Certification** by the end of the first year. **Proof of certification will be provided with the annual required monitoring report.**
- 22.** AccentCare of North Central Florida commits to participate in the **We Honor Veterans program. The monitoring report will include a copy of the We Honor Veterans certificate identifying the Level of achievement.**

**CONDITIONS THAT FOSTER QUALITY:**

- 23.** AccentCare of North Central Florida will apply for **Accreditation** with Community Health Accreditation Partner (CHAP) or similar accrediting organization during the first year. **The monitoring report will verify application for accreditation has been made.**
- 24.** AccentCare of North Central Florida commits to provide **Continuing Education Units (CEU)** offerings and online library for registered nurses, licensed practical nurses, and licensed social workers at no charge through their nationally accredited CEU programs by the *Association of Social Work Boards* and the *American Nurses Credentialing Center*. Quality service improves when staff maintain credentials by advancing knowledge and skills in relevant areas.

**The annual required monitoring report will identify each course, provide a brief description of the content along with the dates and location of the programs if offered live.**

Offerings may include:

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

**CONDITIONS TO INCREASE THE NUMBER OF HOSPICE PROFESSIONALS:**

- 25.** AccentCare of North Central Florida commits to a **DEI Leadership Training Program** to develop future diverse leaders within the organization. **The monitoring report will identify the number of employees participating in the program.**
- 26.** AccentCare of North Central Florida recognizes the national nursing shortage and will take proactive steps to ensure there are well-qualified nurses in its program. AccentCare of North Central Florida conditions this application on implementing an **employee referral campaign** which will leverage the networks of existing AccentCare employees nationwide and offer sign-on bonus to employees who refer a successful new hire to AccentCare of North Central Florida. **The annual required monitoring report will include the number of employees recruited to AccentCare of North Central Florida through this program.**
- 27.** AccentCare of North Central Florida offers **internship experiences** within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants. AccentCare of North Central Florida will seek local contracts with area universities and schools and will leverage existing national contracts. **The annual required monitoring report will provide the numbers and types of interns, their associated schools, and the length of service.**
- 28.** AccentCare of North Central Florida conditions this application on its parent company attending the **National Hispanic Nurses Conference** for the first two years of operations. This conference

**CON Action Numbers: 10768 through 10771**

will allow AccentCare to recruit bilingual Spanish-speaking nurses and nurses that reflect the areas AccentCare serves in Florida. **The required monitoring report will reflect the conference date and number of AccentCare attendees.**

- 29.** As a condition of this application, AccentCare of North Central Florida will maintain relationships with organizations such as the organizations listed below to **recruit foreign-trained, high quality workforce members** when needed to support staffing efforts. These well-established organizations facilitate a mutually beneficial relationship between foreign-educated healthcare professionals and healthcare organizations recruiting additional staff. Recruiting through these organizations also allows AccentCare of North Central Florida to establish a team of professionals who reflect the increasingly diverse population in Florida. **The annual required monitoring report will include the number of relationships with foreign recruiting agencies maintained by AccentCare of North Central Florida to support recruiting efforts.**
- O'Grady Peyton International
  - MedPro International

**SERVICES BEYOND THE HOSPICE BENEFIT:**

- 30.** AccentCare of North Central Florida commits to collaborating with the AccentCare Hospice Foundation or Seasons Hospice Foundation in holding a **Camp Kangaroo** children's bereavement camp at least annually for Hospice Service Area 3A. **The monitoring report will identify the time and place of the camp.**
- 31.** **AccentCare Bereavement Center** allows family members a virtual option for accessing grief support. **The monitoring report will identify the number of Service Area 3A families or individuals that utilized this program.**
- 32.** **Leaving a Legacy** program focuses on helping patients find tangible ways to share their history with their families. **The monitoring report will identify the number of Service Area 3A patients that utilized this program.**
- 33.** AccentCare of North Central Florida will provide one Full Time Equivalent (FTE) **Music Therapist-Board Certified** per 100 patients. **The annual required monitoring report will identify the number of patients and the FTEs.**

**CON Action Numbers: 10768 through 10771**

**34.** AccentCare of North Central Florida commits to **Pet Therapy**, offering its **Loyal Friends Pet Team** to provide comfort to patients and families using volunteer professional service animals and handlers. **Virtual Pet Therapy** through use of PARO, the robotic therapeutic seal, is available when use of live animals is inharmonious to the patient's condition or preference. **The monitoring report will identify the number of Service Area 3A patients that utilized this program.**

**35. Virtual Reality Program** enhances end of life care experiences. **The monitoring report will identify the number of Service Area 3A patients that utilized this program.**

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

**Arc Hospice of Florida, LLC (CON application #10769)**, also referenced as Arc Hospice, Arc or the applicant, is a for-profit, Florida Limited Liability Company established on February 21, 2023. Arc states that its parent company, American Hospice Systems (AHS) owns and operates Arcturus Hospice and Palliative Care in Norcross, Georgia. Arc Hospice of Florida, LLC has an approved CON (#10740) to establish a new hospice program in SA 3E (Lake and Sumter Counties).

Arc anticipates issuance of license and initiation of service in January 2025.

Total project cost is \$416,000 and includes equipment, project development, and start-up costs.

Pursuant to project approval, Arc Hospice of Florida, LLC offers the following Schedule C conditions:

**General**

- Arc Hospice will commit to conduct an annual Bereavement Symposium to provide local clergy and other professionals with resources to support those in grief.

*Proposed Measure: This will be measured by annual reporting of the Symposium date and attendance to AHCA.*

**CON Action Numbers: 10768 through 10771**

- Arc Hospice also proposes to provide annual funding of \$20,000 for at least the first five years, towards the Arc of Life program designated for the end of life wishes for Arc Hospice patients and their families beginning in the first year of operation.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA.*

- Arc Hospice will develop and implement a pre-hospice palliative care program.

*Proposed Measure: This will be measured by reports presented to AHCA detailing the program and initiatives within the program.*

**Ethnic and Racial**

- For the cultural connections outreach and education program, Arc Hospice commits \$15,000 annually for a period of five years for hosting quarterly community educational programs specifically for the Hispanic and African American communities.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA.*

- Arc Hospice will have in place a Cultural Liaison position, a key team member who is appointed to take the lead on minority outreach initiatives. This individual will be responsible for helping to identify, develop and implement strategies and plans to bridge cultural differences.

*Proposed Measure: This will be measured by reports presented to AHCA detailing the position is filled and the progress of the development of annual initiatives.*

**Education**

- Arc Hospice also commits to developing a formalized internship program with a local educational institution specifically to provide internship opportunities within Arc Hospice for Hispanic and African American communities. This program will be supplemented with a \$15,000 annual funding commitment for, at a minimum, the first five years of operation.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA.*

- Arc Hospice is committed to providing internship opportunities to qualified students in nursing, gerontology, social work, music

**CON Action Numbers: 10768 through 10771**

therapy, and pastoral counseling training programs within the hospice service area. This program will be supplemented with a \$15,000 annual funding commitment for, at a minimum, the first five years of operation.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA.*

- Arc Hospice is committed to supporting and sponsoring hospice and palliative care certifications for its skilled nursing staff (CNA, LPN, RN, and APN). This program will be supplemented with a \$15,000 annual funding commitment for, at a minimum, the first five years of operation.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA.*

**Transportation**

- Arc Hospice will allocate \$15,000 per year for three years to fund patient and family transportation needs where transportation is a barrier in the Service Area. Specific attention will be directed to rural communities.

*Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be annual until the program development is completed.*

- Arc Hospice will commit to the purchase of a van and hiring of a driver, offering transportation to and from medical appointments, support groups, and other hospice related activities.

*Proposed Measure: This will be measured by reports presented to AHCA detailing the purchase of the vehicle and the progress of the development of the program. The reports will be annual until the program development is completed.*

**Charis Healthcare Holdings, LLC (CON application #10770)**, also referenced as Charis or the applicant, is a for-profit, Florida Limited Liability Company. The applicant states it is a provider of Medicare-Certified Hospice and Home Health Care that provides a variety of clinical services and related products and supplies to patients in their place of residence throughout Florida, Illinois, Washington, New Mexico, Nevada, Colorado, Oregon, Utah, and Arizona. Charis states it has 33 locations with more than 700 employees and its headquarters is located in Boca Raton, Florida. Charis' location overview section locations map indicates it has hospice programs in Arizona (4) and Indiana (2).

**CON Action Numbers: 10768 through 10771**

Charis assures that it understands that Florida has another hospice provider operating as “Haven Hospice” and that, upon award, Charis will ensure that there is clear distinction in its operating d/b/a from the existing operator.

Charis anticipates the issuance of license in October 2024, and initiation of service in January 2025.

Total project cost is \$236,541.28 and includes equipment, project development, and start-up costs.

Charis’ conditions as proposed on the application’s Schedule C follow:

Charis will comply with all relevant state and federal legal authority and reporting requirements. Charis additionally commits to providing the following additional services:

- Care for the Caregiver
- Transfer Safety
- Overcoming a Patient Saying "NO"
- Hospice 101
- Palliative Care vs. Hospice Care
- Pain Control - another medication?
- Infection Control
- Preventing Wounds
- HIPPA
- Distracting Techniques
- Effective Communication with Memory Care Patients
- Medication Use with Hospice Patient at End of Life
- Comfort Care - What is it?
- When to Call Hospice?
- Handwashing – 101
- Dealing With Death
- Grief - It doesn't have to be a lonely journey

*Proposed Measure: This will be measured by reporting the availability of the services to AHCA.*

Charis will commit to offering \$35,000 to a local nursing education program within the service area to support the development of a hospice and palliative care training course. Charis expects to be able to identify, select, and fund a partner within 2 years of the hospice programs opening but will attempt to conclude as soon as possible.

**CON Action Numbers: 10768 through 10771**

*Proposed Measure: This will be measured by reporting the expenditure of funds to AHCA.*

Charis will additionally offer rotational internship placement of local nursing students under its new hospice program for at least the first 5 years of operation.

*Proposed Measure: This will be measured by reporting the information to AHCA.*

Charis will commit to actively seek "We Honor Veterans" status upon its award. Charis will expedite this process as it coincides with our foundational beliefs and support for veterans.

*Proposed Measure: This will be measured by submitting the status verification to AHCA.*

Charis will commit to actively recruit veterans to work with our clients and will advocate our veteran patients to participate in Honor Flight for Veterans.

*Proposed Measure: This will be measured by reporting annual reports on veteran recruitment to AHCA.*

Charis will commit to operate an outreach and education program designed to actively engage and educate the minority and low-income communities in the service area.

*Proposed Measure: This will be measured by initial and annual reports to AHCA reflecting on the efforts of the program.*

Office Location: Charis intends to have a hospice office space within the region within the first year of operation.

*Proposed Measure: Compliance will be demonstrated by submission of the Charis hospice license with the office location.*

Charis will commit to donate \$25,000 to the Hope Florida Fund for the service area and will contribute 75 hours per quarter in outreach events

*Proposed Measure: This will be measured by reporting annual reports on engagement to AHCA*

**Hospice of the Sunshine State, LLC (CON application #10771)** also referenced as Sunshine or the applicant, is a for-profit, Foreign Limited Liability Company, which is a wholly owned subsidiary of Care

**CON Action Numbers: 10768 through 10771**

Hospice, Inc. Sunshine states that Care Hospice, Inc., founded in 2009, offers hospice services in 114 locations in 20 states, including Alleo Health of Florida, LLC d/b/a Hospice of Florida which was licensed on March 27, 2024 to serve SA 4A (Baker, Clay, Duval, Nassau, and St. Johns Counties).

The applicant expects issuance of license on December 20, 2024 and initiation of service to occur on January 1, 2025.

Total project costs are projected to be \$501,201 and include equipment, project development, and start-up costs.

Pursuant to project approval, Hospice of the Sunshine State, LLC proposes the following Schedule C conditions:

**HOSPICE OF THE SUNSHINE STATE  
HOSPICE SERVICE AREA 3A  
CONDITIONS AND PROPOSED MEASURES**

1. Hospice of the Sunshine State will open its first office in Gainesville upon receipt of the initial hospice license. Hospice of the Sunshine State will establish a second office in Lake City within 12 months after initial commencement of services.

**Proposed Measure:** The street address of the initial office will be included in the initial licensure application. Documentation of the addition of the satellite office to the license will be provided to the Certificate of Need Office in Hospice of the Sunshine State's annual condition compliance report.

2. Hospice of the Sunshine State will provide general inpatient care and respite care services through the utilization of hospital or skilled nursing facilities in Service Area 3A.

**Proposed Measure:** Hospice of the Sunshine State will confirm the facility name(s) and location(s) for inpatient and respite services in the annual condition compliance report provided to the Certificate of Need Office.

3. Hospice of the Sunshine State will fund three \$20,000 nursing scholarships annually at the University of Florida College of Nursing for each of the four years following initial licensure, which will fully pay tuition for 3 accelerated BSN students each year and will collaborate with the University of Florida College of Nursing to promote clinical education relating to hospice and end of life care.

**CON Action Numbers: 10768 through 10771**

**Proposed Measure:** Hospice of the Sunshine State will provide documentation of the funding of three \$20,000 nursing scholarships at the University of Florida, College of Nursing, in each of its annual Condition Compliance Reports, for the first four years following initial licensure.

COSTS: Year 1 - \$60,000; Year 2 - \$60,000; Year 3 - \$60,000; Year 4 - \$60,000.

4. Hospice of the Sunshine State will make available clinical rotations for nursing students within Service Area 3A, including students attending nursing programs at the University of Florida and Florida Gateway College, to support the students' clinical education and to enable nursing students to better understand hospice services.

**Proposed Measure:** Hospice of the Sunshine State will submit the yearly number of students that participated in the rotation in the annual condition compliance reports provided to the Certificate of Need Office.

5. Hospice of the Sunshine State, in collaboration with North Florida Technical College, will provide clinical preceptor programs for students attending CNA and LPN programs at North Florida Technical College. In addition, Hospice of the Sunshine State will provide an End of Life Seminar for LPN students at North Florida Technical College on a per-semester basis to include training and education relating to Advanced Care Planning, to enhance community education and awareness and promote access to hospice care.

**Proposed Measure:** Hospice of the Sunshine State will provide documentation of the implementation of clinical preceptor programs for CNA and LPN students at North Florida Technical College, as well as documentation of the End of Life Seminar to be offered in collaboration with North Florida Technical College, in the annual condition compliance report to AHCA.

6. Hospice of the Sunshine State will collaborate with the Bradford County Fire Rescue Paramedicine Program to provide educational sessions to citizens of Bradford County relating to hospice services. The Paramedicine program is designed to assist citizens with disease management, medication management, and education relating to patient-specific conditions in patients who are homebound or unable to travel to larger cities for treatment. Many of these patients are hospice-eligible.

**CON Action Numbers: 10768 through 10771**

**Proposed Measure:** Hospice of the Sunshine State will provide documentation of the educational sessions provided in collaboration with the Bradford County Paramedicine Program as part of Hospice of the Sunshine State's annual condition compliance report.

7. Hospice of the Sunshine State will provide Advance Care Planning seminars to veterans in Service Area 3A through the Veterans Helping Veterans US Organization. In addition, Hospice of the Sunshine State will allocate \$1,500 per year for 3 years to the Veterans Helping Veterans USA organization to be used to deliver meals to homeless and shut-in veterans in Service Area 3A. In addition to meeting immediate community needs, this organizational investment will promote awareness and understanding of hospice care and benefits within the aging veteran' s population in Service Area 3A.

**Proposed Measure:** Hospice of the Sunshine State will provide documentation of completed seminars with attendance and documentation of funding in the annual condition compliance reports submitted to the Certificate of Need Office  
COSTS: 1st Year - \$1,500, Year 2- \$1,500, Year3 - \$1,500.

8. Hospice of the Sunshine State will partner with the We Honor Veterans program and will achieve Level 4 certification with the We Honor Veterans Program within 24 months of commencement of services in Service Area 3A.

**Proposed Measure:** Hospice of the Sunshine State will provide documentation of Level 1-4 certification to the Certificate of Need Office in the first two annual condition compliance reports submitted after initial licensure.

9. Hospice of the Sunshine State will implement an Inspiring Moments program for its patients in Service Area 3A to recognize special events or activities from the patient' s life and re-create that event or activity as a memory for the patient/family/caregivers. Some examples of these special events include:
  - Holding a tea party for the patient with special foods that are their favorites.
  - Identifying that the patient loves baseball, taking the patient to a game. This could be in person if the patient is able or bringing the game to the patient, through a TV, with special baseball foods they can eat, soda, baseball hats.

**CON Action Numbers: 10768 through 10771**

- For a patient who loves going to the beach, Hospice of the Sunshine State staff would bring the beach to them with sand buckets and toys, sea shells and special beach foods to help re-create those special times they had at the beach. In support of these activities, Hospice of the Sunshine State will allocate \$2,000 per year for 5 years for Inspiring Moments.

**Proposed Measure:** Hospice of the Sunshine State will track all activities and attendance and provide documentation in the annual condition compliance reports submitted to the Certificate of Need Office.

COSTS: 1st Year - \$2,000, Year 2 - \$2,000, Year 3 - \$2,000, Year 4 - \$2,000, Year 5 - \$2,000.

10. Hospice of the Sunshine State will implement an Open Access Program for Service Area 3A residents within one year of commencing services. An open access hospice provides treatments that palliate symptoms and enhance the quality of life, even if the treatments are considered to be disease directed. As part of this condition, Hospice of the Sunshine State will accept patients into its hospice service who are receiving complex medical treatments as part of the patient's Goals of Care or who are working through difficult end of life conversations and have complex psychosocial needs — yet are appropriate for the hospice benefit.

**Proposed Measure:** This will be measured by providing the number of patients admitted to Hospice of the Sunshine State's Open Access Program in annual condition compliance reports presented submitted to the Certificate of Need Office.

11. Hospice of the Sunshine State will provide in-services to seniors and their families at area churches, nursing homes, assisted living facilities, and Veterans groups.

**Proposed Measure:** Hospice of the Sunshine State will provide the number of in-services provided in Service Area 3A with the date, number of attendees, and location of the in-service in the annual condition compliance reports submitted to the Certificate of Need Office.

12. Hospice of the Sunshine State will provide advance care planning programs to churches in rural and underserved areas of Service Area 3A to educate community members about hospice services and to assist residents with end-of life needs.

**Proposed Measure:** Hospice of the Sunshine State will provide the number of advance care planning programs held in Service Area 3A churches with date and topic identified in the annual condition compliance reports submitted to the Certificate of Need Office.

13. Hospice of the Sunshine State will extend Care Hospice's clinical preceptorship/clinical didactics/clinical workshops and educational offerings for hospice staff in Service Area 3A as part of initial onboarding and orientation to the organization and ongoing trainings.

**Proposed Measure:** Hospice of the Sunshine State will track all trainings by category and provide to AHCA a summary of trainings provided in the annual condition compliance report submitted to the Certificate of Need Office.

14. Hospice of the Sunshine State will expand Care Hospice, Inc.'s pediatric hospice program to Service Area 3A.

**Proposed Measure:** Hospice of the Sunshine State will include the total number of pediatric patients admitted to the hospice program in annual condition compliance reports submitted to the Certificate of Need Office.

15. Hospice of the Sunshine State will partner with local high schools in Service Area 3A to offer internships to high school students living in a rural or complex at-risk environment with the goal for young adults to experience working with a health care provider and to also expand community awareness and understanding of hospice care. These young adults will be provided with much needed support to help prepare them to enter the work force and to gain experience within the health care work environment.

**Proposed Measure:** Hospice of the Sunshine State will provide to AHCA a list of dates and attendees for the internships in the annual condition compliance reports submitted to the Certificate of Need Office.

16. Hospice of the Sunshine State will provide specialty clinical and support programs to hospice patients in Service Area 3A including, but not limited to, specialized programs for cardiac patients, COPD patients; oncology patients, and dementia patients. These services include but are not limited to art and music intervention programs; gentle hand massage; aromatherapy; virtual reality resources; pet assistance services.

**CON Action Numbers: 10768 through 10771**

**Proposed Measure:** The name and nature of each specialty clinical and support program and the number of patients utilizing the programs will be included in each annual condition compliance report submitted to the Certificate of Need Office.

17. Hospice of the Sunshine State will extend comprehensive telehealth/telemedicine services and capabilities to Service Area 3A residents who wish to take advantage of telehealth services, to improve access to all patients throughout the Service Area.

**Proposed Measure:** This will be measured by the number of visits made through telemedicine per year with data provided to the Certificate of Need Office in each annual condition compliance report.

18. Hospice of the Sunshine State will establish a palliative care program to serve Service Area 3A residents, including the provision of advanced illness management within 12 months of initial licensure. The palliative care program will be provided in several settings, including rural areas, to improve access to the service. Palliative Care settings will include the patient's home, skilled nursing facilities, assisted living facilities and in clinical settings.

**Proposed Measure:** Hospice of the Sunshine State will include the number of patients admitted to the palliative care program in the annual condition compliance report provided to the Certificate of Need Office.

19. Hospice of the Sunshine State will apply for accreditation with the Accreditation Commission for Health Care within 12 months of commencement of services.

**Proposed Measure:** Hospice of the Sunshine State will report on the status of its application in its initial condition compliance report, and will provide documentation of accreditation approval once received.

20. Hospice of the Sunshine State will become a Jewish Certified Hospice program through National Institute for Jewish Hospice (NIJH) within 12 months of commencement of services.

**Proposed Measure:** Hospice of the Sunshine State will provide documentation of accreditation from NIJH in the first or second condition compliance report submitted to the Certificate of Need Office.

**CON Action Numbers: 10768 through 10771**

21. Hospice of the Sunshine State will establish a Sacred Journey program in Service Area 3A, a program already developed and being used by hospices within the Care Hospice group, where no patient dies alone, within 12 months of commencement of services.

**Proposed Measure:** The volunteer coordinator will be responsible for this program and will maintain documentation of patients/families requesting and receiving the service. Hospice of the Sunshine State will provide the number of patients requesting and receiving the program in the annual condition compliance report provided to the Certificate of Need Office.

22. Hospice of the Sunshine State will offer bereavement support for all segments of the Service Area 3A population, including persons not aligned with the Hospice of the Sunshine State program. At least 3 community bereavement support groups will be held in the first 18 months of opening.

**Proposed Measure:** Hospice of the Sunshine State will provide documentation of dates and attendance of bereavement support groups in the annual condition compliance report provided to the Certificate of Need Office.

23. Hospice of the Sunshine State will provide continuing education units related to hospice and end of life topics at no charge to health care providers within Service Area 3A on end of life and hospice topics.

**Proposed Measure:** Hospice of the Sunshine State will provide a list of CEU's provided with attendance details in the annual condition compliance reports submitted to the Certificate of Need Office.

24. Hospice of the Sunshine State will extend Care Hospice's online training programs for patients and caregivers that will be provided on Care Hospice's educational platform for patients and caregivers. Patients, families and other caregivers will have access to this online education resource.

**Proposed Measure:** Hospice of the Sunshine State will provide a list of training topics for patients and caregivers in the annual condition compliance reports submitted to the Certificate of Need office.

## **CON Action Numbers: 10768 through 10771**

*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."*

*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.*

*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.*

### **D. REVIEW PROCEDURE**

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

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

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

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

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

**E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA**

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

**1. Fixed Need Pool**

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

In Volume 50, Number 23 of the Florida Administrative Register, dated February 2, 2024, the Agency published need for a new hospice provider in Service Area 3A (Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties) for the July 2025 hospice planning horizon. The applicants are applying to establish a hospice program in response to published numeric need.

SA 3A's CYs 2019—2023 hospice admissions by provider are shown in the table below.

**CON Action Numbers: 10768 through 10771**

**Service Area 3A  
Hospice Admissions CY 2019—CY 2023**

<b>Hospice</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>	<b>2019*</b>
Community Hospice of Northeast Florida Inc.	694	640	624	399	261
Haven Hospice	3,217	3,227	3,465	3,065	3,036
HPH Hospice (Licensed 12/21/20)	34	45	8	0	0
VITAS Healthcare Corporation of Florida	839	671	547	464	322
<b>Total</b>	<b>4,784</b>	<b>4,583</b>	<b>4,644</b>	<b>3,928</b>	<b>3,619</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 1,772 July-December 2019 admissions which were not published due to the cancellation of the July 2020 batching cycle. Haven Hospice had 1,438; VITAS 200, and Community Hospice 134 admissions during July-December 2019.

All applicants provide additional arguments in support of need for their respective project. These are described below.

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** cites Agency Need Projections data for SA 3A populations that it identifies the following:

- The age 65 and older population represents 73 percent of total projected deaths (5,756)
- The age 65 and older population represents 86.2 percent of the hospice admissions projected from July 2025 to June 2026
- The age under 65 population represents 27 percent of total projected deaths (2,132)
- SA 3A is projected to have 1,631 cancer deaths (20.7) percent of the total deaths from July 2025 to June 2026
- SA 3A hospice admissions for cancer patients are projected at 29 percent with other diagnoses representing 71 percent

AccentCare provides a full-page diagram titled, AccentCare Community Needs Assessment, Figure 1-1 on page 1-3 of CON application #10768 describing the process it performed prior to submitting for CON.

The applicant responds with the following to support its initiative to improve access and increase availability of hospice care throughout Hospice Service Area 3A:

- 1. Widespread hospice need throughout the service area**
  - Open Access Program
  - Community Education
  - Streamline referrals using website or app
- 2. Large geographic area consisting of mostly rural areas**
  - Establish a second location in an underserved county (Suwannee) in year 2
  - Telehealth

**CON Action Numbers: 10768 through 10771**

- 24-Hour Call Center
  - Volunteer Vigil Program
  - AccentCare and Seasons Hospice
  - Foundations
    - Wish fulfillment
    - Emergency Relief
- 3. Greatest needs among the elderly (65+) including those with Alzheimer's Disease**
- Partner with community based senior care organizations
  - Partners in care with Assisted Living and
  - Nursing Home staff
  - Namaste Care for dementia patients
- 4. Under served minorities:**
- **African Americans**
  - **Hispanic/Latinx**
  - **Veterans**
  - **LGBTQ+**
    - Minority Advisory Board Minority representation on governing board
    - Chaplain with expertise in African American community
    - Bilingual staff
    - Low literacy outreach campaign
    - We Honor Veterans program
    - SAGE Platinum Certification (Services & Advocacy for Gay Elders)
- 5. Low income, homeless, near homeless, & food insecure populations**
- Homeless/ALICE Program, partnering with local homeless coalitions
  - No One Dies Alone policy
- 6. Unmet needs among terminally ill populations with leading causes of death due to heart disease and pulmonary disease**
- Cardiac Care/AICD Deactivation Program
  - Pulmonary Care Pathway
  - Stoke/CVA (cerebrovascular accident) Pathway

AccentCare argues that the SA's current conditions and unmet needs are supported by its need assessments which are based on speaking with area residents and statistical analysis presented in the discussion below.

**POPULATION DEMOGRAPHICS AND DYNAMICS**

The applicant notes that SA 3A covers 11 counties and approximately 6,859 square miles, making it the largest hospice service area in the state in terms of number of counties and total land size in square miles.

Regarding population demographics and dynamics, AccentCare utilizes Table 1-2, page 1-6 (Agency's Florida Population Estimates and Projections by AHCA District publication, issued September 2021) and Figure 1-2 (map), page 1-7 (Claritas population data) along with Table 1-3, and 1-4A and 1-4B, page 1-8 and 1-9 (Bureau of Economic and Business Research, University of Florida. Florida Estimates of Population 2020 and 2023) to note the following for SA 3A:

- The SA has a comparable portion of seniors age 65 and over to the state average, with an estimated 20 percent of the population among the 11 counties being age 65 or older
- Seniors represent over 20 percent of the population in all 3A counties with the exception of Lafayette and Union Counties
- By January 2029 the SA will have a 12.8 percent five-year growth rate for the age 65 and over subgroup
- Alachua and Union counties are projected to have the greatest five-year population growth for the age 65 and older group
- Specifically, to Alachua County:
  - Alachua County has the largest number of residents and seniors, yet the senior population represents only 16.5 percent of the total population
  - The county has the second highest growth rate for seniors, increasing 15 percent from 2024
  - Over 46 percent of the service area population is within Alachua County which will exceed 300,000 residents by 2029 and have over 55,000 residents age 65 and over
  - Alachua County shows the highest density with 335 persons per square mile
- Putnam County has the second largest population, followed by Columbia, then Suwannee and Levy with the other seven counties having less than five percent of the service area population
- Lafayette having the lowest density with only 15 persons per square mile
- The SA's average density is 92 persons per square mile is far below the statewide average of 422 persons per square mile

AccentCare contends that SA 3A has experienced significantly higher rates of change due to net migration compared to natural increase, with an influx of 33,330 new residents from 2010 to 2020 and another 28,996

## **CON Action Numbers: 10768 through 10771**

since 2020 adding that all SA 3A counties show deaths exceeding births in recent years with the exception of Alachua County. Further, Putnam County, post-pandemic, has the second largest increase behind Alachua County, with over 10 times the people moving in the past three years (3,962), compared to the migration of only 396 in the decade since 2010 with 3,837 total deaths from 2020 to 2023.

The applicant states that this verifies that the majority of people in SA 3A reside in rural counties which demonstrates need for a strong hospice program with the experience and capabilities such as AccentCare and it will offer Telemedicine and a 24/7 Call Center to provide instant support to those in need.

AccentCare offers a letter of support from Mr. Brian Nunn, Chief Executive Officer of HCA Florida Putnam Hospital who has expressed interest in partnering with AccentCare to establish an eight-bed inpatient hospice unit within the hospital (page 1-10) contending that its rapid response to referrals, open access, and specialized clinical pathways for cardiac and pulmonary patients, the unit is expected to lower hospital readmission rates, shorten hospital lengths of stay, and reduce mortality in the hospital setting.

AccentCare proposes establishing its primary office in Alachua County and another office in Suwannee County (where none of the existing hospice providers have a physical presence). The applicant states that Suwannee County has the fourth largest population of over 45,000 residents with over 10,000 age 65 or older and that this location also improves access to residents of Hamilton, Lafayette, and Columbia Counties which it states are “all very rural, poor counties with limited resources”.

AccentCare’s map (Figure 1-3, page 1-11) shows the existing and its proposed hospice locations noting that Palatka (the hub of Putnam County) and Chiefland (the hub of Levy County) are both within 50 miles (an approximate 45-minute drive) from Gainesville (Alachua County), providing accessibility for staff traveling to and from the main office within the SA. The applicant concludes that its office “locations will improve access to SA including those where no hospices are present”.

### **HOSPICE ACCESSIBILITY AND UTILIZATION**

AccentCare uses 2020-2022 CMS Hospice Standard Analytic File and FLHealthCHARTS data for Table 1-15, page 1-12 to support that SA 3A has hospice penetration rates lower than the state rate, with all counties, except Alachua County in 2021 and 2022 and Columbia County in 2022, having lower rates than the state average.

**CON Action Numbers: 10768 through 10771**

The applicant informs that it has conditioned to having a Social Worker dedicated to Community Education efforts (Condition #9) which will include visits with community organizations including (Community Health Departments, Health Care Clinics, and Senior Centers) which will increase public awareness and improve access to hospice and palliative care for residents in low-income and rural areas, initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care and will host workshops addressing these topics.

AccentCare asserts that it will condition the establishment of a Rural Health Community Council for Hospice and Palliative Care (Condition #10) to foster collaboration between the medical community, non-profit community organizations, faith-based organizations, and government entities for improving access to hospice and palliative care. The council's board will meet a minimum of twice per year and will aim to include representatives from the following groups:

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

**THE ELDERLY AGE 65 AND OVER AND RESIDENTS OF ASSISTED LIVING FACILITIES (ALFS) AND SKILLED NURSING FACILITIES (SNFS)**

AccentCare reiterates Agency Need Projection data adding that through its analysis it has estimated that the calculated net need of 428 admissions can be increased up to 629 for patients age 65 and older by computing patients by age and diagnosis. The applicant then presents Table 1-6, page 1-14 (Florida Need Projections for Hospice Programs, 2/02/24; Semi-Annual Hospice Utilization Reports, 2023) determining that the greatest need is among residents age 65 and older and may even be higher than the total projections, given the apparent service level among those under the age of 65. AccentCare notes that the estimates of hospice need by age and diagnosis indicate a potential under service of 629 for those age 65 and older, less an excess of 200 for those under the age of 65, resulting in a total net need of 428 admissions and is prepared to address this need. Further, the applicant confirms that its track record of reaching the elderly having a variety of illnesses through a strong outreach campaign which it states is validates by the numerous letters of support, including those from skilled nursing facilities willing to contract for inpatient beds, and physicians who will refer patients.

**CON Action Numbers: 10768 through 10771**

AccentCare states that it excels in meeting the needs of the elderly, having specifically geared programs such as Namaste Care dementia program and services provided under Open Access, and through the Partners in Care program to streamline hospice service within hospitals, SNFs and ALFs and that it works closely with facilities and physicians to ensure they have an understanding of the benefits of hospice care so residents and patients can be referred timely and benefit. The applicant's Table 1-7 on the application's 1-15 shows the SA's inventory of nursing homes and ALFs. AccentCare cites population data showing age 65 and over residents account for 29 percent of the population and are expected to increase by 13 percent over the next five years in support of its programs indicating it works closely with physicians and facilities "to ensure they have an understanding of the benefits of hospice care" for patient referrals. Based on the inventory, when compared to the state, SA 3A has fewer ALF beds (39 ALFs with a capacity of 1,838) but more SNF beds per 1,000 residents age 65 and over (27 SNFs with a capacity of 3,169) concluding that "given the inability for low and middle income seniors to afford private pay assisted living and greater reliance on nursing homes."

AccentCare references its community needs assessment in which facility staff expressed not only interest in having an additional hospice provider, but one that offered a variety of services not currently available and one that will work with facility staff to ensure resident centric care, providing the right care at the right time in the right place. Excerpts of its letters of support on page 1-14 from Nikita Jenkins, Director of Young Hearts Assisted Living Facility, who writes - "... The addition of AccentCare as a licensed hospice provider would undoubtedly fill a significant gap in our area and ensure that residents have access to the care they need, when they need it most." The second excerpt on page 1-15 from Katina Mustipher, Chief Executive Officer, Elder Options, Mid-Florida Area Agency on Aging, Inc., Gainesville, states - "Elder Options recognizes the critical importance of expanding accessible, compassionate hospice care services within our community. As such, we are excited about the prospect of collaborating and partnering with AccentCare. Together, we can significantly extend the reach and efficacy of our resources within the community. This partnership would enable us to offer more comprehensive support to our elders and their families, including caregiver support groups, bereavement groups, and education on advanced directives... (and)... one of the greatest needs we have identified among the senior population pertains to mental health... . AccentCare's expertise and resources in providing tailored hospice care would be invaluable in addressing these mental health needs."

**RACIAL AND ETHNIC DISPARITIES IN HOSPICE USE**

AccentCare’s Tables 1-8A and 1-8B, page 1-17 (2024 Population Estimates by Race & Ethnicity Service Area 3A Counties and Florida) cite “Claritas 2024 update” data to provide population by racial/ethnic groups in SA 3A. The applicant concludes that the:

- Black/African American population represent over 16 percent (102,969) of the population in which Hamilton County has the largest percentage at 31.3 percent (4,084) of 13,050 total residents followed by 54,032 in Alachua County, 12,429 in Columbia County and 11,479 in Putnam County; and
- Hispanic population accounts for just over 11 percent of the total 3A population, with 71,060 persons, of which approximately 54 percent (38,663) reside in Alachua County followed by 11.6 percent (8,656) in Putnam County.

AccentCare’s Table 1-9, page 1-18 shows SA 3A five year population growth to 2029 by racial/ethnic groups in SA 3A to determine the five-year growth rate. The applicant points out that minority populations are projected to have higher growth rates and increase proportionately than the white population for the five-year period.

AccentCare particularly notes that by 2029, SA 3A:

- will have a 3.4 percent population growth, adding 21,613 residents
- will have a decrease from 67.3 percent to 65.8 percent in the white population percentages
- Hispanic population shows the greatest growth, increasing by 12,314 residents, or 17.3 percent over the next five years
- African American population will increase by 2,782 residents, or 2.7 percent
- Asian population will increase by 1,759, or by eight percent

AccentCare next cites CMS and Florida Health CHARTS data in Table 1-10, page 1-19 to address hospice penetration, comparing the Medicare Hospice Beneficiaries for 2021 to 2022 when measured against the corresponding deaths for minority residents showing that penetration rates for the black population are significantly lower than the white population. SA 3A white population penetration rates was 55.81 percent during 2021; below the states’ 60.12 percent but at 65.33 percent were above the states’ 64.71 percent. During both 2021 and 2022 the black population penetration rates at 31.83 percent and 40.61 percent and were lower than the state average of 38.72 percent in 2021 and 46.02 percent for 2022. Further, the Hispanic population rates are very low at 8.16 percent vs. the states’ 20.22 percent in 2021 and 13.24 percent vs. the states’ 22.97 percent in 2022.

## **CON Action Numbers: 10768 through 10771**

AccentCare states it commits to ensuring minority representation on the hospice program's governing board, by forming a Minority Advisory Board to ensure culturally competent care for minorities and having a Chaplain with expertise in the African American community. Further, a minimum of six workshops ("Church Chats") will be held in African American churches or other community locations in SA 3A each year to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. AccentCare assures that its staff will receive cultural competence training to improve the delivery of hospice care.

AccentCare cites five studies (found in Exhibits 4 and 5) to support that the most prevalent causes for racial differences in end-of-life care are lack of trust of the health care community, cultural differences (spirituality and beliefs about the dying process), advance care planning, and lack of knowledge or understanding about what hospice is. AccentCare notes that additional barriers such as "language" which is associated with patients who are older, have limited education, lower income, chronic conditions, and those who are non-native English speakers plays a key role in receiving timely health care or hospice care.

The applicant states that it is developing tools to assist those with low literacy, such as materials on advance directives using simple "working" (wording?) and pictures. AccessCare states "several materials are printed in multiple languages to assist serving non-English patients and it also has strong diversity, equity, and inclusion (DEI) initiatives promoting service by and for a diverse population" and includes its low literacy handout and other brochures and handouts in Exhibit 5.

AccentCare offers Table 1-11, page 1-21 to show its Admissions by Race in its five Florida service areas. This table shows AccentCare had 7,472 CY 2023 admissions – Other races accounted for 64.9 percent, Caucasians 22.2 percent, Hispanics 9.7 percent, African Americans 2.8 percent, and Asians 0.5 percent of the Florida total. No explanation was given for the high 'other' race count. The applicant briefly discusses the the Jewish population noting that it offers programs providing spiritual support for those of the Jewish faith and that information can be found in its Exhibit 3.

### **LOW INCOME AND INDIGENT POPULATIONS**

Regarding the low income and indigent in SA 3A, AccentCare provides Table 1-12, page 1-22 (Florida Legislature, Office of Economic and Demographic Research, January 2024) to show SA 3A counties lower median income and higher poverty rate compared to the state averages.

**CON Action Numbers: 10768 through 10771**

AccentCare provides a discussion of United for ALICE and homeless population, in of support SA 3A’s lower income population needs for healthcare. The applicant notes that it will condition the CON to implement a Homeless/ALICE program, working with the United Way of North Central Florida and the United Way of Suwannee Valley to identify those in need and provide funding toward assistance. The reviewer notes AccentCare’s condition #7 Homeless/ALICE program condition to provide funding totaling \$50,000 over the first three years of operation.

**VETERANS' NEEDS**

Regarding veterans, AccentCare shares that as of 2024, SA 3A is home to over 45,000 veterans and 7.1 percent (22,834) are age 65 or older, compared to 6.2 percent for the state. SA 3A veterans represent 18 percent of the area’s total population and represent 21.3 percent of the total population over 65 (126,965). The applicant contends that this is proportionately more veterans, including those age 65 and over, compared to the state whose veterans represent 6.2 percent of the total population and 14 percent of the population age 65 and over.

AccentCare states that AccentCare's Florida hospices participate in the We Honor Veterans Program and conditions this application on maintaining Level 5 We Honor Veterans status, assuring veterans receive appropriate, compassionate care and recognition. The applicant states that AccentCare is a leader in caring for Veterans, including those with Post Traumatic Stress Disorder (PTSD) at the end-of-life and is credentialed to provide Continuing Education Units on topics that benefit those caring for veterans, such as Trauma Informed Care.

AccentCare utilized the Agency’s Florida Population Estimates and Projections and the U. S. Department of Veterans Affairs data to support its argument:

<b>County/Area</b>	<b>2024 Veterans 65+</b>	<b>2024 Total Veterans</b>	<b>2024 Population 65+</b>	<b>2024 Total Population</b>	<b>Veterans 65+ Percent of Population 65+</b>	<b>Total Veterans Percent of Total Population</b>
Total Area 3A	22,834	45,167	126,965	632,295	18.0%	7.1%
Florida	711,528	1,415,175	5,064,776	22,840,144	14.0%	6.2%

Source: CON application #10768, page 1-27, Table 1-14 AHCA Population Estimates January 2024 and U.S. Department of Veterans Affairs, Table 9L (partially reproduced).

AccentCare provides an excerpt from N. Forest Hope, President, Chapter 1092, Vietnam Veterans of America and Kenneth M. Boggs, Jr., USN, Senior Veterans Service Officer, Alachua County Veterans Services on pages 1-26 and 1-28.

**LGBT COMMUNITY NEEDS**

AccentCare discusses the growing LGBTQ+ population throughout the U.S. and the challenges it faces regarding disparities, discrimination, and vulnerability as it relates to health care.

AccentCare notes that SA 3A is without a SAGE certified hospice, and states it is the only applicant that holds SAGE platinum certification (included in Exhibit 8). The applicant cites its proposed condition to maintain SAGE certification and contends it will ensure SA 3A residents have equitable access to hospice care.

**HEALTH CARE NEEDS OF THE TERMINALLY ILL**

AccentCare uses CY 2022 FLHealthCharts data (Table 1-15, page 1-30 and Table 1-16, page 1-32) to confirm that in 2022 the leading cause of death in Florida and SA 3A was heart disease, followed by cancer. Respiratory and infectious diseases were the 3rd and 4th leading causes of death and metabolic diseases (including diabetes) had a higher prevalence in SA 3A than for Florida. Further, excluding external causes of death and "other" (residual) causes of death, nervous system diseases (including Alzheimer's) is the 5th leading cause of death in Florida and 6th leading cause in SA 3A. AccentCare points out that although cause of death rankings is similar, the prevalence of certain diseases within SA 3A due to healthcare accessibility issues, race, and economic factors result in much higher death rates when compared to the Florida averages. All SA 3A counties (except Alachua), have much higher death rates in proportion to the population than Florida for the leading cause of death, cardiovascular disease, and all counties show a higher death rate for cancer with at least half the counties having a higher death rate than the state average for nearly all top causes of death.

In summary, AccentCare asserts that it has the experience and targeted programs such as Open Access, AccentCare's Cardiac Care Pathway, Music Therapy, and Namaste Care that allow the hospice team members the capability to address the specific needs of persons at end of life. Further, it will use an Advanced Registered Nurse Practitioner (ARNP) Cardiac Specialist to identify ways to treat patients in hospice that traditionally go without hospice earlier in the disease trajectory.

**CON Action Numbers: 10768 through 10771**

Potential Hospice Causes of Death Cause of Death Excluding External, & Other unspecified	SERVICE AREA 3A			FLORIDA		
	2022 Resident Deaths	Percent of Total Deaths	% of Potential Hospice Deaths	2022 Resident Deaths	Percent of Total Deaths	% of Potential Hospice Deaths
Cardiovascular Diseases (100-199)	1,956	26.80%	*129.50%	71,787	30.00%	38.40%
Malignant Neoplasm (Cancer) (C00-C97)	1,510	20.70%	26.80%	46,978	19.70%	25.20%
Respiratory Diseases (J00-J99)	699	9.60%	12.40%	18,294	7.70%	9.80%
Infectious Diseases (A00-B99)	519	7.10%	9.20%	17,094	7.20%	9.20%
Nutritional and Metabolic Diseases (E00-E99)	257	3.50%	4.60%	8,529	3.60%	4.60%
Nervous System Diseases (G00-G99)	216	3.00%	3.80%	9,595	4.00%	5.10%
Digestive Diseases (K00-K99)	148	2.00%	2.60%	4,604	1.90%	2.50%
Symptoms, Signs & Abnormal Findings (R00-R99)	120	1.60%	2.10%	3,543	1.50%	1.90%
Urinary Tract Diseases (N00-N99)	114	1.60%	2.00%	3,924	1.60%	2.10%
Benign Neoplasms (D00-D48)	43	0.60%	0.80%	1,250	0.50%	0.70%
Congenital & Chromosomal Anomalies (Q00-Q99)	29	0.40%	0.50%	627	0.30%	0.30%
Anemias (D50-D64)	14	0.20%	0.20%	496	0.20%	0.30%
<b>Subtotal, Included Causes</b>	<b>5,625</b>	<b>77.00%</b>	<b>100.00%</b>	<b>186,721</b>	<b>78.10%</b>	<b>100.00%</b>
<b>Excluded Causes</b>						
Other Causes (Residual)	966	13.20%		29,017	12.10%	
External Causes (V0I-Y89)	691	9.50%		22,466	9.40%	
Perinatal Period Conditions (P00-P99)	21	0.30%		706	0.30%	
Pregnancy, Childbirth, and the Puerperium (O00-O99)	1	0.00%		43	0.00%	
<b>Subtotal, Excluded Causes</b>	<b>1,679</b>	<b>23.00%</b>		<b>52,232</b>	<b>21.90%</b>	
<b>Total Resident Deaths</b>	<b>7,304</b>	<b>100.00%</b>		<b>238,953</b>	<b>100.00%</b>	

Source: CON application #10768, page 1-30, Table 1-15

Note: \* the applicant's table appears to have a typographical error as it should be 29.5 percent.

AccentCare offers excerpts (on page 1-33) from the support letter provided by Brent Hayden, M.D., Family Medicine, Lake City who writes - *“As a physician in Lake City for over 40 years, I have had a lot of experience with my patients transitioning to hospice. While most are admitted after an acute event at the hospital, I have referred from my office as well and always remain attending. What I appreciated was the ancillary support that AccentCare provides through programs such as Open Access, Leaving a Legacy, No One Dies Alone and their Grief Groups. These programs provide options to make the transition to hospice less sterile and more personalized for each patients' and families' needs. Open Access for instance, allows patients to continue certain medical treatments or experiencing intense psychosocial issues to access hospice services sooner.*

## **CON Action Numbers: 10768 through 10771**

Excerpts from Anand M. Kuruvilla, MD, FACRO, Director, Cancer Center of Putnam, Chief of Staff, Putnam community Medical Center on page 1-34 state *“I have witnessed firsthand the critical need for comprehensive, compassionate end-of-life care in our community. Our Hospital, HCA Florida Putnam Hospital, is in need of a partnership to operationalize a hospice 8-bed inpatient unit. This need underscores the urgency for a provider like AccentCare, known for its excellence in hospice care and its innovative approach to treatment and support for patients and their families. AccentCare's track record across the state of Florida and in other national programs speaks volumes about their capability to enhance patient outcomes. Their commitment to ensuring that patients are seen, signed up, and admitted within 23 hours of a referral, is exactly the proactive approach needed to reduce hospital length of stay and, consequently, the strain on our hospital resources.”*

### **ACCENTCARE'S FORECAST OF UTILIZATION, PROVEN CAPABILITY AND IMPACT ANALYSIS**

AccentCare provides the Agency's need projection data and states that the net need amount of 428 admissions far exceeds the need threshold of 350 admissions presenting further opportunity for growth of existing programs as well as its own. The applicant states that its SA 3A forecasted admissions, “forms a reasonable, conservative estimation within the above parameters that when using the new programs' average length of stay at 54 and 73 days, respectively, is reasonable and achievable”.

AccentCare contends that it will build on existing relationships established during the initial needs analysis with the SA's providers, community representatives, and residents and cites its letters of support for the application. On AccentCare includes the following excerpt (on the application's page 1-37) from its letter of support from Dana Fortson, Director of Community Relations, Bedrock Rehabilitation and Nursing Center at Suwannee which states - *“We support AccentCare's application to become a license Hospice provider in District 3A... The expansion of services is a critical step towards enriching patient choice, enhancing the quality of end-of-life care, and fostering a community of health care providers dedicated to serving the needs of our residents with dignity, respect, and compassion.”*

**Arc Hospice of Florida, LLC (CON application #10769)** argues that with its years of experience and a proven track record in providing quality hospice care, it is well positioned to bring its expertise and resources to the residents of SA 3A. Further, it has a wealth of resources that it will leverage to ensure a successful expansion into Florida along

with having developed relationships throughout the continuum of care in SA 3A, particularly in the senior living space and is best suited to meet the needs identified by both the data and Arc's knowledge gained from meeting with members of the community.

Figure 5 (CON application #10769, page 36) includes a map of Florida hospice SA's with 3A circled. The applicant notes that SA 3A is geographically large and all counties except Alachua are considered rural. Arc contends the SA's size "makes it difficult to provide timely hospice care in the patients home and to provide hospice services to patients and families without having to leave their communities or travel long distances to receive these services".

Figure 6 (CON application #10769, page 37) depicts the SA's total population growth by county from 2024 to 2029. SA 3A's population increases by approximately 25,000 residents, four percent compared to the state's six percent. Arc notes that Alachua County is projected to grow by approximately five percent and Union County (the SA's third smallest county) by approximately six percent.

Figure 7 (CON application #10769, page 38) depicts the SA's 65 and over population to support Arc's argument that the large and growing population base of elderly residents (65 and over) will continue to be a key component in the need for additional end-of-life care resources, including hospice care. Arc notes that the elderly resident population will increase by approximately 13 percent annually to over 140,000 by 2029 and is consistent with the statewide average. Union, Alachua, and Gilchrist Counties have the highest percentage growth over the period. Arc assures that it will prioritize community outreach and education and provide specialized services for common issues faced by elderly patients, such as mobility issues, dementia, and chronic health conditions.

Figure 8 (CON application #10769, page 39) shows SA 3A hospice CY 2023 admissions by provider in the FNP categories, total and percentage of admissions. Arc's Figure 9 (CON application #10769, page 39) shows the FNP projections for the July 2025 planning horizon. Arc notes that all four 3A providers serve other SAs with Haven Hospice having inpatient beds at three facilities located in the following counties: Alachua (30 beds in Gainesville), Putnam (18 beds in Palatka), and Columbia (16 beds in Lake City).

Arc also addresses HPH Hospice failing to achieve the start-up date condition and utilization projections set forth in their application. Arc contends that HPH does not sufficiently serve a need for hospice services in SA 3A, since no admissions are accounted for in 2021. HPH Hospice projected 170 admissions in year one and 340 admissions in year two.

**CON Action Numbers: 10768 through 10771**

However, HPH had only 45 admissions in CY 2022 and 34 in 2023, and Arc argues that “In addition to there being a for one additional provider, it appears there may be a need for more since HPH Hospice does not sufficiently serve a need for hospice services in Service Area 3A.”

In its Project Summary Arc contends that SA 3A has a lower penetration rate for patients discharged to hospice compared to Florida and other hospice SAs in the state, indicating a disparity and with the exception of Alachua all SA 3A counties have a notably lower penetration rate for patients discharged to hospice, indicating a disparity.

In support of the specific terminally ill population not being served, Arc contends:

- Analysis of SA 3A using state-wide ratios shows that a high volume of the non-cancer, age 65 and older segment did not receive hospice services, demonstrating a notable gap in care for this patient population.
- Due to access challenges, some patients needing hospice services must receive care outside of the home setting; rather, patients must receive care at an inpatient hospice unit.
- Arc has identified underserved sub-population groups, including:
  - Care for patients with the following disease categories:
    - Heart Disease
    - Cancer
    - Chronic Lower Respiratory Disease
    - Cerebrovascular Disease
    - Chronic Liver Disease and Cirrhosis
    - Dementia/Alzheimer's Disease
  - Care for ethnic and race population cohorts such as Hispanics and African Americans
  - Care for the veteran population
  - Care for residents of rural communities

Arc’s “additional points to consider” include:

- Arc Hospice is an experienced provider with existing resources.
- Arc emphasizes the importance of the continuum of care, has existing relationships with certain nursing homes in the area, and is currently developing relationships with local health care providers (including nursing homes and hospitals), for hospice patients throughout the SA.
- Arc is prepared to extend its extensive complement of services and specialty programs to SA 3A.
- Arc has developed disease-specific programs to meet the unique needs of patients, including those with advanced heart disease, cancer, pulmonary disease, and dementia/Alzheimer's disease.

**CON Action Numbers: 10768 through 10771**

- Arc is prepared to implement its Rural Care Program in SA 3A, a specialized program that focuses on providing in-home services to patients in rural communities and is served by rural care coordinators. Arc will extend its Cultural Connections outreach and education program to SA 3A which includes cultural liaisons who are responsible for helping identify, develop, and implement strategies and plans to bridge cultural differences.
- Arc will seek CHAP accreditation within 18 months of initial licensure, demonstrating its commitment to delivering the highest standards of care to patients and their families.
- Arc will respond to all referrals within one hour and expedite admission to hospice within two hours.
- Arc will provide triage coverage 24 hours a day, seven days a week and physical visits to assess hospice eligibility of patients and admissions regardless of ability to pay.
- Arc will focus on continuing to build community relationships through local hiring, education and communication utilizing partnerships with community leaders and pastors, and the Arc of Life Program (a program to create memorable moments for patients and their families).

Arc concludes that its response supports the need under special (not normal) circumstances for an additional hospice service and that it is willing to invest in community employment, education, and care. Further, it will increase the penetration rates of hospice services in general and to the identified communities most in need of hospice and will improve the availability of accessible hospice services to those patients most in need.

Arc's direct response cites the Agency's CY 2022 Hospital Discharge Database and Florida Department of Health, Bureau of Vital Statistics are utilized in Figures 10 and 11 (CON application #10769 pages 39 and 41). Arc states that there were 2,213 (Figure 10) or 2,213 (Figure 11) CY 2022 hospital discharges referred to hospice for patients originating from counties in SA 3A, and when compared to hospice admissions hospital discharges represent only 3 percent of total discharges. The applicant's figures 10 and 11 actually compare acute care discharges referred to hospice and SA 3A resident deaths. Regardless, Arc continues that the penetration rates were calculated for SA 3A using 2022 acute care discharges referred to hospice and 2022 resident deaths; the hospice penetration rate for SA 3A is .30, which is approximately 11 percent lower than Florida's hospice penetration rate of .34. Arc contends this shows SA 3A has a low hospice penetration rate compared to the states' SAs with SA 3A's being sixth lowest and approximately 26 percent lower than SA 7B with the highest penetration rate.

Arc contends that its analysis and its first-hand knowledge gained from interacting with the community show a demand for additional SA hospice services and that its 3A presence will increase penetration rates and demand for hospice services, thus increasing overall hospice usage. Report to the Congress: Medicare Payment Policy, MedPAC and the Report to the Congress: Medicare Payment Policy (Figures 12 and 13 on page 42) are provided to support the need in SA 3A in that rural hospices continue to decrease while urban hospices continue to increase meaning that the usage of hospice remains much higher in urban areas. Arc notes that one in five individuals in the 65-plus age cohort live in rural areas and that this disparity is increased given that this age cohort has a higher need for hospice services. An article presented in the American Journal of Hospice & Palliative Medicine, Providing Hospice Care in Rural Areas: Challenges and Strategies, is cited that shows rural areas continue to use hospice care less compared to their urban counterparts, bringing into question access to hospice care.

Arc argues that SA 3A experiences the disparity in rural access to hospice services with many of the areas outside the Gainesville metropolitan area and the other 10 counties in SA 3A being rural with total populations ranging from approximately 8,000 - 74,000. The applicant includes excerpts from sample letters of support describing the disparity of access to hospice services within the rural counties, which it contends demonstrate the need for Arc Hospice to serve these patients via programs it has tailored for the SA. The contributors of the excerpts that support the need for hospice in its rural area include:

- Eric L. Godet, President/CEO, Greater Gainesville Chamber of Commerce
- Joe Dixon, Chair, Black Chief Officers Committee, Fire Chief, Gainesville FL
- Ken Cornell, County Commissioner, District 4, Alachua County Board of County Commissioners
- Pastor Margaret C. Dennison, Senior Pastor, Compassionate Outreach Ministries
- Harvey L. Ward, Jr, Mayor, City of Gainesville
- Carolyn M. Tucker, Ph.D.,
  - UF Florida Blue Endowed Chair in Health Disparities Research; Distinguished Alumni Professor; Research Professor, Department of Psychology Director, UF Health Disparities Research and Intervention Program; Director, UF Health Cancer Center's Community-Partnered Cancer Disparities Research Collaborative UF Health Cancer Control and Population Sciences Research Program Liaison to the Community Outreach and Education Advisory Council, UF -

**CON Action Numbers: 10768 through 10771**

Gainesville Courtesy Professor, Department of Community Health and Family Medicine, UF - Jacksonville Founder, Health-Smart Behavior Program; Licensed Clinical Psychologist University of Florida, Department of Health Disparities

Arc uses HealthPivots DataLab and the Agency's Florida Hospice Need Projections for Hospice Programs and Population Projections and Estimates for July 2025, published February 2024 in Figures 14 and 15 on page 47 to illustrate the disparity residents of SA 3A have in access to and utilization of hospice service based on county of residence which was also reflected in information that was gathered from community residents. Arc notes that Medicare data is available by county and that this shows the deaths, hospice patient admissions, and the penetration rate (P-Rate) for hospice services for counties within SA 3A. Arc specifically notes that:

- In 2022, there were 7,304 deaths and 4,784 hospice patients in SA 3A, resulting in a P-Rate of 0.655 for the SA
- Alachua County had a P-Rate of 0.712 in 2022, which is approximately nine percent higher than the SA's P-Rate
- The remaining 10 counties combined had a P-Rate of 0.629, which is approximately 12 percent lower than Alachua and four percent lower than the entire SA
- Alachua County has the highest P-Rate at 0.712 while P-Rates for the remaining 10 counties range from as low as .0232 in Lafayette County, which is approximately 67 percent lower than Alachua's rate, to 0.422 in Union County, which is approximately 41 percent lower than Alachua's rate
- In addition to Lafayette County, Hamilton and Levy have particularly low penetration rates in comparison to both Alachua County and the entire SA

Arc confirms that it has a plan and strategy to limit this disparity and serve the more rural counties of 3A to improve hospice access and reduce the population which is currently not being served and provide the services tailored to serve specific groups within these populations such as Hispanics, African Americans, those with need for disease specific programs, education, and bereavement services. This plan includes initially establishing a physical presence in Alachua County from which it will serve not only Alachua County but will be equipped and staffed to serve more rural parts of the SAs before adding a second office as needed as needed in the service area. The reviewer notes that Arc does not contend that Alachua County is an underserved area.

## **CON Action Numbers: 10768 through 10771**

Arc describes itself as “experienced in serving areas with predominantly rural populations and focuses on hiring and retaining employees that live in the same areas as patients” and having developed specialized strategies to overcome geographic, logistical, and accessibility challenges inherent in these areas. Arc’s Rural Care Program (included in the application’s Exhibit F) focuses on providing in-home services to patients in rural communities and in SA 3A will include the following:

- Target hiring of staff living in rural communities, when possible
- Specialized training for staff to address the unique challenges of these areas
- Regular community assessments to identify the needs and preferences of rural populations
- Expanded transportation services for patients and family members
- Collaboration with local community organizations and faith-based groups to facilitate referrals, share resources, provide education on hospice to these organizations and their constituents
- Outreach and education campaigns in rural areas to raise awareness about the benefits of hospice and encourage early referrals for in-home services, primarily through participation in community health fairs, education events, or other meetings (such as Sunday soup kitchens after services)
- Development of a robust recruiting campaign to attract staff from rural areas. Strategies include:
  - Host job fairs
  - Offer incentives including flexible scheduling and travel differential and
  - Advertise jobs with local organizations including churches, nursing schools, and other health training programs, participation in local job fairs.

Arc discusses its Rural Care Program’s Rural Care Coordinators, Rural Community Advisory Board and Staff training on pages 48 – 52 and refers to further information in Exhibits B and F. Rural Care Coordinators will be hired to be responsible for overseeing care provision in rural areas, ensuring timely access to services, and coordinating with local health care providers and community resources. These coordinators will:

- work with the hospice team to develop and implement care plans that address the unique needs and challenges of patients living in remote or isolated areas and act as a liaison between the hospice team, patients, families, and community resources

## **CON Action Numbers: 10768 through 10771**

- be responsible for participating in interdisciplinary team meetings and providing updates, collaborating with other agencies and organizations to improve access to care for rural patients, assisting with the coordination of medical equipment, medications, and supplies needed for patient care, connecting patients and families with local community resources and services, and facilitating communication between patients, families, and community resources
- interface with members of the Rural Community Advisory Board
- help keep Arc Hospice accountable to the goals laid out in this application.

Arc assures that it will invite local leaders from religious and health care constituencies in rural communities to sit on its Rural Community Advisory Board to assist them in developing operational strategies and tactics to address the disparity in hospice care between urban and rural environments. The board will consist of six to 10 members and meet quarterly.

### **Specialized training that the Arc staff will receive include:**

- **Cultural Competency:** This emphasizes cultural sensitivity and awareness, as rural communities may have distinct cultural practices, beliefs, and values related to end-of-life care. It includes understanding and respecting local customs, traditions, and communication styles.
- **Telehealth and Remote Care:** This will focus on the effective use of telehealth and remote care technologies, enabling hospice team members to provide support via phone, video calls, and other remote communication methods when necessary.
- **Collaboration with local healthcare providers:** Training will include strategies for effective communication with these local partners.
- **Transportation and Logistics:** Training will include coordinating medical supplies, patient transportation, and home visits.
- **Emergency Preparedness and Response:** Due to geographical isolation, rural hospice care teams may need to be self-sufficient in emergencies. Training will encompass emergency preparedness and response, including basic life support and crisis management.
- **Mental Health and Social Support:** Rural patients may face unique stressors, such as isolation or limited social support. Training will address strategies for providing support specific to those unique stressors as well as connecting patients with available resources.

## **CON Action Numbers: 10768 through 10771**

Arc contends that through its 'Best Practice and Policies' it can effectively address the needs of patients in rural communities noting that it has expertise in response times, communication plans, disaster plans, and follow-ups and offers them below. Some highlights include:

- Technology integration (i.e., remote patient monitoring, electronic health record, video conferencing and GPS)
- Emergency preparedness
- Clear communication protocols for responding to patients and family concerns 24 hours a day
- After-Hours Support/Triage requiring that calls must be returned within 15 minutes of receipt
- Response time standards regarding the expectations for staff response to patient/family phone calls, both during and after normal business hours
- Call prioritization, a crucial process that determines the urgency of each incoming call and assigns it to the appropriate staff member for handling. The call prioritization process typically involves several steps:
  - Initial Triage: the first person to answer the call, often a receptionist or on-call nurse, will collect basic information about the patient and the reason for the call.
  - Categorization: based on the information collected during the initial triage, the call will be assigned a priority level.
  - Assignment: the call will then be routed to the appropriate staff member based on the priority level and the staff member's expertise.
  - Follow-up: After the call has been handled, the staff member will document the details of the call and any actions taken in the patient's electronic medical record. They may also follow up with the patient or family.
- A team of on-call nurses for backup support to respond to patient and family needs outside of regular business hours. During each on-call shift, there will be a minimum of two nurses assigned: one as primary and one as backup so that if one nurse is addressing a patient or family need, there is another available to address any additional calls. Arc will establish a team of management staff to serve as administrator on call to be available to assist the on-call nursing team with any nonclinical issues or concerns.
- Continuous quality improvement.
- Flexible staffing model that focuses on adaptability, embracing new technologies, fostering professional development, and promoting work-life balance to create a sustainable workforce.
- Community-based volunteer programs.
- Tailored care plans.

## **CON Action Numbers: 10768 through 10771**

- Interdisciplinary teams to accommodate rural areas, cultural needs, and provide quality services.
- All admissions can be accomplished typically within two hours of receipt of a referral. For patients that have physician orders and meet admissions criteria, Arc aims to provide service within six hours of receipt of order for every patient.
- Arc Hospice coordinates and pays for patient transport. Transport is arranged by Arc Social Workers for non-emergent transport to the setting of care. Communication for transport begins as a part of the discharge planning process with hospital or facility case managers.
- Through Arc Hospice's technology with Palliative Pharmacy Solutions (PPS), a web-based mobile pharmacy solution, medications can be ordered, reconciled, and placed prior to discharge from facility. With this technology, appropriate medications and dosages are in the home prior to patient's arrival home or shortly after admission for patients who do not require transfer. Arc prioritizes the well-being of patients and will supply a comfort pack containing necessary medications in a secure lock box upon the patient's admission. This pack ensures that patients and their caregivers have immediate access to prescribed medications, thereby minimizing discomfort and reducing anxiety. Arc will establish contracts with both a Pharmacy Benefit Manager and local pharmacies that offer 24/7 on-call service to guarantee timely delivery of required medications, fostering a seamless process for patients and their families.
- Durable Medical Equipment partners can quickly provide needed supplies and car stock is maintained in employee vehicles to reduce long-distance needs and from the main office.

Arc offers how it will address the barriers of care in SA 3A:

- Arc will deploy efforts to improve communications between providers and patients, and between facilities and hospice providers and health care facilities. Communication gaps between providers and patients can lead to suboptimal outcomes, specifically providers feeling uncomfortable talking to patients and caregivers about death and dying. To overcome this barrier, health care providers can participate in specialized training to improve their communication skills and approach to discussing end-of-life care. Arc can offer resources to support providers in having these difficult conversations and promoting hospice care as a valuable option for patients and their families.

## **CON Action Numbers: 10768 through 10771**

- Cultural values and preferences often are not addressed in the care approach. Arc will provide culturally sensitive care by ensuring its staff are adequately trained in diversity and multicultural awareness.
- Inadequate knowledge of services. Arc will implement comprehensive community outreach programs to educate the public about the benefits and availability of hospice care.
- Poorly structured system not integrated within primary care settings. Arc will collaborate with primary care providers and work to establish clear lines of communication to ensure that patients receive the appropriate care they need.

Arc Hospice states it has identified and developed a plan and programs to increase access to these underserved communities, which involves:

1. Increasing knowledge and awareness of hospice care and its benefits is the first step in expanding outreach. Strategies to increase awareness include:
  - Educational campaigns: Arc will collaborate with community organizations to develop educational campaigns that target the groups within the communities (for example, churches within the African American communities). These campaigns will address misconceptions and emphasize the benefits of hospice care
  - Community engagement: Arc will participate in community events, health fairs, and religious gatherings to build relationships and promote services
  - Provider knowledge: Arc will educate area health care providers, including primary care physicians, about the benefits of hospice care and how Arc can best serve their patients in need. As part of this education, seminars such as "Death, Dying, and Bereavement," "Hospice 101," and "Hospice Eligibility Requirements." will be offered to help providers more effectively communicate with their patients regarding hospice topics
2. Reducing Disparities - To address disparities in hospice utilization, Arc will improve accessibility of hospice by engaging with those most in need of hospice by having a visible presence in these communities. In addition to offering education in the community, the hospice's presence in underserved areas will be expanded by establishing a workforce of people who live in and reflect the communities served. Arc will develop a robust recruiting campaign to attract staff from rural areas and cultural groups that reflect these areas. Strategies include:
  - Host and participate in job fairs

**CON Action Numbers: 10768 through 10771**

- Offer incentives including flexible scheduling and travel differential
  - Advertise open positions with local organizations including churches, nursing schools, and other health training programs that will identify quality staff to provide hospice services
3. Arc states it has already begun to establish partnerships with key community stakeholders to help build trust and credibility within the groups most in need of improved access to hospice services in the community. These relationships will serve as the foundation for the Rural Community Advisory Board. By meeting with these organizations in developing this application, Arc is ready to quickly mobilize to improve access by leveraging its partnerships with:
- Faith-based organizations: Churches, mosques, and other religious institutions play a vital role in the lives of many individuals. Arc will collaborate with faith-based organizations to provide education, support, and hospice care services
  - Community organizations: Arc will partner with local community organizations, such as chambers of commerce, professional groups, and diversity councils to engage with the community and promote services
4. Providing culturally sensitive care addressing the unique needs of the groups within the community, such as Hispanic and African American populations. Arc will:
- Train staff: All staff will participate in and complete cultural competency training to better understand and respect the cultural beliefs, values, and practices of the community groups (for example, African Americans and Hispanics)
  - Diversify staff: Hiring a diverse workforce that includes professionals within the community groups that will create a more inclusive environment and improve the overall quality of care
  - Cultural liaisons: Arc will employ a team of cultural liaisons whose role will be to provide cultural competency support and guidance to staff, patients, and families. The cultural Liaisons help to bridge the gap between Arc Hospice's care providers and the patient's culture, beliefs, values, and traditions. The Cultural liaisons' role is to facilitate communication, understanding, and trust between the patient's culture and the hospice team. These individuals may provide training, education, and resources to staff, as well as advocate for the patient's cultural needs. Cultural

**CON Action Numbers: 10768 through 10771**

liaisons may provide cultural support to the patient and their family, such as language translation or help with navigating cultural differences

- Arc commits to developing a formalized internship program with a local educational institution specifically to provide internship opportunities within Arc Hospice for Hispanic and African American communities. This program will be supplemented with a \$45,000 annual funding commitment for, at a minimum, the first five years of operation

Arc Hospice uses various data from the Agency's Hospital Discharge Database; Florida Department of Health, Bureau of Vital Statistics (Figure 16, page 52), a study "Expect the Best: How to Get the Most Out of Your Hospice Care" and a survey by the Kaiser Family Foundation (Exhibit D) to support its argument that there is a disparity of access to hospice services within the rural counties, particularly hospice service in the home setting.

Arc notes that all SA 3A hospice providers serve patients in other SAs with Haven Hospice having 64 inpatient beds. Arc states that SA 3A has approximately 20 percent of resident deaths discharged to inpatient hospice versus approximately 11 percent to home hospice and that the difference of approximately 86 percent, inpatient hospice was the preferred option, which would indicate an under-usage of the hospice benefit. Arc shares that residents and practitioners indicated in its market assessment that the availability of hospice service in home settings was limited or non-existent for those residents who live in the more rural areas of the SA outside of metropolitan Gainesville.

The reviewer notes Arc references the "Expect the Best" hospice study which indicates that 80 percent of Americans prefer to die at home but only 20 percent do. It is also interesting that the applicant does not present state and hospice service area data in this response. Arc points out that it previously filed CON application #10735 under not normal circumstances due to the absence of published number need in April of 2023, which was denied, but has continued to "to cultivate relationships throughout the continuum of care in Service Area 3A."

Arc reiterates that the hospice penetration rates and the rural status of 10 counties indicate a disparity within SA 3A and demonstrates the need for an experienced hospice provider such as Arc Hospice. Further, it repeats its plan "to initially establish a physical presence in Alachua County then add a second office as needed in the service area".

## **CON Action Numbers: 10768 through 10771**

Arc Hospice notes that it has conducted on-going market assessment included speaking with over 50 community leaders, pastors and community members in cities and towns such as Alachua, Newberry, High Springs, and Lafayette, where Arc Hospice learned that it is difficult for patients to receive hospice services in the home, and that hospices are often only able to provide service in an inpatient unit or at a skilled nursing facility in the Gainesville area.

Excerpts from sample letters of support describe the challenges faced with patients receiving home hospice care, demonstrating the need for a hospice such as Arc Hospice to serve these patients and notes that these are included in Exhibit C. The contributors of the excerpts include:

- Pastor Margaret C Dennison, Senior Pastor, Compassionate Outreach Ministries
- Casey Willits, City Commissioner, District 3 Gainesville
- Ken Cornell, County Commissioner, District 4, Alachua County Board of County Commissioners

Arc produces the following key steps that will be taken to combat the challenges of providing appropriate levels of service for in-home hospice care that will be implemented using a range of strategies and resources to ensure comprehensive, patient-centered care:

- Comprehensive assessments to help identify the specific resources and services required to meet the patient's unique needs while they receive care at home.
- Coordination of care to ensure that each patient's care plan is tailored to their individual needs to manage symptoms and reduces the likelihood they will need to be moved to an institutional setting.
- Training and support for family caregivers on symptom management, medication administration, and emotional support techniques, as well as connecting them to resources and respite services to help reduce caregiver stress.
- Utilize technology including remote monitoring, virtual consultations, symptom management guidance, and regular check-ins with the care team.
- Occupational and Physical Therapy for patients who qualify, referrals may be made for these or additional services.
- Specialized equipment and supplies to ensure access to necessary medical equipment enables patients to receive the appropriate level of care in the comfort of their homes.
- 24/7 Availability on-call support system to provide immediate assistance and guidance in managing emergencies or addressing concerns. Robust on-call is often the most important determinant in keeping patients at home.

**CON Action Numbers: 10768 through 10771**

- Establishing partnerships with local organizations and support groups including volunteer organizations, respite care providers, and caregiver support groups.
- Continuous quality improvement by regularly evaluating and improving care delivery models by gathering feedback from patients and families and implementing evidence-based practices. The feedback is incorporated to continually improve rural care competencies.
- Arc will advertise in rural communities and seek caregivers who will be local and will work directly with community leaders to identify individuals who will be positive employees. When local employees are not available, Arc will institute thoughtful reimbursement programs to incentivize local care and therefore remove this barrier to home-based hospice.

Five tables on pages 56 – 58 of the application use data from the Agency’s Florida Hospice Need Projections for Hospice Programs and the Florida Department of Health, Bureau of Vital Statistics to support Arc’s argument that there is a foreseeable need for the non-cancer, age 65 and older SA 3A patients. Arc asserts this will continue to increase in the future as the population grows and resident deaths increase and ensures that it is prepared to serve the needs of these non-cancer patients.

Arc addresses in detail the underserved population groups including those with advanced heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, chronic liver disease and cirrhosis, and dementia/Alzheimer's disease. Arc confirms that it has experience with implementing protocols it will implement in SA 3A, which include consulting with cardiac experts and training hospice providers to care for these populations. Further, Arc will provide the patient with the best quality of life, comfort measures, and ensure the patient is safe and pain-free. Each patient is assessed, and Arc will implement protocols that have been developed and will consult with experts in hospice care to provide services as needed to reduce emergency department visits and hospital readmissions.

Arc’s cardiac care team is led by a hospice physician and includes hospice nurses who are specially trained in the heart failure disease process and advanced in-home treatments for symptom management. Its hospice therapists and certified home health aides are trained to preemptively identify subtle changes in a patient's physical condition that could lead to symptom exacerbations or patient hospitalizations.

**CON Action Numbers: 10768 through 10771**

Services provided by the interdisciplinary team include but are not limited to the following:

- Individualized care plans developed and implemented by trained clinical staff specializing in cardiac disease.
- Communication between the interdisciplinary team, primary care physician, patient, and caregiver.
- Collaboration with the primary cardiologist and/or primary care physician and the hospice physician to treat heart failure symptoms expeditiously, using current evidence-based practice guidelines.
- Management of symptoms including administering and monitoring use of medication such as diuretics and inotropes.
- 24/7 availability for medical crisis symptoms and management.
- Patient and caregiver education.
- Trained spiritual and emotional support.
- Bereavement support.

Arc states it targets patients who are in late stages of disease and in need of hospice care, aiming to reduce crisis situations and improve symptom management. Arc reiterates that it has already begun to develop relationships with SA 3A cardiologists, family physicians, and hospitals to increase awareness and educate them about the benefits of hospice care for patients with advanced cardiac disease and contends it will be well equipped to rapidly grow these relationships upon licensure.

The applicant notes heart disease was the among the top leading causes of death in SA 3A in 2022 resulting in over 1,300 deaths. The table below shows the top 10 causes of death for SA residents in CY 2022:

<b>Rank</b>	<b>Cause of Death</b>	<b>Deaths</b>	<b>Percent of Total</b>
1	Malignant Neoplasm (Cancer)	1,510	20.7%
2	Heart Diseases	1,335	18.3%
3	Other Causes of Death	1,273	17.4%
4	Unintentional Injury	530	7.3%
5	Chronic Lower Respiratory Diseases	471	6.4%
6	Cerebrovascular Diseases	448	6.1%
7	COVID-19	358	4.9%
8	Diabetes Mellitus	229	3.1%
9	Chronic Liver Disease and Cirrhosis	129	1.8%
10	Alzheimer's Disease	120	1.6%
	<b>Total, Top 10 Causes of Death for SA 3A County Residents</b>	<b>6,403</b>	<b>87.7%</b>
	Other	901	12.3%
	<b>Total</b>	<b>7,304</b>	<b>100.0%</b>

Source: CON application #10769, Figure 22, page 60, from Florida Department of Health, Bureau of Vital Statistics.

Arc notes heart disease was among the leading cause of death in SA 3A in 2022 and Florida Department of Health, Bureau of Vital Statistics data are used in Arc's Figures 22 and 23. Figure 22 shows heart disease accounted for 1,335 (18 percent) SA deaths with the highest percentage in Union County with 22 percent (54 of 249) followed by Gilchrist (51 of 239), Suwannee (145 of 704), and Levy (134 of 651) Counties at 21 percent.

Arc's Figures 22-23 use Agency and the Florida Department of Health, Bureau of Vital Statistics data to show SA 3A deaths (1,335) from heart disease as 18 percent of the SA (7,304) total in CY 2022 and grew by approximately 16 percent between 2020 – 2022. Arc's Figures 24 and 25 are based on the Agency's CY 2022 hospital discharge database. Figure 24 shows that in CY 2022 SA 3A resident heart disease discharges (199) from hospital to hospice were nine percent of the 2,213 patients and this (nine) percent has been fairly constant from 2020—2022.

Figure 25 shows that SA 3A had 94 End Stage Heart Disease discharges, nine percent of SA 3A's total of 2,213 discharges to hospice in CY 2022. 4.2 percent of patients with end stage heart disease (defined as the MS DRGs 291, 292 and 293 involving heart failure and shock) were discharged to hospice and the volume of patients with end stage heart disease increased by approximately 16 percent (81 to 94) from 2020 to 2022, while the number of patients discharged to hospice increased by a rate of 11.1 percent (1,192 in CY 2020 to 2,213 CY 2022). Arc contends that it has identified the gap in end-of-life care for residents suffering from cardiac disease through statistical data and community needs assessments.

Arc discusses Cancer, Chronic Lower Respiratory, Cerebrovascular, Chronic Liver Disease and Cirrhosis and Dementia/Alzheimer's Disease and its programs on pages 61-65 of the application. The need for disease-specific care of other diseases is addressed with Arc stating that cancer (1,510 deaths) was the leading cause of death in SA 3A in 2022 and over time hospice has evolved to include non-traditional diagnosis such as heart disease, chronic lower respiratory disease, cerebrovascular disease, chronic liver disease, and Alzheimer's disease.

Arc notes that 300 patients with pulmonary disease were seven percent of the 2,213 SA 3A patients discharged to hospice in 2022. However, the percent growth for SA 3A pulmonary disease patients discharged to hospice is approximately 24 percent lower than other diseases discharged to hospice. Arc shares that the same is true for cerebrovascular deaths in that 26 patients with ischemic stroke and nonspecific cerebrovascular disorders were discharged to hospice, or 1.2

## **CON Action Numbers: 10768 through 10771**

percent of the 2,213 patients discharged to hospice in 2022. The percent growth for SA 3E cerebrovascular disease patients discharged to hospice is almost 200 percent lower than other diseases discharged to hospice.

Chronic liver disease and cirrhosis are discussed, and Arc indicates that less than 70 such SA 3A patients were discharged to hospice, which is only three percent of the total discharges to hospice in 2022. These 67 patients represent only nine percent of the total discharges for liver disorder patients. Arc's Figure 29 shows 2022's 67 discharges were 86.1 percent greater than CY 2019 when 36 liver disorder patients were discharged to hospice.

Arc's CY 2022 (Figures 19 and 22 show Alzheimer's disease is the tenth leading cause of death for SA 3A residents. The applicant states Florida has the "second highest prevalence of individuals aged 65-plus" and "is projected to experience the ninth highest percent increase of individuals aged 65 and older with Alzheimer's compared to other states". From 2020 to 2025, this number is projected to increase by 24.1 percent from 580,000 - 720,000. Arc offers on pages 69-71 excerpts of its letters of support for its disease-specific care from

- Joe Dixon, Chair, Black Chief Officers Committee, Fire Chief, Gainesville FL
- Harvey L. Ward, Jr., Mayor, City of Gainesville
- Eric L. Godet President/CEO, Greater Gainesville Chamber of Commerce

Arc cites the cultural needs of Hispanic and African American populations quoting articles (included in the application's Exhibit D) published in the *Journal of the American Medical Association*, *Dying Poor in the US—Disparities in End-of-Life Care* and *Evaluation of Racial Disparities in Hospice Use*, *Journal of Healthcare for the Poor and Underserved* and a 2006 study by Lake Research Partners (LRP), *Latinos for Caring Connections*, a National Hospice and Palliative Care Organization (NHPCO) program.

Arc states that from its research, it developed a plan to increase access to these underserved communities, which includes:

1. Increasing knowledge and awareness through education, community engagement and provider knowledge.
2. Reducing disparities by increasing access to culturally competent care for African American and Hispanic communities.
3. Partnering with Community Stakeholders by establishing partnerships with key community (faith based and other community) stakeholders to help build trust and credibility within the groups in the community.

4. Culturally Sensitive Care is essential to addressing the unique needs of the groups within the community through training staff, hiring a diverse workforce, having cultural liaisons and providing relevant information and education to patients and families about end-of-life care and advance planning.

With respect to the specific care for the Hispanic community, Arc discusses the barriers often met with this population and uses the Office of Economic & Demographic Research, Florida Legislature for CYs 2025 and 2030 data. As of 2025, SA 3A has approximately 72,000 Hispanic residents, 6,258 of whom are aged 65 and over. Hispanics account for 12 percent of SA 3A's total and five percent of the SA's age 65 and older population. In SA 3A, Hispanics are projected by 2030 to have 10.4 percent growth (72,393) in under 65 age cohort and 31.6 percent (8,235) in the 65 plus population or higher percentages of growth than the SA's total and state in both age cohorts and overall population growth.

Arc states that in 2022 only 38 Hispanic patients (1.7 percent) were discharged to hospice despite accounting for approximately five percent of all discharges in 2022. Arc contends that in comparison to the non-Hispanic cohort "65 percent less patients were discharged to hospice in comparison to the five percent" and non-Hispanics accounted for approximately 90 percent of all discharges and approximately 95 percent of patients discharged to hospice. Arc's Figure 33 shows the 2022 total discharge percentages as 4.7 (Hispanic or Latino), 90.6 (Non-Hispanic or Latino) and 4.9 (Unknown) and of these, total discharge to hospice percentages were 1.7 (Hispanic or Latino), 94.8 (Non-Hispanic or Latino) and 3.4 (Unknown).

Arc next uses Office of Economic & Demographic Research, Florida Legislature projections for CY 2025 and 2030 to show that SA 3A's projected growth of Black/African American residents is particularly strong in the elderly age cohort at over 15 percent. The applicant states that almost 20 percent of the service area population is Black/African American, which is approximately 12 percent higher than Florida's percent of Black/African American population adding that approximately 12 percent of the service area's age 65 and older population falling into the Black/African American race category.

Using Agency data, the applicant notes that 263 Black or African American patients were discharged to hospice, or approximately 12 percent of the 2,213 hospice patients in 2022. Arc's Figure 35 shows the 2022 total discharge percentages as 20.1 (Black or African American), 71.8 (White) and 8.1 (Other). Arc indicates that despite accounting for approximately 20 percent of all discharges in 2022, notably less African American patients were discharged to hospice (11.9 percent) compared to

**CON Action Numbers: 10768 through 10771**

the white cohort which accounted for approximately 72 percent of total discharges and approximately 82 percent of patients discharged to hospice.”

Excerpts confirming support of the need for Arc Hospice to develop hospice programs for the for diverse patient populations with varying cultural beliefs, and specifically the need for cultural liaisons in the community to successfully implement the programs which it notes are located in Exhibit C are listed below:

- Pastor Margaret C Dennison, Senior Pastor, Compassionate Outreach Ministries
- Carolyn M. Tucker, Ph.D., University of Florida
- Tashea Henderson, Heavenly Tasting
- Joe Dixon, Chair, Black Chief Officers Committee, Fire Chief, Gainesville
- Ken Cornell, County Commissioner, District 4, Alachua County Board of County Commissioners

Arc states it will develop a specialized veteran's program in SA 3A and collaborate with area veterans' organizations. Arc contends there is an inherent need for many palliative care and hospice resources to provide care and support for SA 3A veterans and their families/caregivers and its specialized veteran's programs will ensure that the ongoing needs of the veterans are met. Arc shares U.S. Department of Veterans Affairs data indicating that in 2023 there are approximately 46,000 SA 3A (approximately 23,000 age 65 or older) residents who are veterans. SA 3A's veterans are approximately three percent of the state's total in both age cohorts. Arc shares that SA 3A's veteran population (51 percent of whom are aged 65 and over) while remaining at approximately three percent of the States' total is projected to decline from 2023 to 2028, likely due to a variety of factors, including the aging veteran population ultimately increasing deaths. Arc concludes that SA 3A's increasingly aging veteran population will result in increased need for hospice.

Arc next discusses its patient centered care approach which includes four primary areas – physical, emotional, social, and spiritual needs.

Arc's Figure 40 lists SA 3A's 27 nursing homes with 3,169 licensed beds and indicates that approximately 40 percent of the SA's nursing home beds are located in Alachua County with Dixie, Hamilton, and Lafayette Counties having the lowest numbers of licensed beds (approximately two percent each) and Union County having zero licensed beds. Arc states it will provide specialized attention to improving the collaboration and communication between nursing home facility caregivers and patients, as this was found to need improvement. Arc's collaboration with nursing

**CON Action Numbers: 10768 through 10771**

home staff topics to ensure quality care include communication, care plan, consistent staffing, bereavement services, a specialized program for Alzheimer's disease/dementia, education and training, mutual respect, and joint admission and discharge planning.

Arc cites its “established working relationship” with Millennial Healthcare and states Millennial which operates a number of long-term care facilities with over 700 beds throughout the service area including Parklands Care Center, Williston Care Center, Park Meadows Health and Rehabilitation Center, Plaza Health and Rehab, and Terrace Health and Rehabilitation. Elliot J. Williams, NH administrator at Parklands Care Center has “expressed a willingness to provide general inpatient beds at their long-term care facilities in the Gainesville metropolitan area” and provides an excerpt on pages 88-89 as well as general support excerpts from:

- Jacques Joseph, LHNA, MBA, Executive Director, Park Meadows Health and Rehabilitation Center
- Barry Audain, Administrator, Terrace Health and Rehabilitation Center
- Hemwattie Clough, Administrator, Williston Care Center.

Arc states that it will develop relationships with local hospitals. Figure 41 lists the SA's 11 hospitals with the applicant noting that the majority of the 2,120 licensed beds, approximately 83 percent are in Alachua County. Further, approximately 2.6 percent of acute care patients originating from the SA 3A are discharged to hospice with a higher percentage (approximately 1.7 percent) of patients seeking inpatient hospice as opposed to approximately 0.9 percent seeking home hospice care. The applicant contends that “through its relationships with health care providers including area hospitals”, it “will bring the potential for a powerful integration of high acuity palliative and hospice care” to SA 3A.

Arc next discusses the NHPCO report entitled, "Hospital-Hospice Partnerships in Palliative Care: Creating a Continuum of Service" (in the application's Exhibit D). The application's Figure 42, “Benefits of Collaboration for Hospice and Hospital Partners” lists benefits for the hospital (eight), for the hospice (eight) and four clinical benefits for the patient of a hospital based palliative care program. Arc's hospital discharge data response is reiterated and applies the Alachua County hospice penetration rate for hospital discharges referred to hospice to all other counties in its utilization projections in the table below. As previously stated, Alachua County had 2,307 residents' deaths and 761 hospice admissions for a hospice penetration rate of 0.33 in CY 2022.

**CON Action Numbers: 10768 through 10771**

**Service Area 3A Penetration Rate by County, 2021/2022  
Discharges Referred to Hospice 2022**

Area	Home Hospice	Inpatient Hospice	Total	Resident Deaths	Home Hospice
Alachua	271	490	761	2,307	0.33
10 Other SA Counties	504	948	1,452	4,997	0.29
Service Area 3A	775	1,438	2,213	7,304	0.30
Florida	32,539	48,626	81,165	238,953	0.34

Source: CON application #10769, page 97, Figure 43.

Arc indicates this data demonstrates the disparity in use and access to hospice services in Service Area 3A. The applicant provides a detailed description on pages 98-115 of the plan and strategy it will employ to reduce this disparity and serve the more rural counties of 3A which will result in improved hospice access and reduce the population which is currently not being served. The applicant provides excerpts of its letters of support from the community on pages 115-124 and its response to Health Care Access Criteria on the application’s pages 124 and 125.

Arc contends there will be minimal impact on existing providers, projecting it will achieve 197 and 397 admissions and market shares of 3.0 and 6.0 percent in 2025 and 2026, respectively. See the table below.

**Arc Hospice's Projected Utilization  
Service Area 3A 2025 - 2026**

	2025	2026
Projected 3A Hospice Admissions	6,562	6,615
Arc Hospice 3A Projected Market Share	3.0%	6.0%
Arc Hospice 3A Projected Hospice (Admissions)	197	397

Source: CON application #10769, page 126, Figure 46.

Arc concludes that its proposed project has been developed to meet the continuing and growing needs of the service area through the results of its on-going year-long market assessment and states that it “is the best applicant to meet the established need, and adding the proposed hospice to the continuum of health care offerings is a natural progression for the applicant.”

**Charis Healthcare Holdings, LLC (CON application #10770)** direct responses states “Yes, the project is in line with the AHCA fixed need pool projection of need for subdistrict 3A.”

**Hospice of the Sunshine State, LLC (CON application #10771)** simply states that its application is submitted in response to the Fixed Need Pool published on February 2, 2024. The reviewer notes that much of the Need response was submitted in the Project Summary of this application (pages 4-51) in which it uses Agency, Health Pivots (2023), African American Deaths from Florida Department of Vital Statistics, and

## **CON Action Numbers: 10768 through 10771**

its own “Care Hospice internal records” data to discuss SA 3A’s general population growth and population growth within the under 65, over 65, and 75 and over age cohorts, discharge rates to home hospice or to a hospice along with penetration rates as it pertains to the Agency’s established need projections and utilization.

Sunshine cites the following deficiencies in SA 3A:

- “in all but a handful of cases the discharge rates in Service Area 3A for persons age 75 and over to home hospice is not only lower but dramatically lower than the statewide average” and “the discharge rates to hospice facilities are generally higher than the statewide average”
- “based upon publicly available data, it appears that rural communities represent an underserved population in Service Area 3A” and “most of the rural counties, patients age 75 and older tend to be discharged at a lower rate to home hospice than are patients from the same age group in the Service Area's larger counties”
- “A second underserved group in Hospice Service Area 3A is the African American population.”
  - “HPH Hospice records a very low total of African American admissions for its entire system, which includes agencies in Service Areas 3A, 3C, 3D, 5A, and 5B”
  - “Community Hospice of Northeast Florida records approximately 1,000 African American hospice admissions in each of the three years shown, but this figure includes admissions to its much larger and longer-established program in Service Area”
  - “Haven Hospice reports approximately 450 African American admissions in each year, but this figure includes activities not only in Hospice Service Area 3A, but also in Service Areas 4A, and 4B”
  - “VITAS records African American admissions that increase from 1,243 in 2020 to 1,586 between 2020 and 2022”
  - “It is not possible using public records precisely to determine which of the African American admissions reported by these four existing providers came from Service Area 3A” and based on its own analysis (page 12) concludes that “it would be estimated that the four existing Service Area 3A hospice providers admitted 451 African American hospice patients in 2020, 469 in 2021, and 458 in 2023. This analysis suggests a material under-service to the African American population in Service Area 3A”

**CON Action Numbers: 10768 through 10771**

- “The African American population of Service Area 3A is likely underserved not only because of the cultural barriers that will be discussed below, but also by virtue of the fact that many are residents of the rural sections of the (SA) 3A”
- “Table 14 compares recent Service Area 3A hospice admissions by the two disease categories (cancer and non-cancer) and the two age groups (under 65 and 65 and over) addressed by the Agency's Rule. As shown in Table 14, the age and disease utilization rates in Service Area 3A closely approximate the projected distributions by age and disease groups forecast under the Rule. While this comparison does not rule out the possibility of some under-service within the subset of the non-cancer deaths in the service area, it also does not suggest that programs targeting those subgroups (e.g. heart disease, pulmonary disease, or renal failure) will significantly address the major sources of hospice under-utilization in the service area which appear to be largely attributable to the service area's underserved rural and African American populations”

The applicant discusses the barriers to rural and ethnic populations citing various studies on pages 35-41 to support that:

“Hospice of the Sunshine State will implement proven rural population education and outreach models that have been successfully implemented by other hospices in the Care Hospice family to specifically address the hospice education and access issues in the rural areas of Service Area 3A” which include:

- “Hospice of the Sunshine State will utilize the existing expertise and resources of Care Hospice to ensure cultural sensitivity in staff hiring, educational and outreach programs, and inclusion of family members in decision making.”
- “Hospice of the Sunshine State will adapt and extend these Care Hospice models in Service Area 3A to build comparable levels of acceptance among its rural and minority populations.”
- “Under Care Hospice's model of care, with particular applicability to rural patient populations, it is the responsibility of each agency's program director, office administrators, community liaison professionals, chaplains, social workers, and volunteers to participate in our community education programs. Clinical staff are also involved in community education for referral sources and

**CON Action Numbers: 10768 through 10771**

provide specific clinical education on hospice in conjunction with the agency's business and sales leaders. Care Hospice programs always try to hire their staff locally and bring jobs to the local economy. Local staff speak and act like their patients and understand local community dynamics.”

- Care Hospice family are members of the National Hospice and Palliative Care Organization
- Participates in the "We Honor Veterans" Program and the Community Hospices of America Foundation
- Most of the programs have obtained accreditation from the Accreditation Commission for Health Care, or the Community Health Accreditation Partner (CHAPS)
  - The hospice proposed in this application will seek and obtain accreditation from the Accreditation Commission for Health Care, and will affiliate with national and regional hospice organizations to promote the quality and service excellence that characterizes the other hospice agencies in the Care Hospice family
- Hospice of the Sunshine State has included participation in these paramedicine initiatives among its conditions for the approval of its proposed program in Service Area 3A.
- The Paramedicine Program is designed to assist with matters pertaining to disease management, medication management, and other issues affecting home-bound patients.
  - The County Administrator of Gilchrist County, Mr. Bobby Crosby, Jr also indicated that his county was implementing a similar Paramedical program and expressed interest in a similar partnership with Hospice of the Sunshine State.
- Hospice of the Sunshine State's community education programs would assist in offering these and other educational initiatives in the community as well as integrating hospice education into the continuum of service available to the county's population.
- Hospice of the Sunshine State has included in its conditions a commitment to provide clinical preceptorships for students attending the CNA and LPN programs at North Florida Technical College, and to provide an End-of-Life Seminar to the LPN program each semester.

Sunshine discusses its Crescent Hospice program it plans to use in SA 3A, that operates in Richland, Orangeburg, and Sumter Counties in South Carolina stating “Care Hospice's programs in rural areas and in communities with large minority populations have established outreach and educational programs that have proven effective in building acceptance and election of the hospice model of end-of-life care in rural and minority communities, which will be adapted and applied in SA 3A

to build comparable levels of acceptance among its rural and minority populations. These programs are offered not only to the general public, but to community physicians, social workers, hospital discharge planners, clergy, and other leaders.”

Sunshine contends that it can realistically achieve a 5.5 percent market share of the SA’s total hospice admissions in year one and 8.0 percent in year two, forecasting 287 admissions in year one and 426 in year two. The hospice patient day forecasts result from application of a 35-day ALOS in year one and a 55-day ALOS in year two which it states s “consistent with the experience of other Care Hospice programs as well as with the ALOS reported for each of the four established hospice programs currently operating in hospice service area in 2022.”

**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.**

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** maintains that in part from conducting its own community needs assessment and multiple other sources, its 3A hospice will have programs designed to serve the following specific populations with unmet needs:

- Seniors, Age 65 and older, including those in SNFs and ALFs
- Minority Populations, including African Americans and Hispanics/Latinx
- Veterans
- Lesbian, Gay, Bisexual, and/or Transgender (LGBT) Community
- Low Income and Homeless Populations
- Residents with Cardiovascular Disease and Pulmonary Disease

**Arc Hospice of Florida, LLC (CON application #10769)** summarizes its SA 3A need argument noting that further detail is included throughout this application. Topics covered in its response include:

1. Demographic Trends and Expected Growth
2. Access and Availability of Hospice Services

**CON Action Numbers: 10768 through 10771**

- a. Service Area 3A has a low penetration rate for patients discharged to hospice.
- b. Counties within Service Area 3A outside of Alachua County which are more rural have a lower penetration rate.
3. Enhance Access to Disease-Specific Care
4. Enhance Access to Ethnic Community-Specific Care
5. Enhance Access for the Veteran Population
6. Other Specialized Experience
  - a. Ability to Enhance the Continuum of Care
  - b. Provider with Extensive Palliative Programming
  - c. Ability to Enhance Access to Transportation
  - d. Provider with Extensive Chaplaincy Care Offerings

**Charis Healthcare Holdings, LLC (CON application #10770)**

responds that it is devoted to catering to populations with underserved needs and has identified multiple underrepresented groups in SA 3A:

- African American and Hispanic populations are at a significant risk of not receiving desired hospice services, especially those suffering from coronary heart disease, cancer, and diabetes.
- Lower economic and unemployed populations.
- Populations, generally, in the service area with end-stage cardiac, cancer, and respiratory conditions are subject to an insufficient level of adequate hospice care.
- Patients who would benefit from early hospice admission.

Charis reiterates that it has extensive experience in delivering hospice care to individuals with heart disease, cancer of all types, diabetes, and forms of dementia and commits to promoting community programs to enhance awareness about end-of-life concerns and hospice availability. Further, it offers comprehensive staff training, emphasizing cardiac and respiratory hospice care, with detailed outlines of its outreach and training initiatives that are presented throughout this application.

Charis recognizes that as the Hispanic SA population continues to grow at rapid rates the need for hospice education, engagement, and financial assistance also rises. Charis adds that it has historically delivered exceptional care to the Hispanic community and other diverse groups across Florida and the United States will introduce Spanish-speaking representatives to address language challenges and will provide educational and hospice resources in Spanish. Further, SA 3A residents will benefit from the diverse

**CON Action Numbers: 10768 through 10771**

programs that it has crafted, improving outreach and hospice care tailored to various cultural, religious, spiritual, and LGBTQ groups.

**Hospice of the Sunshine State, LLC (CON application #10771)** indicates that the SA 3A residents that are underserved and that it will focus on are the African American and rural residents. The applicant refers to its previous discussion of its Care Hospice programs.

- (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.**

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** states it will contract with existing nursing homes and hospitals to provide inpatient care and refers it HCA Florida Putnam Hospital (8-bed inpatient hospice proposal) and support letters from Windsor Health and Rehabilitation Center and Gainesville Health and Rehabilitation Center.

**Arc Hospice of Florida, LLC (CON application #10769)** states it will develop relationships with area nursing homes to improve access for high acuity patients along with offering home-based hospice services. Further, it has established relationships with the nursing homes in the Gainesville area including with Millennial Healthcare which include Parklands Care Center, Williston Care Center, Park Meadows Health and Rehabilitation Center, Plaza Health and Rehab, and Terrace Health and Rehabilitation. Elliot J. Williams, MSHA, NHA, Administrator, Parklands Care Center, letter is quoted “If approved, I am willing to contract with Arc Hospice of Florida to provide general inpatient beds at our long-term care facilities in the Gainesville metropolitan area- I believe that this is a great opportunity for patients in the community as well as their families.”

Arc supplies additional excerpts from letters of support that it states are “reaffirming their support” and “demonstrating their interest in developing a collaborative working relationship with Arc Hospice”, including among others:

- Jacques Joseph, LHNA, MBA, Executive Director, Park Meadows Health and Rehabilitation Center

**CON Action Numbers: 10768 through 10771**

- Barry Audain, Administrator, Terrace Health and Rehab and
- Hemwattie Clough, Administrator, Williston Care Center.

**Charis Healthcare Holdings, LLC (CON application #10770)**

states aging with dignity in your home and community is the best option for patients but recognizes there are times when inpatient care is needed. Therefore, it will partner with hospital and nursing home facilities and will pursue inpatient contracts with existing health care facilities: hospitals, nursing homes, ALFs. Charis has demonstrated its commitment to home and community care through the operation of its skilled nursing registries and home health agencies in Florida adding that it will offer educational initiatives to its staff to aid in maintaining patients in the place they consider home.

**Hospice of the Sunshine State, LLC (CON application #10771)**

will initially provide any required inpatient services through contractual agreements with licensed hospitals, nursing homes, or other qualified providers of inpatient hospice services. The applicant notes that it will be responsible for:

- Patient Admission
- Advance directives
- Care Planning
- Coordination of services
- Quality assurance
- Hospice Training and
- Payment.

Contracting facilities will be responsible for providing:

- 24-hour nursing care
- Space for families and visitors
- Staff privileges for the Hospice Medical Director and physicians
- Ancillary services including meals, drugs, and medical supplies

The applicant notes its “willingness to contract with Hospice of the Sunshine State for inpatient and respite services” letter) from Ida Cribb, LNHA Windsor Health and Rehabilitation Center (Bradford County). Further, it will pursue negotiations for additional contracts with other hospitals and nursing homes to support the program's inpatient needs and anticipates that by the time it becomes operational there will be a number of additional contracts with SA 3A providers. Sunshine notes its policies and procedures in the applications’ Appendix L.

- (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**

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** reiterates its commitment to patients without caregivers at home, residents experiencing homelessness and patients with HIV/AIDS and states its SAGE Platinum Certification. AccentCare states that in addition to the homeless, some persons will not have a designated person who can function as the primary caregiver, and it makes provisions to serve persons without a primary caregiver in recognition of its mandate No One Dies Alone. The hospice team leader identifies and directs safe and effective provision of hospice care in situations where the terminally ill patient requires assistance with self-care and skilled services. This care is provided in a location in accordance with the patient's wishes and the procedure for meeting the need for a designated caregiver follows the four-step process below:

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

**CON Action Numbers: 10768 through 10771**

- b. Placement in a group home, public housing, or shelter
- c. Placement in a skilled facility
- d. Continuous care if pain and symptoms are unmanageable by arranged caregiver and the patient desires to remain at home
- e. Placement in a general inpatient bed when pain and symptoms are unmanageable at home

The reviewer notes that one population in SA 3A identified by AccentCare as having unmet need is those persons with HIV/AIDS and provides the statistical data document HIV/AIDS prevalence data in SA 3A in 2022 on CON application #10768, page 2-22, Table 2-1. AccentCare notes there were a total of 63 HIV diagnosed patients in SA 3A in 2020 and that medical advances extends these patients lives, “with the rate of death for that group lower than in the past”. AccentCare states having a variety of programs and services and training necessary to deliver care to a wide range of patients with competence and sensitivity and is committed to serving those with HIV/AIDS.

**Arc Hospice of Florida, LLC (CON application #10769)** states that it will not discriminate against anyone seeking its services and is committed to serving patients who do not have primary caregivers at home, are homeless, and/or have AIDS/HIV.

Further, it wants every patient to be able to remain in the least restrictive and most emotionally supportive environment possible, which may be within their own home or with relatives. Patients who have no support at home will receive increased support from the hospice staff and volunteers whenever possible and Arc will develop a plan of care that may include the patient's network of friends, family, neighbors, and other members of the community to assist them to remain in their home. Arc confirms it is committed to providing support for patients 24 hours a day. Continuous care is projected to be approximately 0.5 percent of total hospice days.

**Charis Healthcare Holdings, LLC (CON application #10770)** confirms that its commitment of service is to all who need it, regardless of financial means, race, ethnicity, national origin, gender, or sexual orientation. The applicant states that great emphasis is placed on enabling patients to remain in the least restrictive and most emotionally supportive environment possible.

Charis is committed to providing enhanced care to terminally ill patients without in-home support or who are suffering from AIDS with every effort being made to develop a caregiver network from

**CON Action Numbers: 10768 through 10771**

among neighbors, nearby relatives and friends, faith community members, and hospice volunteers to provide guidance, assistance, and companionship to the patient wherever possible.

Charis will engage in creating a network of caregivers specifically designed to assist a patient who resides without a caregiver and those who are homeless, focusing on educating the community on the benefits of hospice care and will then work to provide support to those who do not have the financial stability/assistance on their own. The applicant adds that the Charis team will engage with local shelter staff to identify needs, education, and assistance.

Charis concludes that it will tailor hospice care to the patient's circumstances. Further, its health care operations have a long history of, and it has a firm commitment to caring for patients with HIV/AIDS and it provides specialized HIV/AIDS patient care education to its staff and volunteers.

**Hospice of the Sunshine State, LLC (CON application #10771)** states it is committed to caring for all patients, including patients diagnosed with AIDS. Further, a social worker (“usually”) upon admission will assess and review the availability and capabilities of the patient's preferred caregiver. Caregivers will be provided with educational materials as well as access to any Sunshine resources that they may need to fulfil their responsibilities.

Sunshine states that if no caregiver can be identified, the social worker will explore other options depending upon the patient's financial circumstances, and will, with the patient's permission, undertake discussions with other family members, friends, church members, and other community resources. In the absence of a caregiver, staff will assess the patient's overall health status to determine if the patient can remain in his or her own home pending identification of a caregiver. If the patient cannot safely remain in their home they may be placed in a long-term care facility, an assisted living facility, or a Hospice House residential level of care. Further, if a patient is homeless, care is best provided in a secure sheltered setting and that it will work with local social service agencies to provide housing for its homeless patients in area shelters, hotels, or motels, or in an ALF or nursing home if appropriate.

Sunshine contends that veterans make up a disproportionate share of the nation's homeless population and states that Care Hospice is an active participant in the "We Honor Veterans" program and works with their communities in addressing the end

of life needs of homeless veterans and cites its policy and procedures for patients without caregivers in the application's Appendix M.

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

SA 3A includes Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties. The SA has 11 hospitals with 2,144 licensed beds, 27 SNFs with 3,169 beds, 39 ALFs with 1,847 licensed beds, and 51 home health agencies.

SA 3A's existing providers have one main office, three satellite offices, and one inpatient facility located in Alachua County; three satellite offices and one inpatient facility located in Columbia County; one satellite office and one inpatient facility located in Levy County; three satellite offices and one inpatient facility located in Putnum County.

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** responds that this is "not applicable" on page 2-22 of this application.

**Arc Hospice of Florida, LLC (CON application #10769)** states that of the 11 counties within SA 3A, 10 are considered rural and that it plans to initially establish a physical presence in Alachua County, then add a second office as needed in the service area. The applicant contends that it is experienced in serving areas with predominantly rural populations and focuses on hiring and retaining employees that live in the same areas as the patients. Further, its expertise in response times, communication plans, disaster plans, and follow-ups as well as policies are in place to best serve all patients, including those in a rural setting.

**Charis Healthcare Holdings, LLC (CON application #10770)** states that it commits to ensure that it has a physical presence most available and accessible to all members of the region. The applicant states: "Although Charis will be based out of its present home health facility in Ocala, it commits to opening satellite locations as necessary to ensure a physical presence for underserved counties." The reviewer notes that Ocala is not in the service area and the applicant proposes a condition "Office Location: Charis intends to have a hospice office space within the

region within the first year of operation. Proposed Measure: Compliance will be demonstrated by submission of the Charis hospice license with the office location.” Further, under “Additional Considerations” section, below “Nursing program support” the applicant states: “Charis will establish one centrally located district office that will be up and ready within 120 days of approval.”

**Hospice of the Sunshine State, LLC (CON application #10771)** confirms that it will open its initial office in Alachua County, and an additional office in Lake City in its second year of operations. Further, the applicant notes that through its physical outreach program it will also establish supply stations in the smaller counties of the service area to enable nursing and other staff serving rural areas to readily access medical supplies without having to travel to the main office locations.

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

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** states it will deliver hospice services, assisted by volunteers, and briefly describes the four hospice core services and 17 additional services on the application’s pages 2-23 – 2-36. AccentCare notes contracted services include physical, respiratory, speech, massage, art, and occupational therapy, acupuncture and other palliative care services. The applicant notes that it is professionally, financially, and administratively responsible for contracted services and will have legally binding written agreements and those will be provided by consultation, contractual arrangements, or other agreements and will meet Joint Commission or CHAP standards. AccentCare provides details of the contracting process and details of the following services:

**Bereavement Program** - examples of bereavement materials are included in the application’s Exhibit 5.

**Leaving A Legacy**, where patients find purpose and meaning by leaving behind tangible recordings, art works, journals, scrapbooks, memory bears, etc. for the family to assist with coping during bereavement.

**Cardiac Care and AICD Deactivation Program** consists of five goals, eight services and five requirements for this program listed on the application's pages 2-25 and 2-26. The applicant conditions this response in Condition # 1.

**Compassionate Ventilator Removals and Education** - the AccentCare care team makes a special effort to perform ventilator withdrawal (extubation) while honoring the wishes of patients and their loved ones, and to ensure that death comes with dignity. The program offers a licensed music therapist and a chaplain to the patient and family during this process

**Kangaroo Kids Pediatric Hospice & Palliative Care** - the pediatric care team provides direct care to the pediatric patient, teaches the parents how to provide care at home, the regimen of care, and schedule for medicines and other services.

**Camp Kangaroo**, a psychotherapy-based children's bereavement annual camp serving children whose loved ones were served by AccentCare and offered free of charge to all community children who experience the death of a loved one. The applicant adds that it will not duplicate the current pediatric service that Community Hospice of Northeast Florida offers but has the expertise, should the need arise. The applicant conditions this response.

**Music Therapy** is staffed only by board-certified music therapists (MT-BC) to treat the holistic experience of the patient and family through their end-of-life and bereavement journeys. AccentCare is the largest employer of MT-BCs nationally. AccentCare's music therapy is described on the application's pages 2-27 and 2-28 and Exhibit 5.

**Namaste Care program** designed by internationally recognized dementia expert, Joyce Simard, and the author of the text Namaste Care. The program's criteria, benefits, and outcomes are discussed on pages 2-28 through 2-30 of the application.

**No One Dies Alone** - during the final weeks of life, AccessCare nurses anticipate changing medical needs and prevent discomfort; provide supportive care staff to prepare loved ones and assist with relationship closure; and the hospice team rallies around the patient and family to ensure they are not alone. Continuous care is available when the patient meets the eligibility requirements.

**Open Access** - for patients that may need additional medical interventions such as ventilators for home use, receiving palliative radiation, chemotherapy open access also addresses patients with complex psychosocial needs. The applicant also cites seven benefits of the program.

**Palliative Care Program** provides clinical symptom management for people living with an advanced illness and emotional support for their families and caregivers. This program treats all age groups, with a focus on the alleviation of symptoms to provide

**CON Action Numbers: 10768 through 10771**

comfort care and meet the emotional and spiritual needs of patients and families. AccentCare bullets five characteristics that make this program different from hospice.

**Patient & Family Resources Hub** is an online resource that includes a 24-hour number where the community can speak directly to an AccentCare team member for additional support.

**Pharmacy Consultation** regarding prescriptions is an important service that is available 24 hours a day, seven days a week for all nurses and physicians to assist in pharmacologic consultation

**Telehealth** - the applicant conditions this response in Condition 14

**Virtual Reality** is "an artificial environment which is experienced through sensory stimuli, such as sights and sounds, provided by a computer and in which one's actions partially determine what happens in the environment". An article in the Journal of Palliative Medicine found that VR "has found use in a variety of clinical settings including pain management, physical medicine and rehabilitation, psychiatry and neurology."

**We Honor Veterans** is a program of the National Hospice and Palliative Care Organization in collaboration with the Department of Veterans Affairs (VA).

**Arc Hospice of Florida, LLC (CON application #10769)** discusses in detail that it will offer SA 3A a wide range of programs/services for patients who are unable to pay or whose payor source does not cover certain services. Some examples offered include community-based bereavement services, spiritual counseling, palliative arts programs (i.e., Music, pet massage therapy, etc.), vigil program, SNF/ALF Care Collaboration Program, We Honor Veterans, hospice for veterans, homeless, and indigent, Arc Bridge: Early Integration Program and its Service Intensity Add-On Program.

Arc notes that it proposes to provide annual funding of \$20,000 for at least the first five years towards the Arc of Life program designated for the end-of-life wishes for Arc Hospice patients and their families beginning in the first year of operation. Funding for the program is projected to total approximately \$13,298 in year one and \$37,589 in year two.

**Charis Healthcare Holdings, LLC (CON application #10770)** states that it has instituted a charitable care program designed to afford core hospice services to patients who are not covered by private insurance, Medicaid, or Medicare. The applicant states it provides not traditional or core hospice services which are listed in its first condition of this application. Charis' condition 1 includes

**CON Action Numbers: 10768 through 10771**

“Hospice 101”, “When to call hospice”, “Overcoming a Patient Saying NO”, “HIPPA”, “Handwashing 101” etc., which appear to be educational topics.

**Hospice of the Sunshine State, LLC (CON application #10771)** states that it conditions this application to establish a palliative care program to serve SA 3A residents, including the provision of advanced illness management within 12 months of initial licensure. Patient care services offered under this heading include:

- Chemotherapy
- Radiation Therapy
- Intravenous Medications
- Blood Transfusions
- Ventilator Support
- Other non-curative interventions

Specific non-covered services and programs it states are currently provided that will be provided in SA 3A include:

Bereavement and grief support services such as:

- Individual and family grief support programs
- Grief support programs for children and teens
- Children's camps
- Suicide support groups
- School-based group counseling and support groups

Complementary therapy services such as:

- Music Therapy (Rhythm and Harmony)
- Art Therapy (Artistic Expressions)
- Pet Therapy (Caring Paws)
- Massage Therapy
- Petals of Hope
- Equine Therapy.

Sunshine adds that Care Hospice provides support and financial assistance for in-home custodial care, rent or utility assistance, and transportation services as well as service to veterans. Care Hospice also supports medical, nursing, and clinical support education including funding of scholarships, and provision of internships to students in various nursing and allied health professions.

The applicant informs that Care Hospice programs provided 16,870 patient days of care to uninsured patients in 2023.

- b. **Rule 59C-1.0355(5) 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.**

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** cites its response which includes community support on pages 2-35 and 2-36. The reviewer confirms these were received and has placed the most notable within the application section “Letters of Support”.

**Arc Hospice of Florida, LLC (CON application #10769)** reiterates that it has received tremendous support for the project and provides numerous excerpts of its support letters throughout the application and is detailed at the “Letters of Support” section of this review and provides excerpts from various sources on pages 140–148 with original letters submitted located in the application’s Exhibit C.

**Charis Healthcare Holdings, LLC (CON application #10770)** does not provide a response to this. Charis had few letters of support from organizations in the SA, most of the letters were not in the SA or were from the applicant’s personnel.

**Hospice of the Sunshine State, LLC (CON application #10771)** responds that its letters of support are in the application’s Appendices L and N.

- c. **Chapter 59C-1.0355(6), Florida Administrative Code contains the following general provisions and review criteria to be considered in reviewing hospice programs.**

(1) **Required Program Description: 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.**

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768):** Schedule 6 shows 19.21 FTE staff for the project in year one and 38.49 FTEs in

## **CON Action Numbers: 10768 through 10771**

year two. The applicant provides narrative descriptions of its volunteer services/programs which include:

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

AccentCare notes that “federal participation standards require a hospice to provide volunteers in administrative or direct patient care for five percent or more of the total patient hours of a paid hospice employees” and lists six other volunteer goals.

### **Arc Hospice of Florida, LLC (CON application #10769)**

Schedule 6A shows 17.05 FTE staff for the project in year one and 34.55 FTEs in year two.

Staffing will include a medical director and an administrative director, who will oversee the SA 3A hospice program. Arc adds that hospice services will be delivered by trained members of an interdisciplinary team comprised of nurses, physicians, social workers, chaplains, hospice aides and volunteers. Further, its 3A program will benefit from its existing hospice program in Georgia as well as affiliate programs. Arc’s Exhibit F includes samples of policies and procedures the SA 3A program will use.

Arc assures that volunteers will be supervised by a designated staff member and based on its experience, it anticipates that at least five percent of its hours of care will be provided by hospice volunteers, thus meeting the percent requirement mandated under the Medicare program.

### **Charis Healthcare Holdings, LLC (CON application**

**#10770)** provided one Schedule 6 page with the year ended date of 2025, which reflects its proposed staffing of 23 FTEs.

**CON Action Numbers: 10768 through 10771**

Charis response includes a chart that reflects a total FTE count of 23 in year one and 32 FTEs in year two. Additional staffing positions and support functions will be done by the existing neighboring Charis operations, including general bookkeeping, accounts payable and financial reporting, education and training, quality assurance, information technology, and human resources, which includes payroll and benefits administration. Further, it “will actively seek to have an active volunteer workforce”.

**Hospice of the Sunshine State, LLC (CON application #10771)** provides a Schedule 6 total FTE count of 20.2 in year one and 31.2 in year two. The applicant confirms that it will recruit approximately three to five volunteers in its first year of operations with an additional three to five volunteers in year two and will provide approximately 80 hours of service in year one of and 180 hours of service in year two. Volunteers will provide services such as respite care, social visits, feeding assistance in ALFs, vigil care, Veterans' pinning, transportation, assistance in bereavement groups, errands, and shopping.

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

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** states that its educational, promotional, and outreach efforts intersect with facilities, advocacy groups, religious institutions, service providers, physicians, social workers, funeral directors, and insurers (including HMOs). The applicant references its letters of support for specific referral sources and bullets 14 expected sources of potential patient referrals below:

- Nursing homes
- Social Workers
- Hospitals
- Home Health Organizations
- ALFs
- Churches
- Home Health Agencies
- Funeral Directors
- Health Maintenance Organizations

**CON Action Numbers: 10768 through 10771**

- Social Services Organizations
- Physicians
- Families
- Dialysis Centers
- Individuals.

**Arc Hospice of Florida, LLC (CON application #10769)** expects patient referrals from physicians, nursing homes, ALFs, hospitals, patients, families and friends, insurers, faith and social service organizations, and other services/ program affiliates.

**Charis Healthcare Holdings, LLC (CON application #10770)** indicates it expects referrals from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates, other healthcare providers, family members and the patients themselves as referral networks for the hospice program. Further, it will establish outreach and marketing programs highlighting its core values, vision, and guiding principles that is aimed at community awareness, focusing on advanced care planning, hospice services, pain relief, symptom control, and intensive palliative care. Charis shares that it believes in the tenant "know us before you need us," and will rely heavily on its existing SA 3A liaisons and representatives from health care operations.

**Hospice of the Sunshine State, LLC (CON application #10771)** responds that it will obtain referrals from physicians, hospitals, nursing homes and ALFs, as well as from social workers, family members, clergy, and other social service organizations and professionals.

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

The table below shows the applicants projected admissions by payer source.

**CON Action Numbers: 10768 through 10771**

**SA 3A Application #s 10768-10771  
Admissions by Payer Source  
Years One and Two**

<b>Year One</b>	<b>AccentCare</b>	<b>Arc Hospice</b>	<b>Charis</b>	<b>Sunshine</b>
Medicare	199	183	500	249
Medicare Managed Care				7
Medicaid	0.2	7	100	-
Medicaid Managed Care				7
Commercial		5		6
Insurance	10			
Self-Pay	0.2	2		3
Private Pay			50	
VA Tri-Care			75	
Charity				14
<b>Total</b>	<b>209*</b>	<b>197</b>	<b>725</b>	<b>287**</b>
<b>Year Two</b>				
Medicare	374	369	750	383
Medicare Managed Care				11
Medicaid	0.4	14	175	-
Medicaid Managed Care				11
Commercial		10		9
Insurance	18			
Self-Pay	0.4	4		4
Private Pay			75	
VA Tri-Care			100	
Charity				9
<b>Total</b>	<b>393*</b>	<b>397</b>	<b>1,100</b>	<b>426**</b>

Sources: CON application #10768, page 2-43. CON application #10769, page 150, CON application #10770, unnumbered page direct response and CON application #10771, page 63, Table 19.

Notes \* CON application #10768 Totals for Years One and Two likely due to rounding as Year One computes to 209.4 and Year Two to 392.8.

\*\* CON application #10771 Totals for Years One and Two add up to 286 and 427, respectively.

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** projects 3.0 percent of its SA 3A year one and year two patient days will be Medicaid with 2.0 being self-pay which is what the applicants Schedule 7A.

**Arc Hospice of Florida, LLC (CON application #10769):** Schedule 7A projects 3.5 percent of its SA 3A year one and year two patient days will be Medicaid.

**Charis Healthcare Holdings, LLC (CON application #10770):** Schedule 7A projects of its SA 3A patient days will be 0.5 percent to Medicaid and 0.5 percent to charity.

**Hospice of the Sunshine State, LLC (CON application #10771):** Schedule 7A projects 2.5 percent of its SA 3A year one and year two patient days will be Medicaid (HMO).

**CON Action Numbers: 10768 through 10771**

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

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768):**

Diagnosis	Admissions		Percent	
	Year One	Year Two	Year One	Year Two
Cancer	61	114	29.0%	29.1%
End Stage Heart Disease	30	57	14.6%	14.5%
End Stage Pulmonary Disease	25	47	11.9%	12.0%
End Stage Renal Disease	5	10	2.5%	2.5%
Other	88	165	42.1%	42.0%
<b>Total</b>	<b>209</b>	<b>393</b>	<b>100.0%*</b>	<b>100.0%*</b>

Source: CON application #10768, page 2-43, Table 2-3.

Note: Applicant rounds percent totals for Years One and Two as they compute to 100.1%.

**Arc Hospice of Florida, LLC (CON application #10769):**

**Admissions by Terminal Illness**

	Year One	Year Two
Cancer Under 65	14	28
Cancer 65+	43	87
Non-Cancer Under 65	15	29
Non-Cancer 65+	125	253
<b>Total</b>	<b>197</b>	<b>397</b>

Source: CON application #10769, page 150.

**Charis Healthcare Holdings, LLC (CON application #10770):**

**Projected Admissions by Type of Terminal Illness**

	Year One	Year Two
Cardiac/Coronary Heart Disease Related	150	200
Dementia or Dementia Related	100	150
Cancer Related	350	500
Respiratory Failure	125	250
<b>Total Admissions</b>	<b>725</b>	<b>1,100</b>

Source: CON application #10770, unnumbered page - direct response

**Hospice of the Sunshine State, LLC (CON application #10771)** provides a table to account for projected admissions by type of terminal illness (cancer or non-cancer) and applicable age cohort (under 65 and Age 65+) on page 64.

	Year One Admissions			Year Two Admissions		
	Under 65	65+	Total	Under 65	65+	Total
Cancer	20	63	83	30	93	124
Other	19	184	203	28	274	302
<b>Total</b>	<b>40*</b>	<b>247</b>	<b>287</b>	<b>59**</b>	<b>367</b>	<b>426</b>

Source: CON application #10771, page 64, Table 20

Note \* Year one and two under 65 totals compute to 39 and 58. Applicant's numbers probably differ due to rounding.

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

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

	AccentCare	Arc	Charis	Sunshine
<b>Year One Admissions</b>				
<b>Under 65</b>	29	28	262	*40
<b>Over 65</b>	180	169	788	247
<b>Total</b>	<b>209</b>	<b>197</b>	<b>1,050</b>	<b>287</b>
<b>Year Two Admissions</b>				
<b>Under 65</b>	54	57	275	124
<b>Over 65</b>	339	340	825	302
<b>Total</b>	<b>393</b>	<b>397</b>	<b>1,100</b>	<b>426</b>

Sources: CON application #10768, page 2-44, CON application #10769, page 150 and CON application #10771, page 64 and CON application #10770 page unnumbered.

The reviewer notes that Charis’ year one and two projections are likely overestimated and year one totals are inconsistent with 725 projected admissions by payor source and terminal illness yet 1,050 by age.

Charis states that “the reliability of its overall volume projections in this application is supported by actual experience in hospice services throughout the country” and that its ability to achieve and exceed its projections in Florida comes from several factors: (1) a thorough understanding of the community needs; (2) years of experience in hospice and in healthcare services in Florida; (3) Charis can count on assistance from its healthcare operations throughout the state. As previously stated, Charis projections are likely overstated.

- (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.*

**CON Action Numbers: 10768 through 10771**

*Physician services may be provided by the hospice directly or through contract. A hospice may also use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients during periods of peak patient loads or under extraordinary circumstances*

*(b):*

- *Each hospice must also provide or arrange for such additional services as are needed to meet the palliative and support needs of the patient and family. These services may include, but are not limited to, physical therapy, occupational therapy, speech therapy, massage therapy, home health aide services, infusion therapy, provision of medical supplies and durable medical equipment, day care, homemaker and chore services, and funeral services*

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** bullets 11 elements to be included in any legally binding contracts, along with four additional provisions it indicates also apply. AccentCare states that employees deliver most of the hospice services assisted by volunteers, pointing out that contracted services are mostly for therapy services: physical, respiratory, speech, massage, art, and occupational therapy along with acupuncture and other palliative care services. Further, services provided by consultation, contractual arrangements, or other agreements will meet Joint Commission or CHAP standards.

**Arc Hospice of Florida, LLC (CON application #10769)** indicates that its staff will directly deliver, care/case management, home care, bereavement, respite, after hours triage, nursing, social services, dietary counseling, spiritual counseling/Chaplains, infusion, pharmacy, DME/medical supplies, patient and family education/support, volunteer services, quality measurement and reporting, infection control, integrative therapies, professional/community outreach and education, and palliative care (non-Certificate of Need service) and others.

**CON Action Numbers: 10768 through 10771**

Arc cites AHS’s “extensive array of administrative functions, all provided in-house,” and lists 22 of these including, billing and collections, finance, human resources, policies and procedures, etc. The application’s page 16 includes detailed descriptions of Arc’s volunteer services.

**Charis Healthcare Holdings, LLC (CON application #10770)** confirms that its policy on contract staff requires that senior management will be responsible for the availability of care and services to meet the patient’s needs. Contracted services will be defined by a written agreement before that source will be permitted to provide services on behalf of Charis and patients will be entitled to the same level of performance as from Charis itself.

<b>Service</b>	<b>Directly</b>	<b>Under Contract</b>
Interdisciplinary Group	✓	
Registered nurse	✓	
Licensed practical/vocational nurse		✓
Physical therapist		✓
Occupational therapist		✓
Speech therapist	✓	
Medical social worker	✓	
Registered dietary consultant services	✓	
Hospice aide	✓	
Homemaker	✓	
Volunteers	✓	
Hospice Chaplain services	✓	
Bereavement services	✓	
Pharmacy consultant		✓
Physician services	✓	✓

Sources: CON application #10770, unnumbered page – direct response.

The applicant’s project summary indicates that it will obtain medical equipment and supplies through contracted vendors and addressed volunteers as previously stated.

**Hospice of the Sunshine State, LLC (CON application #10771)** responds that it will provide most of its services through employed staff or volunteers noting that the following types of services will be provided via contract labor or contractual agreements:

- Physical, Occupational, and Speech Therapy
- Laboratory and Radiology
- Inpatient Care
- Durable Medical Equipment

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

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** proposes to seek contracts with one or more hospitals or SNFs for the provision of general inpatient care prior to receiving its license. The applicant notes its support from area hospital and nursing home staff, but “corporate ownership refrains from endorsements”.

**Arc Hospice of Florida, LLC (CON application #10769)** indicates it will have contractual arrangements with SA 3A hospital and nursing home facilities for inpatient and respite needs. Further, it has established working relationships in the area, citing Millennial Healthcare, which operates long-term care facilities (over 700 beds) in SA 3A. Arc reiterates the support letters it has received from health care facilities. Arc notes its Schedule 5 projects that 1.5 percent of its patient days will be for inpatient services in SA 3A.

**Charis Healthcare Holdings, LLC (CON application #10770)** states it proposes to provide inpatient care through contractual arrangements with local health care facilities.

**Hospice of the Sunshine State, LLC (CON application #10771)** reiterates that the inpatient care component will be provided through contractual arrangements with service area hospitals and nursing homes.

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

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** states that it has no plans to construct or operate a freestanding inpatient hospice facility in the first two years of operation and will contract for “scatter beds” with SA 3A nursing homes and hospitals. Further, there are no contracts for establishing a specified number of beds.

**Arc Hospice of Florida, LLC (CON application #10769)** states this is not applicable and will contract with existing health care facilities for inpatient beds when needed.

**Charis Healthcare Holdings, LLC (CON application #10770)** states it will establish inpatient agreements in the SA and projects 60 inpatient days in Year Two.

**Hospice of the Sunshine State, LLC (CON application #10771)** states that it forecasts approximately 201 GIP patient days in Year One and 468 GIP patient days in Year Two which translate into need for one to two GIP beds, which will be provided in contracted facilities.

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

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** states assurance that this provision will be in a contracted hospital or nursing home that is a participant in Medicare or Medicaid and the inpatient bed will be used for pain control, symptom management, and respite purposes for the hospice patient providing an eight-step process in determining, executing and monitoring/oversight of inpatient services (pages 2-47 and 2-48 of the application).

**Arc Hospice of Florida, LLC (CON application #10769)** states that inpatient hospice care is for short-term care to manage symptoms that cannot be adequately managed at home and is appropriate temporarily for emergency situations when the patients' caregiver is unable to provide needed patient skilled nursing care. Further, Arc's interdisciplinary team will evaluate patients to determine continued need for inpatient care.

**Charis Healthcare Holdings, LLC (CON application #10770)** states that inpatient episodes are for respite care and intended to be stays of short duration (up to five days). Patients may be admitted for inpatient care if their pain/symptoms cannot be managed adequately at home. This is often a temporary situation to adjust the patient's medications and reassess and regulate the care services to be provided and that once stabilized, the patient can be discharged home.

**Hospice of the Sunshine State, LLC (CON application #10771)** states that it has incorporated Medicare regulations for the conditions under which a hospice patient may be admitted to an inpatient unit into its inpatient admission criteria which appear in Appendix L of this application.

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

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** reiterates its previous response noting that the patient makes the final decision on which option to pursue and provides the following process for serving patients without primary caregivers:

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

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

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

**Arc Hospice of Florida, LLC (CON application #10769)** assures that its interdisciplinary team will help each patient without a caregiver develop a plan of care that may include the patient's network of friends, family, neighbors, and other members of the community to help assist them and remain in their homes. When a patient is unable to develop a caregiver network or is not physically or mentally able to remain at home and receive hospice services, Arc may recommend that the patient enter an assisted living facility, nursing home, or inpatient hospice facility, with hospice staff and volunteers continuing to provide hospice care. Arc will work to establish relationships with various area nursing homes, assisted living facilities, and hospitals.

**Charis Healthcare Holdings, LLC (CON application #10770)** responds that it will assist in creating a caregiver network for its patients that do not have one.

**Hospice of the Sunshine State, LLC (CON application #10771)** repeats its brief narrative from section 2.a.3. detailing the applicant's provisions for serving persons without a primary caregiver at home.

**(k) Arrangements for the provision of bereavement services.**

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

- *Section 400.609 (1) (a) Florida Statutes indicates the hospice care team shall directly provide bereavement counseling services*
- *Section 400.609(5) Florida Statutes states this must be a comprehensive program, under professional supervision, that provides a continuum of formal and informal support services to the family for a minimum of one year after the patient's death*

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** states that bereavement services cover a variety of spiritual, emotional, religious, and interpersonal interactions for the purpose of easing grief, sharing with empathy, and assisting the bereaved with coping skills. Further, services may continue up to one year and that clergy may be involved as well as volunteers and staff with training and experience to provide counseling and comfort. AccentCare states having options

**CON Action Numbers: 10768 through 10771**

that include hosting scheduled group meetings for those in grief to talk about their loss, the emotions they experience and the feelings that they have. One-one interactions with trained volunteers or a professional, depending upon the issues that may arise, is another option. AccentCare offers a brief discussion of its Camp Kangaroo and Friendly Visitors Bereavement Programs and assures that it will continue to host virtual and online bereavement support as it did during the pandemic.

**Arc Hospice of Florida, LLC (CON application #10769)**

reiterates much of its previous responses, adding that it offers a range of counseling services to support patients and their families throughout the end-of-life process.

**Charis Healthcare Holdings, LLC (CON application**

**#10770)** indicates its organized bereavement program will be supervised by a qualified Bereavement Coordinator for up to one year following the patient's death. The program will provide services to the families/caregivers of hospice patients both before and after the patient's death in accordance with the plan of care (if appropriate, bereavement services will extend to families/caregivers of SNF/ICR residents) to facilitate a normal grieving process and to identify and refer those persons who may be experiencing pathological grief reactions that may interfere with the eventual resolution and integration of their losses. Services will be coordinated, when possible, with the individual's clergy and other community resources judged to be useful and beneficial to the family/caregiver and will be provided by personnel who have received training and have experience in dealing with grief. Charis states that the duties and responsibilities of the Bereavement Coordinator and Counselors will be specified in their job descriptions.

**Hospice of the Sunshine State, LLC (CON application**

**#10771)** confirms that it will provide bereavement services for the families of its patients as well as members of the community whose family members were not hospice patients for at least a year following the death of the patient and will develop and implement appropriate policies and procedures to govern the provision of bereavement services.

The applicant notes that Care Hospice does a family bereavement assessment upon admission preparing plans along with educating family members for accessing the Care

Hospice bereavement website at which they can access bereavement resources apart from or in addition to scheduled contacts with hospice bereavement specialists.

Hospice of the Sunshine State adds that the bereavement specialists are also responsible for identifying high-risk family members based on the bereavement assessment who are provided more intensive interventions and more frequent contact as well as providing specialized bereavement resources for children and adolescents, young adults, along with the survivors of a spouse, infants, and adult children.

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

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** commits to working with local community-based organizations to reach seniors and the disadvantaged throughout the SA and details its proposed community education activities on pages 2-51 and 2-52 of the application which includes Table 2-5, Continuing Education Topics on pages 2-51. The applicant notes that a social worker will visit Agency of Aging centers, senior centers, community Health Departments, health care clinics, religious and other community organizations to increase public awareness and improve access to hospice and palliative care for residents in low-income areas, initiating conversations about advanced directives and other topics exploring the benefits of hospice. AccentCare states that it will, through printed material, commercial spots on television and radio, articles in newspapers and magazines, testimonials in person at service clubs, women's clubs, churches, synagogues, and schools, community colleges and universities, produce education, increase opportunities for volunteers, and function as outreach for those who may need hospice care.

**Arc Hospice of Florida, LLC (CON application #10769)** cites the importance of educating other patient referral sources such as social workers, hospital discharge planners, assisted living facility staff, and nursing home staff regarding the benefits of hospice care. Further, it has already begun to develop the relationships in SA 3A, which will allow it to rapidly provide increased access to community education.

**Charis Healthcare Holdings, LLC (CON application #10770)** indicates that upon authorization to serve SA 3A, it will initiate numerous outreach and education events and activities and frequent meetings with local hospitals, nursing homes, ALFs, physicians, and community organizations, and serve as a resource for area providers and social services organizations on end-of-life care.

**Hospice of the Sunshine State, LLC (CON application #10771)** bullets five ways in which it engages in educational activities within the community that can significantly enhance public knowledge about hospice services, reduce misconceptions, increase access to end-of-life care, and enhance the quality of the patient's and caregiver's experience:

- 1. Increased Awareness and Understanding:** Many individuals are either unaware of the services offered by hospice programs, including pain management, emotional support, and spiritual care or have misconceptions surrounding hospice care. By organizing information sessions, distributing educational materials, and collaborating with local healthcare providers, Care Hospice can effectively reach out to its communities and ensure that people are aware of the benefits of hospice care. These community education initiatives also help dispel myths and misconceptions, empowering individuals to make informed decisions about their end-of-life preferences.
- 2. Timely Access to Care:** Community education activities play an important role in facilitating timely access to hospice care. By raising the awareness of the benefits of hospice and the eligibility for enrollment, Care Hospice ensures that individuals receive appropriate care when they need it the most. Early engagement with hospice services allows individuals to receive comprehensive support, symptom management, and psychosocial assistance, enhancing their quality of life during their end-of-life journey.
- 3. Advance Care Planning:** Care Hospice's community education activities facilitate discussions on advance care planning and end-of-life preferences. By engaging with the community through workshops, seminars, and

**CON Action Numbers: 10768 through 10771**

informational sessions, we encourage individuals to reflect on their health care wishes and communicate them with their loved ones. Educating people about the importance of advance directives, such as living wills and durable powers of attorney for health care, empowers individuals to maintain control over their end-of-life care and ensures that their wishes are respected.

- 4. Access to services:** Community education can promote access to services among diverse populations in the service area. This outcome is advanced by reaching out to underserved communities, minority groups, and rural areas where access to health care may be limited. By addressing cultural, linguistic, and socioeconomic barriers through culturally sensitive and linguistically appropriate educational materials and outreach efforts, Care Hospice ensures equitable access to end-of-life care services for all residents in our service area.
- 5. Support for Caregivers and Families:** Care Hospice's community educational activities provide valuable resources and information to caregivers and family members, equipping them with the knowledge and skills needed to provide optimal care and support to their loved ones. Our initiatives offer guidance on managing caregiver stress, accessing respite care services, and navigating the emotional challenges of caregiving, thereby enhancing the overall well-being of families facing end-of-life transitions.

The applicant asserts that Care Hospice provides community educational activities to a variety of diverse audiences within our service areas through group educational settings, outreach material, and through our Patient Caregiver websites adding that its educational materials are prepared in English and Spanish.

Hospice of the Sunshine State notes that its audiences served include senior centers, health fairs, churches/synagogues, schools/universities, Chambers of Commerce, community centers, libraries, hospitals, physician groups, town halls, neighborhood groups, skilled nursing facilities and assisted living facilities, civic groups, non-profit

**CON Action Numbers: 10768 through 10771**

organizations, and businesses. Further, the applicant provides examples of community education topics:

- Understanding Hospice Care
- Honoring Dignity: The philosophy of Hospice Care
- Admission Criteria and Scope of Services
- Resources/Support for Caregivers
- Advance Care Planning/Advance Directives
- Pain Management and Symptom Control: The Role of Hospice
- Coping with Grief and Loss: Bereavement Services/resources offered by Hospice Spiritual Concerns
- Cultural attitudes towards death and bereavement
- Hospice Volunteers: Making a Difference in the lives of Patients and Families
- Commitment to our Veterans
- For referral sources:
  - Hospice Care: When and Why
  - End-stage diseases and common indicators
- Disease Specific Education/Programs
  - Clear Journey Program: Program for COPD patients
  - Memorable Journey: Program for Alzheimer's/Dementia patients

**(m) Fundraising activities.**

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** states it will not engage in fundraising activities and any donations received will go to the Seasons Hospice Foundation and AccentCare Hospice Foundation (non-profit foundations within the organization that offer hospice patients financial assistance to meet needs not covered by traditional hospice benefits.)

**Arc Hospice of Florida, LLC (CON application #10769)** states SA 3A fundraising activities will be coordinated by Arc and parent company staff and its foundation will raise and manage charitable contributions to support its mission and various patient and family care services. Funds will be reinvested in the local community. Specific fundraising activities were not addressed in this response.

**Charis Healthcare Holdings, LLC (CON application #10770)** indicates that SA 3A fundraising endeavors will be orchestrated by its team with the contributions directed to provide a wide spectrum of interdisciplinary services and volunteer opportunities for those patients and families seeking hospice care during their end-of-life journey. The applicant confirms that these resources will be channeled back into the local community through palliative and residential hospice care, training and assistance for caregivers, community awareness, support for families, and grief services.

**Hospice of the Sunshine State, LLC (CON application #10771)** confirms that Care Hospice does not solicit charitable contributions from its patients or their families and does not rely upon charitable donations for its financial operations. However, it does accept donations when offered and uses them to advance its non-core community services such as provision of housing to homeless patients, community education services and the like.

- 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 responded that they would comply with reporting requirements.

**3. Statutory Review Criteria**

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

As previously stated in item E.1.a. of this report, per Volume 50, Number 23, of the Florida Administrative Register, dated February 2, 2024, need was published for a new hospice program in Service Area (SA) 3A (Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties) for the July 2025 hospice planning horizon.

SA 3A has 11 hospitals with 2,144 licensed beds, 27 SNFs with 3,169 beds, 39 ALFs with 1,847 licensed beds, and 51 home health agencies.

**CON Action Numbers: 10768 through 10771**

SA 3A is currently served by:

- Community Hospice of Northeast Florida Inc. has three SA satellite offices - one each in Alachua County, Columbia County, and Putnam County
- Haven Hospice which has its main office and one inpatient facility in Alachua County and one satellite office and inpatient facility in Columbia, Levy, and Putnam Counties
- HPH Hospice (Licensed 12/21/20) has a satellite office/offsite location in Alachua County
- VITAS Healthcare Corporation of Florida has one satellite office (each) in Alachua, Columbia, and Putnam Counties.

SA 3A utilization is detailed in Item E. 1. a. of this report.

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768):** Major need justifications are briefly described below (item E.1.a. of this report has these in more detail).

- Low hospice penetration to the Hispanic population
- Low hospice penetration to the Black/African American population
- No hospice that is Services and Advocacy for Gay Seniors (SAGE) certified to serve the Lesbian, Gay, Bisexual, and Transgender (LGBT) community
- No outreach initiatives to low income and homeless populations

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

AccentCare contends it will increase hospice availability as identified below, noting they are proposed as conditions to this application.

1. AccentCare of North Central Florida will work with ALF and SNF providers, and through its Partners in Care program, can better coordinate care within these facilities to increase hospice availability to residents.
2. AccentCare of North Central Florida will establish a Rural Health Community Council for Hospice and Palliative Care to foster collaboration between the medical community, non-profit community organizations, faith-based organizations, and government entities for improving access to hospice and palliative care.
3. AccentCare of North Central Florida will have bilingual, Spanish speaking staff to provide outreach in the Hispanic community.

**CON Action Numbers: 10768 through 10771**

4. AccentCare of North Central Florida will establish a Minority Advisory Board to ensure culturally competent care for African Americans, Hispanics, and the LGBT Community, recruiting professionals that represent communities served and educate the community about access to hospice services.
5. AccentCare of North Central Florida commits to having Chaplain with expertise in the African American Community and will hold a minimum of six "church chats" workshops per year to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care.
6. AccentCare of North Central Florida will achieve Services and Advocacy for Gay Elders (SAGE) Platinum Certification to make hospice more available to the LGBT community
7. AccentCare of North Central Florida will implement a Homeless/ALICE Program to help identify homeless individuals in need of end-of-life care, and to offer shelter and comfort for homeless hospice patients in their final days and benefits those who are at risk of homelessness, experiencing food insecurity, or ALICE eligible.
8. AccentCare of North Central Florida commits to collaborating with the AccentCare Hospice Foundation or Seasons Hospice Foundation in holding a Camp Kangaroo children's bereavement camp at least annually within Hospice Service Area 3A. The monitoring report will identify the time and place of the camp.

AccentCare states that it will improve the quality of hospice care through

- Accreditation by the Joint Commission or CHAP
- Platinum certified by the Services and Advocacy for Gay Elders (SAGE)
- Membership in the National Hospice and Palliative Care Organization (NHPCO) and the Florida Hospice and Palliative Care Association (FHPCA).
- AccentCare adheres to national ethics policies to assure staff and volunteers have the widest influence for good in daily service provision
- AccentCare adheres to the Centers for Medicare and Medicaid Services' (CMS) quality reporting requirements.
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS) - is a CMS-mandated survey sent to patients' caregivers within nine weeks of the patient's death or discharge and assesses the experience of hospice care provided

**CON Action Numbers: 10768 through 10771**

- Hospice Item Set (HIS) - is a mandatory data set submitted to CMS upon admission and discharge to include pain, shortness of breath, bowel regimen, end of life treatment options, and spiritual or existential care.
- Internal, ongoing quality improvement
- Involvement in research efforts in end-of-life care by partnering with local and state colleges and universities to support masters' theses, doctoral dissertations, and faculty-led research initiatives through a National Research Committee
- Education – through the following:
  - Continuing Education Units
  - Internship Programs
  - Leadership Training Program

Other matters of access the applicant reiterates its previous response to financial, geographic, and service (pages 3-6 through 3-9 of the application).

Regarding the extend of utilization, a graph reflecting annual hospice admissions rates for SA 3A existing providers during CYs 2021-2023 and concludes that

- Current providers have failed to keep pace with population growth, admissions remaining mostly stagnant in the past three years
- Haven Hospice's total service area admissions for 2021 of 3,465 has decreased to 3,217 admissions for 2023
- The publication of the fixed need pool shows a gap of 428, exceeding the standard in the rule of 350, falling below expectations. That gap occasions the publication of need for another hospice program.

AccentCare notes the graphs reflect existing SA 3A hospice providers' admission trends and its own ability to improve access and increase utilization of hospice service to area residents. The applicant provides five-year growth from 2019 at 5,006 admissions to 7,472 in 2023. AccentCare attributes having a major national company behind it and its patient-centered focus, demonstrates its ability to grow, adapt and change under challenging times and changing conditions. Further, its growth reflects commitment to deliver end of life care that meets the expectations of the family and the patient.

AccentCare also responds to the Health Care Access Criteria on the application's pages 3-12 through 3-15.

**Arc Hospice of Florida, LLC (CON application #10769)** indicates that in addition to responding to the FNP, its project has been developed to meet the continuing and growth SA service needs as discovered by Arc Hospice during its on-going year-long market assessment. Demographic analysis reveals a strong population base and growing 65-plus population and given the high elderly population growth, its project will enhance access and availability of hospice services. Arc notes that the counties outside of Alachua, have a notably lower penetration rate for patients discharged to hospice, access challenges result in some patients needing hospice services receiving care outside of the home setting and contends that Arc is “a qualified provider that offers unique experience, including extensive education experience, that will increase penetration rates and demand... thus increasing overall hospice usage”.

Further, it will enhance access to disease-specific care citing its experience in providing such care. The applicant states its analysis of SA 3A using state-wide ratios shows that a high volume of the non-cancer, age 65 and older segment did not receive hospice services, demonstrating a notable gap in care for this patient population. Arc has identified underserved sub-population groups, including:

- Care for patients with the following disease categories:
  - Heart Disease
  - Cancer
  - Chronic Lower Respiratory Disease
  - Cerebrovascular Disease
  - Chronic Liver Disease and Cirrhosis
  - Dementia/Alzheimer's Disease
- Care for ethnic and race population cohorts such as Hispanics and African Americans
- Care for the veteran population
- Care for residents of rural communities.

Arc states it will enhance access for ethnic community specific care based on its extensive experience in providing such care. Lack of knowledge in communities such as the Hispanic/Latino and African American regarding end-of-life care and low hospice utilization will be addressed by its programs. Outreach is essential and the applicant discusses its “Cultural Connections” programs and its commitment will include hiring staff/cultural liaisons “who will conduct outreach activities, staff training on multi-cultural awareness, population specific support groups and education”.

**CON Action Numbers: 10768 through 10771**

In reference to enhancing access to care within rural communities, Arc states it is experienced in serving predominantly rural populations, developed specialized strategies to overcome geographical, logistical, and accessibility challenges in these areas. The 10 other SA counties 'disparity' in service compared to Alachua County is again cited.

Arc restates its "additional points to consider", which include:

- Arc Hospice is an experienced provider with existing resources.
- Arc emphasizes the importance of the continuum of care, has existing relationships with certain nursing homes in the area, and is currently developing relationships with local health care providers (including nursing homes and hospitals), for hospice patients throughout the SA.
- Arc is prepared to extend its extensive complement of services and specialty programs to SA 3A.
- Arc has developed disease-specific programs to meet the unique needs of patients, including those with advanced heart disease, cancer, pulmonary disease, and dementia/Alzheimer's disease.
- Arc is prepared to implement its Rural Care Program in SA 3A, a specialized program that focuses on providing in-home services to patients in rural communities and is served by rural care coordinators. Arc will extend its Cultural Connections outreach and education program to SA 3A which includes cultural liaisons who are responsible for helping identify, develop, and implement strategies and plans to bridge cultural differences.
- Arc will seek CHAP accreditation within 18 months of initial licensure, demonstrating its commitment to delivering the highest standards of care to patients and their families.
- Arc will respond to all referrals within one hour and expedite admission to hospice within two hours.
- Arc will provide triage coverage 24 hours a day, seven days a week and physical visits to assess hospice eligibility of patients and admissions regardless of ability to pay.
- Arc will focus on continuing to build community relationships through local hiring, education and communication utilizing partnerships with community leaders and pastors, and the Arc of Life Program (a program to create memorable moments for patients and their families).

As previously stated, Arc responded to Health Care Access Criteria on the application's pages 124 and 125.

**Charis Healthcare Holdings, LLC (CON application #10770)** responds that it "does not propose constructing a new health care facility. However, as evidenced by the Agency's Planning Horizon, the service area

is in need of an additional hospice program to care... to keep up with a growing population that reflects genuine concern for availability, accessibility and the overutilization of existing providers.” Further, its program will serve “persons with Medicaid, indigent persons and others who are exposed to barriers of care..”.

Charis responded to Health Care Access Criteria following the Statutory Review Criteria as they no pages numbers.

**Hospice of the Sunshine State, LLC (CON application #10771)**

responds that this is addressed in its Project Summary section of this application, noting that it has demonstrated in its existing programs in other states the ability to increase utilization for the underserved groups in SA 3A that it has identified – residents in rural counties and African American residents.

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

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

- CAHPS® (Patients and Family Experience Measures-Consumer Assessment of Healthcare Provider and Systems) during April 1, 2021—March 31, 2023
- HIS (Quality of Patient Care Measures-Hospice Item Set) during April 1, 2022—March 31, 2023.

Below is the publicly available HQRP information, as presented in the referenced website for the co-batched applicants (or the parent/manager and corresponding affiliates), with current licensed Florida hospices that had ratings as of March 31, 2023 – AccentCare affiliates only, as none of the other applicants/parents had licensed programs during the reporting periods.

**CON Action Numbers: 10768 through 10771**

**CAHPS Data  
April 1, 2021 through March 31, 2023**

Hospice Provider	Comm. with family	Getting timely help	Treating patient with respect	Emotion and spiritual support	Help 4 pain & symptoms	Training family to care for patient	Rating of this hospice	Willing to recommend this hospice
AccentCare (Broward - 22960112)	64%	56%	79%	78%	62%	60%	60%	61%
AccentCare (Hillsborough- 22960114)	67%	59%	81%	82%	58%	58%	63%	69%
AccentCare (Pasco - 22960123)	79%	72%	93%	87%	74%	73%	78%	82%
AccentCare (Pinellas - 22960117)	71%	71%	85%	85%	68%	62%	74%	76%
AccentCare (Southern FL - 22960084)	72%	70%	85%	86%	69%	66%	75%	74%
<b>AccentCare Average</b>	<b>71%</b>	<b>66%</b>	<b>85%</b>	<b>84%</b>	<b>66%</b>	<b>64%</b>	<b>70%</b>	<b>72%</b>
<b>State Average</b>	<b>77%</b>	<b>73%</b>	<b>88%</b>	<b>88%</b>	<b>72%</b>	<b>70%</b>	<b>78%</b>	<b>82%</b>

Source: Medicare.gov <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx> and Florida Health Finder <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospice>

Note: Arc Hospice and Charis do have licensed Florida Hospices. Hospice of the Sunshine State, LLC (CON application #10771) parent's (Care Hospice, Inc.'s) Alleo Health of Florida, LLC is not included above as the program was licensed March 27, 2024.

AccentCare's Florida and the States' licensed hospices Quality of Patient Care Measures-Hospice Item Set's rating on patients who got an assessment on all seven HIS quality measures are shown below.

Hospice Provider	Patients Who Got an Assessment of All 7 HIS Quality Measures
AccentCare (Broward - 22960112)	93.70%
AccentCare (Hillsborough- 22960114)	99.20%
AccentCare (Pasco - 22960123)	97.90%
AccentCare (Pinellas - 22960117)	97.70%
AccentCare (Southern FL - 22960084)	99.40%
<b>AccentCare Average</b>	<b>97.58%</b>
<b>State Average</b>	<b>96.8%</b>

Source: Medicare.gov <https://www.floridahealthfinder.gov/Hospice/Hospice.aspx> and Florida Health Finder <https://www.medicare.gov/care-compare/?redirect=true&providerType=Hospice>

Note: Arc Hospice and Charis do have licensed Florida Hospices. Hospice of the Sunshine State, LLC (CON application #10771) parent's (Care Hospice, Inc.'s) Alleo Health of Florida, LLC is not included above as the program was licensed March 27, 2024.

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** states that it is affiliated with AccentCare, Inc., which has over 31,000 highly trained and compassionate home

**CON Action Numbers: 10768 through 10771**

health professionals in over 260 locations in 32 states, serving over 260,000 individuals each year offering that a full facility list is provided in Exhibit 2 at the end of the application.

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

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

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

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

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

## **CON Action Numbers: 10768 through 10771**

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

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

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

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

AccentCare discusses its educational programs and its in-service training and staff development programs that employ an e-learning approach with different modules for employees' general orientation along with the orientation required for hospice aides, nurses, and supportive care providers. The applicant argues that through these initiatives, it is able to build a strong workforce. Policies supporting training and education are included in the application's Exhibit 9.

The applicant confirms that it will work with area colleges and universities to establish internship opportunities to engage the educational and medical communities through the following:

**CON Action Numbers: 10768 through 10771**

- Internship programs support the next generation of hospice workers. Through internship experiences, many students career in hospice
- Continuing Education Units (CEU) improve staff confidence and performance. AccentCare also plans to offer CEU credits to practicing clinicians and social services workers not affiliated with the hospice.
- Compassionate Allies Program offers nursing and pre-medical students experience in working with terminally ill patients. This allows them to gain insight into the benefits of palliative care so they will understand how to use hospice to maximize comfort and care for terminally ill patients.

AccentCare notes that it supports a variety of research efforts in end-of-life care by partnering with local and state colleges and universities to support masters' theses, doctoral dissertations, and faculty-led research initiatives through a National Research Committee. The applicant cites projects from past years on page 4-8 of this application.

The applicant provides a brief description of its COVID-19 response plan noting that it addressed all aspects of company operations, to ensure the experience for patients and team members was not compromised. Further, it states that it used technology to optimize its communications with patients, family members, staff, and contractors.

AccentCare notes that during 2020 it served over 12,000 bereaved individuals of which about 5,000 were not associated with any AccentCare patient. The applicant states that it increased the number of events in response to this increased demand, offering bereavement groups and psychoeducational grief workshops weekly or biweekly.

The applicant ensures that it has a national Emergency Management department that can assist all sites in handling various emergency conditions that includes support for afterhours call center and Regional After-Hours Administrators (RAHAs). Further, the Call Center and RAHAs are registered nurses who are specially trained to assist with higher-level after-hours management needs, such as referral communication, after-hour staff needs and activity oversight and are positioned throughout the country to ensure 24 hour a day availability is always maintained for all sites even during emergency situations.

AccentCare explains that it uses the HIS data to track the assessment practices of all its admission staff and uses CAHPS data to compare its performance with similar hospice programs and to guide its Quality

## **CON Action Numbers: 10768 through 10771**

Assurance and Performance Improvement Program. Programs that impact Quality of Care include:

- Telemedicine Access
  - allows nurses to make HIPAA-compliant, secure calls to hospice physicians while at a patient's bedside which provides nurses with clinical support
  - used to contact the patient's interdisciplinary care team, looping in family members, social workers, chaplains and even music therapists, based on a patient's needs and desires
- EMR - allows accurate, timely patient data to be accessed 24 hours a day, seven days a week.

Benefits include:

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

**CON Action Numbers: 10768 through 10771**

Regarding its Bereavement Support Assessment, the applicant states that AccentCare staff conduct a bereavement risk assessment of all caregivers which covers 15 risk factors to identify caregivers and loved ones who need additional bereavement support then AccentCare's counselors meet with those with a high bereavement risk score to give them the support they need. AccentCare states that it also conducts additional, non-mandatory bereavement surveys to assess the services it provides to family members and loved ones and that its Evaluation of Grief Support Services (EGSS) is sent after the 13th month of a loved one's death and are sent to any person who has received AccentCare bereavement services.

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

AccentCare affiliates serve five SAs. Agency records indicate that for the three-year period ending April 23, 2024, AccentCare Hospice & Palliative Care of Broward County (22960112) had one substantiated complaint in the Quality of Care/Treatment category.

**Arc Hospice of Florida, LLC (CON application #10769)** project summary states that AHS' corporate team has over 75 years of health care management experience, primarily in hospice and has significant hospice start-up experience, successfully completing over 50 hospice surveys. AHS members will be deeply involved in every detail of daily operations with particular focus on quality, performance improvement, and on-call care, including mission creation, promotion and recruitment, on-boarding, and training of staff. Further, AHS's approach includes implementing specialty programming and community education to meet the needs of the underserved minority populations.

Arc indicates that Arcturus, AHS's existing hospice program has proven practices and policies providing a full array of hospice services in the outpatient setting, providing care in numerous private homes, SNFs, and ALFs throughout the Metro-Atlanta area differentiating it from other programs by offering market-leading compensation intended to attract and retain high-quality talent, admission within two hours of receiving a referral, including nights and weekends, and "Arc of Life" lasting memory and a specialty dementia program. Exhibit A includes brief biographies of key personnel who will oversee the SA 3A project development.

## **CON Action Numbers: 10768 through 10771**

Arc assures it is committed to continuous assessment and improvement of quality and efficiency through its governing body and administration and strives to create a work environment where problems can be openly addressed, and service improvement ideas encouraged. Monitoring review includes the appropriateness of interdisciplinary team services and level of services provided, patient admission to hospice, regular review of patient length of stay, delays in admission or in the provision of interdisciplinary team services, and specific treatment modalities.

Arc indicates it will develop and maintain a Quality Assurance Performance Improvement Plan (QAPI), which will be established in accordance with its mission, core values, and service commitments. Arc will systematically evaluate the quality of care rendered to individuals, families, and the community to improve the quality of care provided and to assure proper utilization of services. QAPI activities are interdisciplinary, and its multifaceted program encompasses an ongoing evaluation of structural, process, and measurable outcome criteria. Further, it is committed to assessing, planning, and implementing care in a manner that improves outcomes and services while respecting the rights of patients, families, and customers. Placing emphasis on the hospice's infrastructure is a routine part of operation to improve Arc's quality of care and services. Arc assures that it will make available quality-effective, cost-effective services (within available resources) to individuals, families, and the community, and subscribe to compliance with both internal and external standards. The QAPI committee will consist of the administrator, director of clinical services, medical director, compliance officer, and "representation from both skilled and unskilled disciplines providing services".

Arc's quality management, utilization and peer review program will establish and use written criteria to evaluate the provision of patient care based on accepted care standards and include, at a minimum, systematic reviews of:

- Appropriateness of admissions, continued stay, and discharge, professional services and level of care provided and treatment
- Effectiveness of pain control and symptom relief
- Patient injuries, such as those related to falls, accidents, and restraint use
- Errors in medication administration, procedures, or practices that compromise patient safety
- Infection control practices and surveillance data
- Patient and family complaints and on-call logs
- Inpatient hospitalizations
- Staff adherence to the patient's plan of care

**CON Action Numbers: 10768 through 10771**

Arc's QAPI Committee requirements will include:

- Monthly meetings to review tracked data and outcomes with monitoring progress of the program and performance improvement plans (PIPs)
- The chairperson will select a co-chair to act in their absence and assist with the committee's work
- Committee members will be required to attend regularly scheduled meetings
- The committee will focus on significant areas of improvement each month, track the progress of PIPs, track and analyze adverse patient events
- Confidentiality will be maintained, only trended information, no patient specific information will be communicated outside of the QAPI committee
- Agency staff will be required to attend the quarterly meetings and will be kept informed of PIPs and involved in the QAPI program, solutions, and outcomes

Further, its QAPI Program will:

- Establish a systematic interdisciplinary mechanism to measure and assess the hospice's ability to provide quality, patient centered care using the elements of performance: appropriateness, dignity and respect, efficiency, effectiveness, timeliness, safety, continuity, and availability of patient care through routine data collection and analysis (such as national trends in patient outcomes, adverse events, internal and external audit results)
- Identify known, suspected, or potential opportunities to improve patient care processes and outcomes and hospice operations, as well as opportunities for further improvement in currently acceptable performance
- Establish ongoing measures to improve patient care processes and outcomes and hospice operations, as well as opportunities for further improvement in currently acceptable performance
- Establish mechanisms to prioritize opportunities for improvement that have the greatest potential impact on patient care outcomes, hospice operations and customer satisfaction
- Monitor the performance of processes that involve high risk, high volume or problem prone areas of care and services
- Track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice
- Take actions aimed at performance improvement and affect palliative outcomes, patient safety, and quality of care

**CON Action Numbers: 10768 through 10771**

- Ensure coordination and integration of all performance improvement activities by maintaining a QAPI/Safety Committee as the forum for information exchange, collaboration, prioritization, and monitoring
- Compare performance over time with other sources of information and to similar organizations nationally
- Identify the on-going educational needs required to improve patient care processes, outcomes and hospice operations
- Assign personnel and provide time and information systems to support ongoing quality assessment and performance improvement activities
- Participate as an integral component of the community, working in partnership to continuously improve access to care and the continuity of patient care services; and
- Sustain improved performance

Arc's QAPI Committee shall conduct an ongoing, comprehensive, integrated, self-assessment of the quality and appropriateness of care provided, including services provided under arrangement which includes a system of measures that captures significant outcomes and are used in the care planning and coordination of services and events. These include at a minimum and as appropriate the following:

- a. An analysis of a representative sample of services furnished to clients contained in both active and closed records
- b. An analysis of client complaints and satisfaction survey data
- c. An annual evaluation of the total operation, including services provided under contract or arrangement (evaluation of the need for policy changes, additional training, etc.)

Arc shares that it is fully confident in its ability to extend AHS' existing high quality hospice program to SA 3A and refers to existing policies and procedures included in Exhibits E and F.

**Charis Healthcare Holdings, LLC (CON application #10770)** states it is committed to ensuring the best quality and efficiency in its services as possible, taking regular reviews and assessments of its program, services, and personnel to continue to develop a more perfect program. Further, its "leadership team strives to create a work environment where improvement ideas are encouraged and acted upon". Charis assures that it has established policies for when problems are identified in the provision of hospice services, ensuring that its policy provides the necessary corrective actions, documentation, ongoing monitoring, and revisions of process, where necessary. Further details on Charis hospice quality assessment and performance improvement programs or CMS hospice survey measures were not provided.

Charis reiterates that it has a lengthy record of providing quality of care as a hospice provider, skilled nursing registry, and home health agency. The applicant provides coverage area maps showing it has hospices in Arizona and Indiana; and in Florida - Home Health Agencies in Districts 3 and 5-10 with Skilled Nursing Registries in SAs 4 and 6-11.

Charis' 'Project Summary' provides descriptions of its medical director/physician oversight, continuous care services, pharmacy services, rehabilitative and speech therapy and nutritional services, spiritual care counseling/chaplain services, psychosocial services, bereavement and volunteer services, nursing care, and proposed transportation services. Charis also provides a detailed description of its We Honor Veterans noting that it will implement this program and will achieve Level 4 certification within the first two years of operation, and Level 5 as soon as practical as well as partnering with the Veterans Administration and local veterans' organizations to understand local veterans' issues while actively recruiting veterans for the program.

**Hospice of the Sunshine State, LLC (CON application #10771)** lists five categories and provides a brief discussion of these on the application's pages 70—74:

- Accreditation
- Interdisciplinary Group Meetings
- Quality Assessment and Performance Improvement
- Patient Care Policies and Procedures
- Compliance Plan.

Regarding accreditation, the applicant offers that Care Hospice agencies have distinguished records of providing high-quality care to their patients, their families, and to its service area as a whole referencing Table 2: Care Hospice Affiliated Hospice Program Awards, Affiliations and Accreditations on page eight of Project Summary section of this application. Further, the applicant notes that it will achieve quality enhancement through ongoing staff education, continuous quality improvement initiatives, patient and family satisfaction surveys, and other monitoring and compliance initiatives.

Hospice of the Sunshine State explains that one of the most important tools employed by the programs of Care Hospice to insure consistently high-quality patient care is its Interdisciplinary Group care team (IDG) which is responsible for directing, coordinating, evaluating, and supervising the care and services provided for each hospice patient. The applicant notes that:

**CON Action Numbers: 10768 through 10771**

- Each patient's care plan is designed by the IDG under the direction of the attending physician, the medical director, or physician designee with collaboration from patients and families.
- The Registered Nurse Case Manager chairs the meetings of the IDC which includes as needed the patient, family, or legal representatives, the attending physician, Clinical Director, Social Workers, Chaplains, CNAs, Volunteers, Grief Specialists, Physical, Occupational, Speech or Recreational Therapists, Complementary Services Providers, Pharmacists, and Dietitians
- The IDG reviews and updates the plan of care every 15 days during the IDG conferences, whose agendas include the identification of obstacles to and solutions for access of care, determination of levels of services required by patients and family members, and review and revision of care plans to ensure that patients' needs and care plans are coordinated on a timely basis and that any deficits in treatment plans are identified and dealt with in a rapid and professional manner.

Sunshine includes a copy of Hospice of Florida's IDG Policy and Procedure in the application's Appendix B. This assures that Care Hospice's Quality Assessment Performance Improvement Plan (QAPI) is the foundation for an on-going, organization-wide, data-driven approach for evaluating and demonstrating improvements in the hospice care, palliative outcomes, services, and operations provided by its member hospices.

Further, under Care Hospice's QAPI Plan:

- All core functions and processes, especially those impacting upon palliative outcomes and end-of-life support, are subject to concurrent and retrospective review using pre-established indicators, criteria, and thresholds for evaluation.
- All clinical and non-clinical departments and services participate in the process for achieving improvement in hospice care, services, and operations as indicated by the Hospice Conditions of Participation.

The applicant bullets nine of the plan's objectives on pages 71 and 72:

- Focus on indicators related to improved palliative outcomes and end-of-life support
- Take actions to demonstrate improvement of performance
- Monitor the effectiveness and safety of services and quality of care
- Identify opportunities and priorities for improvement

**CON Action Numbers: 10768 through 10771**

- Improve the quality, acceptability, accessibility, and affordability of desired patient outcomes
- Enhance the value of services provided
- Assure a culture that promotes the reduction of clinical and support service process errors and service failures while facilitating the delivery of the highest quality of care
- Comply with the Center for Medicare/Medicaid Services (CMS) Conditions of Participation
- Participate in the required reporting of Outcome Measures to the State of Florida Department of Elder Affairs

Hospice of the Sunshine State informs that its Community Board, in cooperation with Care Hospice management, will implement and annually review its QAPI Plan noting the process includes:

- Identification of key activities in each functional area, focusing on those activities that are characterized by high volume, high risk, and high levels of problematic outcomes.
- Monitoring of performance through systematic collection of valid and reliable data collected over extended periods of time.
- Identification of potential problems that might adversely affect palliative outcomes or patient\family service.
- Ongoing analysis of progress towards meeting goals

The applicant confirms that its action plans are developed to address issues for quality improvement based on data-driven decisions and are revised as needed based on the results of the evaluation process. Additionally, these plans may include performance improvement projects; policy and procedure development or revision; process design or redesign; development of forms or communication tools; and development of educational programs. It is further notes that a copy of the Hospice of Florida 2024 QAPI Plan appears in Appendix C.

- 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

**CON Action Numbers: 10768 through 10771**

position is intended to provide some level of objective assurance on the likelihood that funding will be available. The stronger the short-term position, the more likely cash on hand or cash flows could be used to fund the project. The stronger the long-term position, the more likely that debt financing could be achieved if, necessary, to fund the project. We also calculate working capital (current assets less current liabilities) a measure of excess liquidity that could be used to fund capital projects.

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

**AccentCare Hospice & Palliative Care of North Central Florida, LLC  
(CON application #10768):**

<b>10768 - Horizon Acquisition Co, Inc. &amp; Subs</b>		
	<b>Dec-22</b>	<b>Dec-21</b>
Current Assets	\$281,255,000	\$278,091,000
Total Assets	\$2,348,957,000	\$2,371,387,000
Current Liabilities	\$250,650,000	\$227,286,000
Total Liabilities	\$1,724,903,000	\$1,649,435,000
Net Assets	\$624,054,000	\$721,952,000
Total Revenues	\$1,571,522,000	\$1,565,047,000
Excess of Revenues Over Expenses	(\$13,549,000)	(\$59,192,000)
Cash Flow from Operations	(\$33,804,000)	(\$2,796,000)
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.1	1.2
Cash Flow to Current Liabilities (CFO/CL)	-13.49%	-1.23%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	236.2%	197.0%
Total Margin (ER/TR)	-0.86%	-3.78%
<b>Measure of Available Funding</b>		
Working Capital	\$30,605,000	\$50,805,000

<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 \$476,640, 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. Despite a relatively weak financial position, the parent entity has over \$30 million in working capital, which is well in excess of the funding needed for this project.

**Conclusion:**

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

**Arc Hospice of Florida, LLC (CON application #10769)** is a developmental stage entity and has \$10,000 in cash but no operations. Therefore, a financial ratio analysis cannot be completed.

**Capital Requirements and Funding:**

On Schedule 1, the applicant indicates capital projects totaling \$1,585,845, which includes this project (\$418,030), and other CONs (\$1,167,815). The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. The applicant submitted a letter from Flagstar Bank indicating Tunic Capital (an affiliate) has excess of \$2,500,000. With \$2,500,000 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.

**CON Action Numbers: 10768 through 10771**

**Charis Healthcare Holdings, LLC (CON application #10770):**

<b>10770 - Charis Healthcare Holdings</b>		
	<b>Dec-22</b>	<b>Dec-21</b>
Current Assets	\$9,331,571	\$8,269,497
Total Assets	\$13,408,351	\$12,239,861
Current Liabilities	\$6,310,798	\$5,042,607
Total Liabilities	\$11,130,749	\$8,477,733
Net Assets	<b>\$2,277,602</b>	<b>\$3,762,128</b>
Total Revenues	\$52,767,472	\$39,185,914
Excess of Revenues Over Expenses	\$1,550,290	\$3,362,639
Cash Flow from Operations	<b>(\$2,725,813)</b>	\$3,017,619
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.5	1.6
Cash Flow to Current Liabilities (CFO/CL)	-43.19%	59.84%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	211.6%	91.3%
Total Margin (ER/TR)	2.94%	8.58%
<b>Measure of Available Funding</b>		
Working Capital	<b>\$3,020,773</b>	<b>\$3,226,890</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 did not indicate the total of capital projects including the cost on Schedule 1 for this project of \$236,541. However, the applicant has three other CON applications with total project costs of \$709,623 submitted in this batching cycle. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. Schedule 1 indicates \$1.3 million in cash on hand, but the financial statements presented show only \$655,165 in cash. It should also be noted that the applicant did not provide the required audited financial statements. Instead, it provided reviewed financial statements which are less in scope than an audit. In reviewing the financial statements provided, the applicant has \$3 million in working capital to fund capital projects. Given the lack of information provided on Schedule 2 it is unknown how many other capital projects are pending and/or underway.

**CON Action Numbers: 10768 through 10771**

**Conclusion:**

Funding for this project appears achievable. Funding for the entire capital budget is in question.

**Hospice of the Sunshine State, LLC (CON application #10771)**

<b>10771 - Hospice Care Buyer, Inc. &amp; Subsidiaries</b>		
	<b>Dec-22</b>	<b>Dec-21</b>
Current Assets	\$81,799,000	\$83,670,000
Total Assets	\$1,082,208,000	\$1,057,063,000
Current Liabilities	\$81,726,000	\$61,884,000
Total Liabilities	\$646,244,000	\$596,253,000
Net Assets	\$435,964,000	\$460,810,000
Total Revenues	\$353,232,000	\$297,682,000
Excess of Revenues Over Expenses	\$15,079,000	\$37,544,000
Cash Flow from Operations	(\$9,510,000)	(\$30,629,000)
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.0	1.4
Cash Flow to Current Liabilities (CFO/CL)	-11.64%	-49.49%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	129.5%	116.0%
Total Margin (ER/TR)	4.27%	12.61%
<b>Measure of Available Funding</b>		
Working Capital	\$73,000	\$21,786,000

<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 \$501,201, 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. While the applicant has sufficient cash on hand it has a relatively weak financial position and limited working capital. However, the applicant provided letters indicating significant funding available via revolving credit facilities if needed to fund the project.

**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.

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

**CON Action Numbers: 10768 through 10771**

**AccentCare Hospice & Palliative Care of North Central Florida, LLC  
(CON application #10768):**

CON 10768 Alachua	AccentCare Hospice & Palliative Care of NCF, LLC				
Base Rate Calculation	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Routine Home Care 1-60 days	\$144.10	0.8603	\$123.97	\$74.23	\$198.20
Routine Home Care 61+ days	\$113.75	0.8603	\$97.86	\$58.60	\$156.46
Continuous Home Care	\$1,177.23	0.8603	\$1,012.77	\$388.23	\$1,401.00
Inpatient Respite	\$309.70	0.8603	\$266.43	\$198.01	\$464.44
General Inpatient	\$727.27	0.8603	\$625.67	\$418.04	\$1,043.71
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	1.129	\$223.84	\$1,775,092		7,930
Routine Home Care 61+ days	1.129	\$176.70	\$3,194,785		18,080
Continuous Home Care	1.129	\$1,582.28	\$34,806	24	22
Inpatient Respite	1.129	\$524.54	\$88,197		168
General Inpatient	1.129	\$1,178.76	\$822,403		698
		<b>Total</b>	<b>\$5,915,283</b>		<b>26,898</b>
			Days from Schedule 7		28,727
			<b>Difference</b>		<b>1,829</b>
			<b>Percentage Difference</b>		<b>6.37%</b>

As such, the applicant’s projected patient days are 6.37 percent or 1,829 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 \$573,899 in year one to a net profit of \$287,292 in year two.

**Conclusion:**

This project appears to be financially feasible.

**CON Action Numbers: 10768 through 10771**

**Arc Hospice of Florida, LLC (CON application #10769):**

CON 10769	Arc Hospice of Florida				
Alachua	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.8603	\$123.97	\$74.23	\$198.20
Routine Home Care 61+ days	\$113.75	0.8603	\$97.86	\$58.60	\$156.46
Continuous Home Care	\$1,177.23	0.8603	\$1,012.77	\$388.23	\$1,401.00
Inpatient Respite	\$309.70	0.8603	\$266.43	\$198.01	\$464.44
General Inpatient	\$727.27	0.8603	\$625.67	\$418.04	\$1,043.71
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	\$220.75	\$3,069,408		13,904
Routine Home Care 61+ days	1.114	\$174.26	\$1,514,383		8,690
Continuous Home Care	1.114	\$1,560.43	\$135,538	24	87
Inpatient Respite	1.114	\$517.30	\$59,938		116
General Inpatient	1.114	\$1,162.48	\$404,081		348
		<b>Total</b>	<b>\$5,183,348</b>		<b>23,145</b>
			Days from Schedule 7		23,820
			<b>Difference</b>		<b>675</b>
			<b>Percentage Difference</b>		<b>2.83%</b>

As such, the applicant’s projected patient days are 2.83 percent or 675 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 \$235,143 in year one to a net profit of \$610,992 in year two.

**Conclusion:**

This project appears to be financially feasible.

**CON Action Numbers: 10768 through 10771**

**Charis Healthcare Holdings, LLC (CON application #10770):**

CON 10770	Charis Healthcare Holdings				
Alachua	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$144.10	0.8603	\$123.97	\$74.23	\$198.20
Routine Home Care 61+ days	\$113.75	0.8603	\$97.86	\$58.60	\$156.46
Continuous Home Care	\$1,177.23	0.8603	\$1,012.77	\$388.23	\$1,401.00
Inpatient Respite	\$309.70	0.8603	\$266.43	\$198.01	\$464.44
General Inpatient	\$727.27	0.8603	\$625.67	\$418.04	\$1,043.71
<b>Year Two Comparison</b>	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	\$220.75	\$2,061,228		9,337
Routine Home Care 61+ days	1.114	\$174.26	\$721,430		4,140
Continuous Home Care	1.114	\$1,560.43	\$0	24	0
Inpatient Respite	1.114	\$517.30	\$0		0
General Inpatient	1.114	\$1,162.48	\$0		0
		<b>Total</b>	<b>\$2,782,658</b>		<b>13,477</b>
			Days from Schedule 7		21,358
			<b>Difference</b>		<b>7,881</b>
			<b>Percentage Difference</b>		<b>36.90%</b>

As such, the applicant’s projected patient days are 36.9 percent or 7,781 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 \$497,940.33 in year one to a net profit of \$728,255 in year two. It should be noted that the applicant is only projecting Routine Home Care and does not include any revenue for Continuous Home Care, Inpatient Respite and General Inpatient. These levels of care are required to be made available and are more costly to deliver. The overall level of profitability percentage would likely be lower if the applicant projected the required other levels of service.

**Conclusion:**

This project appears to be financially feasible. However, the overall level of profitability is likely overstated.

**CON Action Numbers: 10768 through 10771**

**Hospice of the Sunshine State, LLC (CON application #10771):**

CON 10771	Hospice of the Sunshine State, LLC				
Alachua	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$144.10	0.8603	\$123.97	\$74.23	\$198.20
Routine Home Care 61+ days	\$113.75	0.8603	\$97.86	\$58.60	\$156.46
Continuous Home Care	\$1,177.23	0.8603	\$1,012.77	\$388.23	\$1,401.00
Inpatient Respite	\$309.70	0.8603	\$266.43	\$198.01	\$464.44
General Inpatient	\$727.27	0.8603	\$625.67	\$418.04	\$1,043.71
<b>Year Two Comparison</b>	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	\$220.75	\$1,679,933		7,610
Routine Home Care 61+ days	1.114	\$174.26	\$3,119,876		17,903
Continuous Home Care	1.114	\$1,560.43	\$279,082	24	179
Inpatient Respite	1.114	\$517.30	\$23,009		44
General Inpatient	1.114	\$1,162.48	\$519,567		447
		<b>Total</b>	<b>\$5,621,467</b>		<b>26,183</b>
			Days from Schedule 7		23,403
			<b>Difference</b>		<b>-2,780</b>
			<b>Percentage Difference</b>		<b>-11.88%</b>

As such, the applicant’s projected patient days are 11.88 percent or 2,780 days less than the number of patient days calculated by staff. Revenues appear to be overstated. It should be noted that the applicant included a significant contractual adjustment to its charges, reducing total revenue to a level in line with the level estimated by staff. Operating profits from this project are expected to increase from a net loss of \$718,774 in year one to a net profit of \$392,792 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 co-batched applicants:** Strictly, from a financial perspective, the type of price-based competition that would result in increased efficiencies, service, and quality is limited in health care in general and in hospice specifically. Cost-effectiveness through competition is typically achieved via a combination of competitive pricing that forces more efficient cost to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in hospice, price-based competition is almost non-existent. With the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited.

**Conclusion:**

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

However, the introduction of a new provider in the SA should foster competition to improve quality and cost-effectiveness.

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

There are no construction costs and methods associated in establishing the proposed hospice programs.

- g. **Does the applicant have a history of providing health services to Medicaid patients and the medically indigent? Does the applicant propose to provide health services to Medicaid patients and the medically indigent? ss. 408.035 (9), Florida Statutes.**

Hospice programs are required by federal and state law to provide hospice patients with inpatient care when needed (42 Code of Federal Regulations 418.108). Hospice care also must be provided regardless of ability to pay and regardless of age, race, religion, sexual orientation, diagnosis, payer source or financial status. Therefore, the Agency will not impose a charity care or Medicaid patient day condition on an applicant.

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** does not directly address its history of providing care to Medicaid or indigent patients but notes all hospices . The applicant projects 3.0 percent of its SA 3A year one and year two patient days will be Medicaid with “charity care days being part of 2.0 self-pay days”.

**Arc Hospice of Florida, LLC (CON application #10769)** reiterates that it has a history of providing care to Medicare, Medicaid, and indigent patients and is deeply committed to providing services regardless of payor source and notes that the financial projection schedules present the payor distribution, including Medicaid and Charity Care. Further, Arc Hospice also agrees to accept conditions as reflected in Schedule C, Certificate of Need Predicated on Conditions, to provide a variety of programs and initiatives to remove barriers and improve access to hospice care. The applicant commits to providing access to all patients

**CON Action Numbers: 10768 through 10771**

without regard to ability to pay in its hospice program in Service Area 3A including patients covered by Medicare, Medicaid, and other third-party programs as well as self-pay and charity patients.

**Charis Healthcare Holdings, LLC (CON application #10770)**

states that it has a history of providing health services to Medicaid patients and the medically indigent. Charis projects 100 year one and 175 year two Medicaid admissions. Schedule 7A Assumptions indicate that Medicaid and charity will be the payer source for 0.50 percent (1.0 percent combined) of the project's total annual year one and year two patient days.

**Hospice of the Sunshine State, LLC (CON application #10771)**

states that it has a well-established record of care to Medicaid and indigent populations. The applicant projects on its Schedule 7A that 2.5 percent of years one and two total annual patient days will be provided to Medicaid (HMO) patients, respectively. In its narrative on page 77, the applicant states that it projects "an additional 2.0 percent to charity and self-pay patients in its Service Area 3A program in Year 2."

**F. SUMMARY**

The applicants projects are in response to the need for an additional hospice in SA 3A.

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)**

is an affiliate of AccentCare, Inc., which employs over 31,000 home health professionals in over 260 locations in 32 states, serving over 260,000 individuals each year. The applicant's Florida affiliates provide hospice services in SAs 5A, 5B, 6A, 10 and 11 and an affiliate (Seasons Hospice & Palliative Care of Pasco County LLC d/b/a AccentCare Hospice & Palliative Care of Pasco County) has a CON approved program (CON #10726) to establish a new hospice in SA 3D.

Total project cost is \$476,640 and includes building, equipment, project development, and start-up costs. AccentCare expects issuance of license in June 2025, and initiation of service in July 2025.

Pursuant to project approval, AccentCare Hospice & Palliative Care of North Central Florida, LLC offers a total of 35 Schedule C conditions.

**Arc Hospice of Florida, LLC (CON application #10769)**

is a for-profit, development stage Florida Limited Liability Company, whose parent company owns and operates Arcturus Hospice and Palliative Care in Norcross, Georgia. The applicant has an approved CON (#10740) to establish a hospice program in SA 3E (Lake & Sumter Counties).

**CON Action Numbers: 10768 through 10771**

Total project cost is \$416,000 and includes equipment, project development, and start-up costs.

Licensure and initiation of service are projected to occur in January 2025.

Arc's Schedule C lists 10 conditions to the project's approval.

**Charis Healthcare Holdings, LLC (CON application #10770)**

is a for-profit, Florida Limited Liability Company that does not have a Florida licensed hospice. Charis states it operates seven private duty nurse registries and eight home health agencies in Florida.

Licensure is anticipated in October 2024 and initiation of service in January 2025.

Total project cost is \$293,474.28 and includes equipment, project development, and start-up costs.

Pursuant to project approval, Charis Healthcare Holdings, LLC offers eight Schedule C conditions.

**Hospice of the Sunshine State, LLC (CON application #10771)** is a for-profit, Foreign Limited Liability Company, which is a wholly owned subsidiary of Care Hospice, Inc. The applicant states that Care Hospice, Inc. was founded in 2009 and is a national provider of hospice services in 114 locations in 20 states. Care Hospice affiliate, Alleo Health of Florida, LLC d/b/a Hospice of Florida, was licensed on March 27, 2024 to provide hospice services in (SA 4A - Baker, Clay, Duval, Nassau, and St. Johns Counties).

The applicant expects issuance of license on December 20, 2024 and initiation of service to occur on January 1, 2025.

Total project costs are projected to be \$501,201 and include equipment, project development, and start-up costs.

Pursuant to project approval, Hospice of the Sunshine State, LLC offers 24 Schedule C conditions.

**Need/Access:**

The applicants' proposed projects are in response to the fixed need pool for a new hospice program in SA 3A. Each applicant's specific response to need is briefly addressed below.

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)** identifies in sections E.1.a. and 3.a. the following unmet hospice needs:

- Seniors, Age 65 and older, and residents in SNFs and ALFs
- Minority Populations, including African Americans and Hispanics
- Lesbian, Gay, Bisexual, and Transgender population
- Veterans
- Low Income and Homeless Populations
- Residents with Cardiovascular Disease and Pulmonary Disease
- Low hospice penetration to the Hispanic population
- Low hospice penetration to the Black/African American population
- No hospice that is Services and Advocacy for Gay Seniors (SAGE) certified to serve the Lesbian, Gay, Bisexual, and Transgender (LGBT) community
- No outreach initiatives to low income and homeless populations
- AccentCare proposes to condition CON approval to establish a primary office location in Alachua County and establish a physical presence in Suwannee County by end of the second year of licensure
- AccentCare projects 209 admissions (11,256 patient days) in year one and 393 admissions (28,727 patient days) in year two.

**Arc Hospice of Florida, LLC (CON application #10769)** contends that need for the project is based on:

- SA 3A patients discharged to hospice penetration rate is approximately 26 percent lower than percent lower than SA 7B with the highest penetration rate and rates sixth lowest out of all hospice service areas
- Increasing access to the SA's rural areas, which Arc plans to do with its Rural Care Program
- Analysis of SA 3A using state-wide ratios shows that a high volume of the non-cancer, age 65 and older segment did not receive hospice services, demonstrating a notable gap in care for this patient population; and
- Underserved sub-population groups including patients with heart disease, cancer, cerebrovascular disease, chronic lower respiratory disease, liver disease and cirrhosis, dementia/Alzheimer's as well as Hispanics and African Americans, veterans, and the residents of rural communities.
- Arc forecasts 197 admissions (8,865 patient days) in year one and 397 admissions (23,820 patient days) in year two.

**CON Action Numbers: 10768 through 10771**

**Charis Healthcare Holdings, LLC (CON application #10770)** states the SA 3A populations that are underserved are:

- African American and Hispanic populations
  - especially those suffering from coronary heart disease, cancer, and diabetes
- Lower economic and unemployed populations
- Populations with end-stage cardiac, cancer, and respiratory conditions
- Patients who would benefit from early hospice admission.

Charis contends the following would benefit from the project:

- Patients with diagnosis for coronary heart disease, cancer, diabetes, Alzheimer's and other forms of dementia
  - indigent, food insecure, homeless, veteran, and LGBTQ communities
  - Patients both over and under the age of 65
  - Patients residing in ALFs or Nursing Homes
  - The undereducated, uninformed, and those experiencing health care barriers for various reasons.
- Charis forecasts 725 admissions (17,798 patient days) in year one and 1,100 admissions (21,358 patient days) in year two

**Hospice of the Sunshine State, LLC (CON application #10771)** cites the FNP and the following support project approval:

- strong elderly population growth and identifiable underserved population segments
- the discharge rates in Service Area 3A for persons age 75 and over to home hospice is not only lower but dramatically lower than the statewide average” and “the discharge rates to hospice facilities are generally higher than the statewide average”
- subset of the non-cancer deaths
- rural communities
  - and “most of the rural counties, patients age 75 and older tend to be discharged at a lower rate to home hospice than are patients from the same age group in the Service Area's larger counties”
- The four existing Service Area 3A hospice providers penetration rates propose a material under-service to the African American population
- Sunshine forecasts 287 total admissions (10,033 patient days) in year one and 426 total admissions (23,403 patient days) in year two

**Quality of Care:**

**All** applicants demonstrate the ability to provide quality care.

**AccentCare Hospice & Palliative Care of North Central Florida, LLC (CON application #10768)**

- AccentCare's most currently available CAHPS measure for 'Willingness to Recommend the Hospice' score for the applicant's Florida affiliates was 72.1 percent compared to the state's average score of 79 percent
- The applicant's affiliate AccentCare Hospice & Palliative Care of Broward County had one substantiated complaint in the Quality of Care/Treatment category.

**Arc Hospice of Florida, LLC (CON application #10769)** provided a detailed discussion of its ability to provide quality care.

**Charis Healthcare Holdings, LLC (CON application #10770)** provided a brief discussion of its ability to provide quality care.

**Hospice of the Sunshine State, LLC (CON application #10771)** provided a detailed discussion of its ability to provide quality care.

- The applicant's affiliate, Alleo Health of Florida, LLC d/b/a Hospice of Florida licensed on March 27, 2024, had no substantiated complaints since licensure.

**Financial Feasibility/Availability of Funds:**

- **All applicants except Charis** - funding for the project and the entire capital budget should be available as needed.
- **Charis Healthcare Holdings, LLC (CON application #10770)** - funding for the project appears achievable. Funding for the entire capital budget is in question.
- **All** applicants projects appear to be financially feasible. However, **Charis Healthcare Holdings, LLC (CON application #10770)** overall level of profitability is likely overstated as it does not include all required levels of care in its projections.
- **All** projects, strictly, from a financial perspective, will not have a material impact on price-based competition. However, the introduction of a new provider in the SA should foster competition to improve quality and cost-effectiveness.

**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).
- **All** applicants discuss their history or parent's history of care to Medicaid and medically indigent patients and commit to serving all patients.

**G. RECOMMENDATION**

Approve CON #10769 to establish a new hospice program in Service Area 3A. The total project cost is \$416,000.

**CONDITIONS:**

**General**

- Arc Hospice will commit to conduct an annual Bereavement Symposium to provide local clergy and other professionals with resources to support those in grief.

*Proposed Measure: This will be measured by annual reporting of the Symposium date and attendance to AHCA.*

- Arc Hospice also proposes to provide annual funding of \$20,000 for at least the first five years, towards the Arc of Life program designated for the end of life wishes for Arc Hospice patients and their families beginning in the first year of operation.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA.*

- Arc Hospice will develop and implement a pre-hospice palliative care program.

*Proposed Measure: This will be measured by reports presented to AHCA detailing the program and initiatives within the program.*

**Ethnic and Racial**

- For the cultural connections outreach and education program, Arc Hospice commits \$15,000 annually for a period of five years for hosting quarterly community educational programs specifically for the Hispanic and African American communities.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA.*

- Arc Hospice will have in place a Cultural Liaison position, a key team member who is appointed to take the lead on minority outreach initiatives. This individual will be responsible for helping to identify, develop and implement strategies and plans to bridge cultural differences.

*Proposed Measure: This will be measured by reports presented to AHCA detailing the position is filled and the progress of the development of annual initiatives.*

### **Education**

- Arc Hospice also commits to developing a formalized internship program with a local educational institution specifically to provide internship opportunities within Arc Hospice for Hispanic and African American communities. This program will be supplemented with a \$15,000 annual funding commitment for, at a minimum, the first five years of operation.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA.*

- Arc Hospice is committed to providing internship opportunities to qualified students in nursing, gerontology, social work, music therapy, and pastoral counseling training programs within the hospice service area. This program will be supplemented with a \$15,000 annual funding commitment for, at a minimum, the first five years of operation.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA.*

- Arc Hospice is committed to supporting and sponsoring hospice and palliative care certifications for its skilled nursing staff (CNA, LPN, RN, and APN). This program will be supplemented with a \$15,000 annual funding commitment for, at a minimum, the first five years of operation.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA.*

**Transportation**

- Arc Hospice will allocate \$15,000 per year for three years to fund patient and family transportation needs where transportation is a barrier in the Service Area. Specific attention will be directed to rural communities.

*Proposed Measure: This will be measured by reports presented to AHCA detailing the progress of the development of the program. The reports will be annual until the program development is completed.*

- Arc Hospice will commit to the purchase of a van and hiring of a driver, offering transportation to and from medical appointments, support groups, and other hospice related activities.

*Proposed Measure: This will be measured by reports presented to AHCA detailing the purchase of the vehicle and the progress of the development of the program. The reports will be annual until the program development is completed.*

Deny CON #'s 10768, 10770 and 10771.

**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



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