

STATE AGENCY ACTION REPORT
ON APPLICATIONS FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC/CON application #10782

17855 North Dallas Parkway, Suite 200
Dallas, Texas 75287

Authorized Representative: Christopher Smith
Senior VP of Hospice Operations
(903) 399-4104

Affinity Care of the Treasure Coast, LLC/CON application #10783

8590 Potter Park Drive, Suite B
Sarasota, Florida 34238

Authorized Representative: Samuel Stern
(510) 499-9977

Charis Healthcare Holdings, LLC/CON application #10784

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

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

Hospice of Palm Beach County, Inc./CON application #10785

5300 East Avenue
West Palm Beach, Florida 33407-2387

Authorized Representative: Tarrah Lowry, COO
(561) 848-5200

2. Service District/Subdistrict

Service Area 9B – Martin, Okeechobee and St. Lucie Counties

B. PUBLIC HEARING

A public hearing was not requested or held.

Letters of Support

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10768) included 47 letters of support and testimonials. The following express interest/indicate willingness to contract with the applicant for inpatient hospice care

- Donna Rogers, NHA, Ardie R. Copas State Veterans Nursing Home
- Mauda Ravanalles, RN, Director of Nursing, Seabranh Healthcare and Rehabilitation (Martin County)
- Lila Fons BSN, RN, Director of Nursing, Savannas Park Health and Rehabilitation Center St. Lucie County).

Hospitals, Skilled Nursing, and Assisted Living Facilities:

- Dexter Thomas, Owner/Administrator, A Kee to Paradise, ALF, Port Saint Lucie (St. Lucie County)
- The Broadmoor ALF, Fort Pierce (St. Lucie County)
 - Keri Johnson, Executive Director
 - Linda King, Assistant Administrator
 - Alicia Jenkins, Resident Care Coordinator
- Kevin Williams, Owner, Faith Care LLC, ALF, Port Saint Lucie
- Tiffany Rink, RN, Administrator, The Manor of Fort Pierce
- Andre Dorval, RN, Director of Nursing, Vitality Resort ALF LLC, Port Saint Lucie
- Eugene McPhearson, Owner/Administrator, Naina's Angelic Hands LLC, Naina's Angelic Hands Assisted Living LLC, Port Saint Lucie
- Gloria Fernandez, Director of Nursing, Banyan Stuart Treatment Center (Martin County)

Physicians, Nurses, and Other Healthcare Providers

- Dr. William Crook, Radiation Oncology Specialist, Fort Pierce (
- Dr. Leriche Louis, DNP, APRN, FNP, BC, LFC Family Home, Fort Pierce
- Stuart Oncology Associates, P.A., Port Saint Lucie
 - Prashant R Patel, MD RPH
 - Joseph My, DO, Stuart Oncology Associates, P.A.
 - Christine G Simone, MD
- Melissa Giarratano MSN, APRN, FNP-BC, Mobile Geriatric Nurse Practitioner, Primary Care Solutions Port Saint Lucie

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- Melissa Johnson-Martinez, Administrator, Shirley's Personal Care Services Inc., Okeechobee (Okeechobee County)
- Virginia Howell, Master of Arts Counseling/Psychology, Port Saint Lucie

Government, Organizations, and Business Leaders:

- Tammy Staley, Program Manager, United Against Poverty, Fort Pierce
- Leah Suarez, Chief Executive Officer, Our Village Okeechobee
- Georgia Brown, MSW, Coordinator of Field Education at Florida Atlantic University
- Ivan Vallejo, President and CEO, Pulmonary Health Network, Registered Respiratory Therapist
- Frederick Klein, Rabbi, Greater Miami Jewish Federation, Fort Lauderdale
- David Webb, Chief Financial Officer, Memorial Regional Hospital South
- Angela M. Snell, M.S. Ed, MT-BC, President, AMTA, Music Therapy Association (AMTA), Silver Spring, MD
- Caroline Habbert Romash, Assistant Vice President of Care Management, Mount Sinai Medical Center, Miami Beach

Affinity Care of the Treasure Coast, LLC (CON application #10783)

received approximately 30 letters of support. These include:

Government

- Representative Brian J. Mast, U.S. Congressman, The 21st District of Florida, Stuart (Martin, St. Lucie & Palm Beach Counties)
- Representative Kaylee Tuck, The Florida House of Representatives, State Representative District 83, Sebring (Okeechobee, Glades, Hardee & Highlands Counties)
- Dana Trabulsy, The Florida House of Representatives, State Representative District 84, Fort Pierce (Part of St. Lucie County)
- Tobin "Toby" Overdorf, The Florida House of Representatives, State Representative District 85, Stuart (Parts of Martin & St. Lucie Counties)

Nursing Homes

- Tahir Naeem, M.D. Okeechobee Healthcare Facility, Conviva Care Center, Lake Okeechobee)
- Rick Brown, NHA, Port St. Lucie Rehabilitation and Healthcare, Administrator
- Charles Harper, Executive Director, Vivo Healthcare Fort Pierce (Aidan Post Acute)
- Kimberly Queen-Miller, Director of Admissions, Palm City Nursing and Rehab Center

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- Sherry Apple, Director of Social Services, Savannahs Park Health and Rehabilitation Center,
- Dianne O'Sullivan, MSW, NHA, Administrator, Tiffany Hall Nursing and Rehab Center
- Rebecca Zambrana, Director of Social Services, Palm Garden Health and Rehabilitation

Hospitals, Skilled Nursing, and Assisted Living Facilities:

- Izaic Wright, Executive Director, Symphony at Stuart - ALF/Memory Care, Stuart (Martin County)
- Kandie Tucker, Wickshire Senior Living (part of Wickshire Port St Lucie - ALF), Port Saint Lucie (St. Lucie County)
- Eilenne Joseph, Director of Resident Services, The Gardens of Port St. Lucie - ALF, Port Saint Lucie (St. Lucie County)

Other Healthcare Providers

- Dr. Marc Levine, Pain Medicine Specialist, Port St. Lucie (St. Lucie County)
- Dr. William Crook, Radiation Oncology Specialist, Fort Pierce (St. Lucie County)
- William Fredericks, Regional Care Navigator-South Florida and Megan Kettery-Staggs, RN Covenant Care Home Health (Covenant Home Health Care, LLC)
- Stephanie Watson, Regional Director of Sales, Pinnacle Home Care
- Dr. Tom Galinas and Dr. Shannon Galinas, Owners, Aesthetic Dentistry of Palm City, Palm City (Martin County)

Organizations, and Business Leaders:

- Keith E. Gibson, Florida's Diversity, Equity and Inclusion Director, Alzheimer's Association
- Jessica Braynen, CEO, Braynen Clinical Solutions, Healthcare Training And Certification
- Bijou Ikli CEO, Florida Assisted Living Association (FALA), Tallahassee (Leon County)
- Marianne Hall, BS, Regional Provider Relations Account Executive, Florida Community Care (health plan)
- Mitchell Kitroser, Managing Partner, Kitroser, Lewis and Mighdoll, Elder Law Attorney, Jensen Beach (Martin County)
- Kyle Rand, CEO and Co-Founder, Rendever, Inc.
- Arlan Larson, VP, NovoPharm of Tampa

The applicant lists the following SA 9B facilities indicate willingness to contract for inpatient services with Affinity Care:

- Okeechobee Healthcare Facility
- Port St. Lucie Rehabilitation and Healthcare
- Seabranh Nursing & Rehabilitation

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- Stuart Rehabilitation and Healthcare
- Vivo Healthcare Fort Pierce (Aidan Post Acute), Palm City Nursing and Rehab Center
- Savannas Park Health and Rehabilitation Center (St. Lucie County) and
- Tiffany Hall Nursing and Rehab Center Port Saint Lucie (St. Lucie County).

The applicant's letters are listed and summarized beginning on page 90 of the application and are included in the applications' Tab 5.

Charis Healthcare Holdings, LLC (CON application #10784) submitted 28 letters of support. These letters include:

- Steven East, CEO, CaringOndemand (Martin County)
- Two letters of support from writers outside of the service area
 - Michelle Pressley, Office Manager, Sleuth INC, Bradenton (Manatee County)
 - Thomas Sedgewick, Supply Chain Manager, OPSWAT Inc., Cybersecurity Company, Tampa (Hillsborough County)
- Five letters signed by unknown/out of SA medical personnel
 - Perinchery Narayan, M.D. FACS and Unyime Nseyo MDDDD, North Florida Urology, Gainesville (Alachua County - Unsigned)
 - Dr. Robert C. Estupinan MD, Lakeland (Polk County)
 - Maureen Toloday, LPN, Lakeland (Polk County)
 - Jen Gaugh, RMA
 - Jency Torres, Magnolia Med Tech
 - Taylor Himes, RN, Wimauma (Hillsborough County)
 - Mary Jo McQueen, Retired RN
- Five letters signed by Haven Home Health (its affiliate) personnel
 - Karly Zengel, Dr., Physical Therapist, (Unsigned)
 - Danielle Davault, Registered Nurse, Regional Director of Nursing
 - Catherine Ackling, MA, Tarpon Springs (Pinellas County)
 - Lauren Mosholder Medical Receptionist
 - Haley Gill-Pressley, BSN, RN, Riverview (Hillsborough County)
- 14 unidentifiable or illegible form letters.

Hospice of Palm Beach County, Inc. (CON application #10785)

received approximately 40 letters of support (Exhibit E) with noteworthy letters indicating a willingness to contract for inpatient beds received from:

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- Jackie Kendrick, CHPCA President and Chief Operating Officer, Treasure Coast Hospice, Martin County & (Treasure Coast Hospice of St. Lucie
- Keith L. Demons, Administrator, Aspire St. Lucie
- Patricia A. Ebanks, BSN, RN, LNHA, Administrator, Okeechobee Healthcare Facility (Okeechobee County)

Additional notable support were from:

- Eric Goldman, the Chief Executive Officer, HCA Florida Lawnwood Hospital, (St. Lucie County)
- Brian Melear, Chief Executive Officer, HCA Florida - Raulerson Hospital (Okeechobee County)
- Steven Seely, Senior Vice President, COO, Jupiter Medical Center
- Mauda Ravanales, DON, Seabranh Health & Rehabilitation Center (Martin County)
- Deborah McCourt, Executive Director, The Sheridan at Hobe Sound (an ALF and Memory Care Community in Martin County)

Hospitals, Skilled Nursing, and Assisted Living Facilities:

- Patricia Cantwell, MD, Professor & Chief of Pediatric Critical Care Medicine & Director of Pediatric Palliative Care, University Miami Miller School of Medicine and Holtz Children's Hospital

Physicians, Nurses, and Other Healthcare Providers

- Jordan Bromberg, MD, FACP, Medical Director and Mary Fields, Executive Director of Volunteers in Medicine Clinic (Martin County)
- William Snyder, Owner, Evergreen Private Care (serves Martin, Okeechobee an St. Lucie, as well as Indian River and Palm Beach Counties)
- Rob Gluckman, Esq., CEO and Michele Libman, MD, Treasure Coast Urgent Care, located in Stuart (Martin County)
- Dr. Robert Dermarkarian, Critical Care Pulmonologist, Pulmonary and Internal Medicine Association, (Martin County)
- Theresa Goebel, D.O. P.A., Cornerstone Family Practice, Stuart (Martin County)
- Carolyn Rawdon, APRN, PAM Health (Martin County)
- Victoria Jones, APRN (St. Lucie County)
- Ravi Mehan, D.O, Internal Medicine Physician, Mehan Medical Consulting (Martin County)
- Melissa Kindell DMD, Everglades Pediatric Dentistry (Okeechobee County)

Government, Organizations, and Business Leaders:

- Representative Brian Mast, Member of the United States House of Representatives, 21st District of Florida (Martin, St. Lucie & Palm Beach Counties)
- Representative John Snyder, Florida State Representative, House District 86 (Martin County)

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- Susan Gibbs Thomas, Village of Indiantown Mayor
- Carol G. Houwaart-Diez, President & CEO of the United Way of Martin County
- Leah D. Suarez, MNM, CNP, CRPS, Chief Executive Officer of Our Village Okeechobee
- Brenda Dickerson, President & CEO, Love and Hope in Action ("LAHIA" - Martin County)
- Jimmy Smith, President & CEO, NAACP Martin County
- Rayme L. Nuckles, Visionary Leader, Treasure Coast Homeless Services Council
- Timothy E. Moore, Ph.D., President of Indian River State College (St. Lucie County)
- William D. Snyder, Martin County Sheriff
- Tracey Wekar-Paige, Executive Director, Alzheimer's Association of SE Florida
- Dan Hudson, Interim Executive Director, Business Development Board (Martin County)
- Joseph A. Catrambone, CEO, Stuart/Martin Chamber of Commerce

Religious Leaders

- Faith Krumenacker, President, Temple Beth El Israel, Port St. Lucie

Employees of note

- Katherine Brazzale, MD, FAAHPM, FAAFP, Chief Medical Officer, Trustbridge Hospice

C. PROJECT SUMMARY

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782), referenced as AccentCare Treasure Coast, AccentCare or the applicant, is an existing for-profit Florida hospice provider affiliated with AccentCare, Inc., which employs over 31,000 home health professionals in over 260 locations in 32 states, serving over 260,000 individuals each year. AccentCare 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.

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 the Treasure Coast'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 when appropriate. Care for complex cardiac conditions include, for example:

- 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 9B 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 pulmonary 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 9B with pulmonary disease diagnoses 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 9B patients with pulmonary disease diagnoses 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 9B 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 9B 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 facility staff using, for example, e-learning modules, educational videos, protocols, and in-person team building education. AccentCare of the Treasure Coast 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 9B 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 the Treasure Coast 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 **Treasure Coast Homeless Services Council (serving Indian River, Martin, and St Lucie Counties)** and the **Heartland Coalition for the Homeless (serving several counties including Okeechobee)** 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 9B:

- 8. The primary office location** is St. Lucie County. To better serve rural areas, AccentCare of the Treasure Coast will establish a physical presence in Okeechobee County by the end of the second year of licensure. **The monitoring report includes a copy of the www.FloridaHealthFinder.gov information identifying office locations or other similar confirmation.**
- 9. AccentCare of the Treasure Coast dedicates \$100,000 toward recruitment & retention in Service Area 9B during the first three years.** This additional funding ensures employment of talent in Okeechobee County, a Medically Underserved Area, providing housing/relocation allowance and tuition reimbursement. Staff also benefit from a generous benefit package and the AccentCare National ***Employee Council*** that meets and provides a direct line of communication to management and others with similar challenges to identify and implement solutions to staffing needs. **The monitoring report includes a notarized statement affirming that at least \$100,000 was spent during the first three years of operations on recruitment efforts in Service Area 9B.**
- 10. 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 the Treasure Coast will host workshops to address these topics. **The annual required monitoring report identifies the number of workshops held throughout the year and location.**
- 11. AccentCare of the Treasure Coast dedicates \$100,000 towards supporting the creation of a Palliative Care Program within Service Area 9B by the second year.** Palliative Care programming ensures staffing that works closely with local oncologists to identify those in

need of palliative care, thereby increasing hospice admissions and length of stay to improve quality end-of-life care. **The monitoring report includes a notarized statement firming a minimum of \$100,000 is spent on supporting the creation of the Palliative Care Program.**

12. AccentCare of the Treasure Coast will offer a **Referral Website or App** or other similar technology to physicians and referral sources throughout Service Area 9B, 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 9B, 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 the Treasure Coast offers **Telehealth** options by providing tablets/devices to terminally ill patients in Hospice Service Area 9B 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 9B patients.**
15. AccentCare of the Treasure Coast 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 9B 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 the Treasure Coast 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 the Treasure Coast commits to forming an African American Advisory Board, a Haitian Advisory Board, and a Hispanic Advisory Board in Hospice Service Area 9B to serve during the initial three years of operation.** AccentCare facilitates advisory boards to support local minority leaders promoting diversity within their communities. Community leaders ensure cultural competence and evaluate the delivery of hospice care. Hospice leaders provide education and resources to help minority leaders increase public awareness and improve access to hospice and palliative care. Each 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 the Treasure Coast commits to having a Chaplain with expertise in the African American community. In addition to serving the spiritual needs of African in hospice care, a minimum of six workshops will be held in African American churches or other community locations within Service Area 9B each year** to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. These **“Church Chats”** will help inform the community of hospice care and increase access to services. AccentCare of the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast recognizes the national nursing shortage and will take proactive steps to ensure there are well-qualified nurses in its program. AccentCare of the Treasure Coast 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 the Treasure Coast. **The annual required monitoring report will include the number of employees recruited to AccentCare of the Treasure Coast through this program.**
27. AccentCare of the Treasure Coast offers **internship experiences** within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants. AccentCare of the Treasure Coast 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 the Treasure Coast conditions this application on its parent company attending the **National Hispanic Nurses Conference** for the first two years of operations. This conference will allow AccentCare to recruit bilingual Spanish-speaking nurses and nurses that reflect the areas AccentCare serves in Florida. **The required monitoring report will reflect the conference date and number of AccentCare attendees.**

29. As a condition of this application, AccentCare of the Treasure Coast will maintain relationships with organizations such as the organizations listed below to **recruit foreign-trained, high quality workforce members** when needed to support staffing efforts. These well-established organizations facilitate a mutually beneficial relationship between foreign-educated health care professionals and health care organizations recruiting additional staff. Recruiting through these organizations also allows AccentCare of the Treasure Coast 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 the Treasure Coast to support recruiting efforts.**
- O'Grady Peyton International
 - MedPro International

SERVICES BEYOND THE HOSPICE BENEFIT:

30. AccentCare of the Treasure Coast 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 9B. **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 9B 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 9B patients that utilized this program.**
33. AccentCare of the Treasure Coast 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.**
34. AccentCare of the Treasure Coast 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 9B 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 9B patients that utilized this program.**

AccentCare of the Treasure Coast commitments extend to all statements made within the application. Furthermore, AccentCare of the Treasure Coast 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.

Affinity Care of the Treasure Coast, LLC (CON application #10783), referenced as Affinity Care of the Treasure Coast, Affinity Treasure Coast, or applicant, is a for-profit Florida Limited Liability Company, a development stage corporation, a developmental stage affiliate of Continuum Care Hospice and Affinity Health Management. Collectively, the organization operates 21 affiliate hospice programs across 11 states including Florida, Tennessee, Washington, Pennsylvania, Virginia, Ohio, Missouri, Indiana, Maine, Oklahoma, and Connecticut as well as the District of Columbia. Affinity has five Florida licensed hospice affiliates – Affinity Care of Manatee LLC (SA 6C), Affinity Care of Charlotte and Desoto LLC (SA 8A), Continuum Care of Sarasota LLC (SA 8D), Continuum Care of Broward LLC (SA 10), and Continuum Care of Miami Dade LLC (SA 11).

The applicant expects issuance of license in September 2024 and initiation of service in October 2024.

Total project cost, which includes equipment, project development and start-up cost is \$348,420.

Pursuant to project approval, Affinity Care of the Treasure Coast, LLC offers the following Schedule C conditions:

Clinical Specialty Programs

1. Meet Patient Needs via Enhanced Patient Touches

- The Applicant will assure each patient has 5 to 7 Home Health Aide visits per week, provided this is acceptable to the IDT, patient and family. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- The Applicant will assure each patient has a minimum of 2 RN visits per week, provided this is acceptable to the IDT, patient and family. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- The Applicant will provide a social worker and chaplain (if the patient and family want a chaplain visit) at least weekly, which helps to keep families and loved ones well supported. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- Affinity Care commits to increasing visit frequency during the final weeks of life to provide support. The Applicant will utilize Muse Healthcare Analytics to assist in identifying patients who are entering their final days of life. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- The Applicant will seek to respond to all referrals within one hour, initiate the assessment process within two hours, and expedite admission to the hospice subject to having a physician order in hand and the patient/family selecting the hospice option. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

These conditions will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

2. Lift Up Minority Penetration Rates

- The Applicant has conditioned approval of this application on the provision it will provide specific initiatives to enhance access to and utilization of hospice by minority population groups.

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- The Applicant will have a specific hospice care team that is representative of the minority community and bilingual or multi-lingual including Spanish speaking team members. This team will include, at a minimum, a nurse, social worker and chaplain.
- The Applicant will partner with local organizations to increase awareness of hospice services in the minority community. A community relations representative will develop an action plan which will include identifying facilities with large minority populations. The rep will regularly visit those facilities to educate leadership and clinical professionals. The rep will also then be available to meet with hospice appropriate patients and answer all questions they or their caregivers may have about hospice and Affinity Treasure Coast. This should optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary re-hospitalizations.
- The Applicant will partner with existing community organizations and resources that service the Black and Hispanic communities, such as but not limited to federally qualified health clinics, local churches and community centers, to educate on the benefits of hospice.
- As part of its Advisory Council commitment, the Applicant will form a Minority Advisory Council and recruit minority related community organizations and others to be on this Council which will meet quarterly to review the Applicant's programming and develop initiatives to be implemented.
- The Applicant will also assure patient needs are met with complex treatments such as palliative radiation to reduce pain or other similar types of service as patients transition into hospice or require such services for pain reduction.¹
- The Applicant will become Medicaid certified so that it may accept any hospice patients, including those on Medicaid.
- The Applicant will provide 24/7 triage coverage, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients).

¹ This is part of Affinity's programs; other providers may refer to this as Open Access.

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- The Applicant will open a satellite office in Okeechobee County by the beginning of Q3 in year two to provide additional visibility and access for this County's population and staff.

These conditions will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

3. Veterans Outreach Program

- The Applicant will conduct a minimum of monthly educational visits and contacts with Veterans organizations in Martin, Okeechobee and St. Lucie Counties, including but not limited to VFW Posts, American Legion Posts, and Veterans Resource Center.
- The Applicant will implement its Veterans outreach program, We Honor Veterans, once certified and will strive to achieve Level 5 certification to increase access and improve the quality of care for Veterans in Service Area 9B.
- The Applicant will implement its Honor Guard Program. As Veterans come on service, the Applicant will give family a flag. When the Veteran passes, his/her body will be covered with the flag and include an Honor Guard procession with the covered body at its removal from the home.
- The Applicant will designate one of its hospice liaisons to carry out all Veterans outreach initiatives.
- The Applicant will assure its social workers are well trained in the assessment and ongoing interaction with the Veteran.
- The Applicant will encourage Veteran family members in the general community to participate in its bereavement programs, whether or not they were hospice patients, and which will include specific programming for bereaved families of Veterans including family members of Veteran suicides.
- As part of its Advisory Council commitment, the Applicant will form a Veterans Advisory Council and recruit Veteran related community organizations and others to be on this Council which will meet quarterly to review the Applicant's programming and develop initiatives to be implemented.

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- The Applicant's Equine Therapy program will be available for Veterans who choose this treatment modality, noting it is particularly helpful for those with PTSD.
- The Applicant's Virtual Reality platform will offer Veterans a virtual flightless experience for Veterans who are unable to participate in the Honor Flight Network trip. The Honor Flight Network is a national network comprised of independent Hubs working together to show our nation's veterans the appreciation and honor they deserve.

These conditions will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

4. Develop a Community Paramedic Program

- The Applicant has conditioned approval of this CON Application on the provision it will develop and initiate a Community Paramedic Program in coordination with local EMS providers, during year two.
- The Applicant will provide funding (\$5,000) to local EMS providers for community paramedics, beginning in year two.
- The Applicant will provide education and training of community paramedics on the program and criteria.

These conditions will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

5. Affinity Alzheimer's and Dementia Care

- The Applicant will implement the Affinity Alzheimer's and Dementia Care program which was designed to bring the latest innovations in end-of-life care to Alzheimer's and dementia patients and their caregivers.
- The Applicant will coordinate with the area Alzheimer's support and advocacy groups to educate the local community about the benefits of its specialized Alzheimer's and Dementia Care hospice program. Educational opportunities will be offered to major organizations addressing Alzheimer's and dementia care issues including but not limited to Alzheimer's Association. The Applicant will seek out research opportunities to share data to further develop best practices for care and treatment of terminal dementia and Alzheimer's patients.

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- All staff will be required to complete 2.5 hours of Continuing Education Units (CEU's) covering evidence-based protocols for behavioral symptoms, in addition to Florida's minimum CEU requirements.
- All patients in this program will be provided with music therapy.
- All patients will be provided with a tactile box, fidget box, or similar stimulation tools used with Alzheimer's patients used in care and treatment of patients with dementia.
- The Applicant will offer a specifically tailored caregiver support group for those with loved ones battling Alzheimer's and dementia.
- Affinity Care will work with area facilities, such as nursing homes, who have patients with dementia, to educate their clinical staff on treatment criteria and programs.

These conditions will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

6. Affinity Pulmonary Care

- The Applicant will offer the Affinity Pulmonary Care program to improve the end-of-life care for patients suffering from pulmonary diagnoses. The Applicant will increase the awareness among healthcare providers and Service Area 9B residents about hospice care for patients confronted with pulmonary diseases.
- The Applicant will employ a respiratory therapist upon certification who will manage the patient's respiratory plan of care and provide respiratory related education to the patient, their family and to the hospice team and the community.
- The Applicant will collaborate with a community Pulmonologists and other pulmonary care professionals on an ongoing basis to assist in patient assessments, education and provision of services.

These conditions will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

7. Affinity Cardiac Care

- The Applicant will implement the Affinity Cardiac Care program designed to improve the end-of-life care for patients suffering from end stage cardiac diseases along with increasing the awareness among healthcare providers and residents of Service Area 9B on the importance of hospice care for patients confronted with end stage cardiac disease.
- All Affinity Treasure Coast staff will be provided specialized education on the management of end stage cardiac patients.
- The Applicant will collaborate with community Cardiologists and other cardiac professionals on an ongoing basis to assist in patient assessments, education and provision of services.

These conditions will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

8. Continuum Palliative of Florida

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

These conditions will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

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

- 9.** The Applicant will offer a personal emergency response indicator such as Life Alert, to every patient at home. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- 10.** The Applicant will provide triage coverage 24 hours a day, 7 days a week, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients). This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- 11.** The Applicant will have a designated Quality Director to conduct quality assessments, monitoring, and report all issues to senior management. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- 12.** The Applicant will become accredited by CHAP once certified. This will be measured by the Applicant's submission of its accreditation certificate to AHCA upon receipt.
- 13.** The Applicant will have a confidential compliance hotline available for its employees who may have concerns with state or Medicare regulations and/or standards of conduct. The hotline, available 24 hours a day, 7 days a week, will maintain anonymity upon request. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- 14.** The Applicant will implement its Virtual Reality Program upon licensure of its program. It will be made available to all eligible Affinity Treasure Coast patients. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- 15.** The Applicant will implement its Music Therapy Program upon licensure of its program. It will staff a minimum of one Board Certified Music Therapist. It will be made available to all eligible Affinity Treasure Coast patients. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

- 16.** The Applicant will implement its Equine Therapy Program upon Medicare certification of its program. It will be made available to all eligible Affinity Treasure Coast patients who are physically able to make the trip to the stable partner. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- 17.** The Applicant will introduce its Wound Care Program to the Service Area. This program utilizes a specialized third-party company to do wound care. This commitment to wound care services will benefit many of Affinity's patients. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA identifying the wound care company with which it contracts.
- 18.** The Applicant will host two annual symposium events, one for families and the other for providers. The annual Remembrance Symposium will be held for bereaved families and caregivers to honor their loved ones and provide ongoing support for families and caregivers. The second annual event will be Hospice Awareness Symposium for providers (physicians, nurses, pharmacists, and others) to educate these professionals on hospice services and how they could be incorporated into their medical practices. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA
- 19.** The Applicant will maintain its foundation, Continuum Care Hospice Foundation, and assure that 100 percent of its donations go to patient care, and that funds do not cover overhead costs, salaries or other operating expenses. Rather, these funds will go to end-of-life wishes of the patients and assistance with burials and cremations for indigent patients. They will also provide resources to patients with limited means to ensure family has access to medical appointments, coordinating transportation and utilizing these funds to reach appointments as needed. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- 20.** The Applicant will collaborate with local colleges and universities to educate students including offer training for nursing students as to the day in the life of a hospice RN with the goal to increase the labor pool of future nurses interested in end-of-life and palliative care, This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

- 21.** The Applicant will commit to education tuition reimbursement for its CNAs who want to pursue and RN degree and will also commit to assuring its staff has education beyond the minimum required for its license utilizing the Relias education learning tool. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

Charis Healthcare Holdings, LLC (CON application #10784), also referenced as Charis or the applicant, is a for-profit, Florida Limited Liability Company proposing to establish a new hospice service in SA 9B. 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 Arizona (4) and Indiana (2).

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 October 2024, and initiation of service January 2025.

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

Charis' proposed conditions are as stated. 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, therefore we did not include the applicant's proposed "measurements". Charis Healthcare Holdings, LLC offers the following Schedule C conditions:

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
- Effective Communication with Memory Care Patients
- Transfer Safety
- Medication Use with Hospice Patient at End of Life

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- Overcoming a Patient Saying "NO"
- Hospice 101
- Palliative Care vs. Hospice Care
- Pain Control - another medication?
- Infection Control
- Preventing Wounds
- HIPPA
- Distracting Techniques
- Comfort Care - What is it?
- When to Call Hospice?
- Handwashing – 101
- Dealing With Death
- Grief - It doesn't have to be a lonely journey

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.

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.

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.

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.

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.

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

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.

Hospice of Palm Beach County, Inc. (CON application #10785) is a not-for-profit, existing entity referenced as HPBC, proposes to establish a new hospice program in SA 9B. HPBC is an affiliate of Trustbridge, Inc.,

(the parent, also a not-for-profit entity), an existing provider of hospice services in SA 9C and 10.

HPBC expects issuance of license and initiation of service in October 2024.

Total project cost is \$834,180 and includes equipment, project development, and start-up costs.

Hospice of Palm Beach County, Inc. offers the following Schedule C conditions:

1. **Mission Promise: Provide End of Life Comfort, Care and Compassion for All Conditions that Set Trustbridge Apart from Other Hospice Providers**
 - a. Implementation of Open Access Model of Care: Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will accept patients into hospice who are still receiving complex medical treatments, or who are still working through difficult end-of-life conversations and situations, in order to give earlier access to palliative care and hospice support. Eligible patients include:
 - Patients with a terminal illness who are felt to have 6 months or less to live and who want to receive the kind of palliative and supportive care only Trustbridge of the Treasure Coast can give.
 - Patients who continue to receive medical treatments as part of their Goals of Care. Patients with complex psychosocial needs who are still working through difficult end-of-life conversations and situations.
 - Patients on ventilator support who have made the decision to stop assisted ventilation.
 - Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will provide a minimum of \$50,000 annually for Martin, Okeechobee and St. Lucie County residents requiring complex palliative care interventions, such as radiation therapy, chemotherapy, high-cost medications (for example Procrit), blood transfusions and intravenous nutrition.
 - b. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will allocate \$400,000 to purchase, equip, and operate a dedicated vehicle to specifically conduct mobile outreach activities in Martin, Okeechobee, and St. Lucie

Counties. The mobile care unit will be known as "Trustbridge Mobile Access to Care".

- The mobile outreach unit will be staffed by an LPN and BSW.
 - The applicant will deploy the mobile outreach unit ("Trustbridge Mobile Access to Care") that will visit designated locations throughout Martin, Okeechobee, and St. Lucie Counties on a weekly basis to offer specialized programming and education seminars, multi-lingual staff members, multi-lingual educational materials, caregiver support and multi-lingual bereavement counseling and support groups. Potential locations/partners include HCA Florida Raulerson Hospital, NAACP of Martin County, Love and Hope in Action ("LAHIA"), Temple Beth El Israel, Volunteers in Medicine Clinic, and the United Way of Martin County.
- c.** Hospice of Palm Beach County, Inc., operating as Trustbridge of the Treasure Coast, has pledged to offer hospice care services to the inmate populations of Martin and St. Lucie County jails through Treasure Coast Urgent Care & Wellness within their request for service application process.
- d.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will partner with Boys & Girls Clubs of Martin County (BGCMC) to expand their workforce development programming by providing curriculum and staff for CNA training/certification. Training can be offered at the East Stuart Club (underserved black community) and Indiantown Club (underserved brown community) BGCMC is currently partnered with the Martin County School District's Career & Technical Education program, providing career training opportunities at the Clubs during both school and off school hours.

Proposed Measure: This will be measured by providing an annual reporting of expenditures of funds for the Trustbridge Mobile Access to Care vehicle, calendar/schedule/of activities for the community engagement activities via the mobile unit, reports of annual expenditures of funds related to complex palliative care interventions and annual reports presented to AHCA detailing the progress of the development of the programs.

2. Development of Various Community-Specific Programming

- a.** In addition to the staff for the Trustbridge Mobile Outreach Unit, Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will hire a minimum of two Community Partnership Specialists to conduct community engagement activities, facilitate education, and to cultivate trust and partnerships within the African American, Hispanic, Rural, Low Income, Migrant Agricultural, Veterans and Jewish communities.

 - These two full-time salaried positions, with multi-lingual skills (for example Spanish and Creole) will be responsible for the development, implementation, coordination, and evaluation of education and outreach programs to increase community knowledge of and access to hospice services.
- b.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will provide 24/7 language interpretation by certified interpreters via virtual video translation. Video interpreting will be available in 45 languages including American Sign Language. Audio translation will be available in 262 languages. Additionally, in-person interpreters will be available in Spanish, Creole, and American Sign Language.
- c.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will organize a Care Council that will include members from the Hispanic community to provide feedback and guidance with regards to outreach to their communities.
- d.** Trustbridge of the Treasure Coast will partner with various organizations such as NAACP Martin County, the Alzheimer's Association of SE Florida and Treasure Coast Urgent Care and Employee Wellness to conduct joint community educational programs about chronic illness, Advance Care Planning, grief, and hospice care. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will designate \$10,000 annually to these organizations to assist with the costs of resources, materials and digital media as part of this partnership. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will provide sponsorship of the Martin County NAACP's annual events, that may include

Prayer Breakfast, 5K race and annual Gala. The goal will be to increase education, outreach, and program collaboration for members of the Black/African American community in the three-county area.

Proposed Measure: This will be measured by providing care council meeting dates and Community Partnership Specialists visits to cultivate community partners and annual designated expenditures.

3. Development of Disease-Specific Programming

- a.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will deploy a Cardiac Disease Program for residents of the three-county area who are in late stages of disease and in need of hospice care.
- b.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will deploy an Advanced Lung Disease Program for residents of the three-county area suffering from end stage pulmonary disease.
 - Trustbridge of the Treasure Coast will assure a Licensed Respiratory Therapist will be part of the Interdisciplinary Care Team for patients suffering from end stage pulmonary disease.
 - Trustbridge of the Treasure Coast will recruit a contract Pulmonologist to provide oversight of the Pulmonary Program.
- c.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will deploy an Alzheimer's and Dementia Support Program for three-county area patients suffering from Alzheimer's Disease and/or Dementia.
 - Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will implement a Music Therapy Program for patients in the three-county area and will employ a 0.5 FTE Board-Certified Music Therapist dedicated to this market by Year 2.

Proposed Measure: This will be measured by annual reporting of disease specific patient volumes to AHCA.

4. Development of Resources for Rural and Low-income Populations

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- a. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast's mobile outreach unit (referenced in condition 1(a)) will be staffed by an LPN and BSW and will visit multiple sites throughout the three-county area, including high need areas for low-income and homeless outreach organizations in Okeechobee and Indiantown.
 - The goal will be to assist for low income and homeless persons with advanced illness navigate the health care system, link them to the right level of care at the right time, and identify patients who are medically eligible for hospice earlier in their disease process.
 - Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will designate \$10,000 annually for five years to support LAHIA as part of this partnership.
 - Hospice of Palm beach County, Inc. d/b/a Trustbridge of the Treasure Coast will designate \$20,000 annually for five years to support Volunteers in Medicine as part of this partnership.
- b. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will commit to participate in a leadership position within LAHIA's coalition in order to support education, outreach, and services.
- c. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will partner with Hope Rural School in Indiantown to assist residents who have been identified as underserved who need medical care and support. The goal will be to assist the residents in obtaining medical care and/or supportive services.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the progress of the development of the programs as well as reporting of annual expenditures of funds to area organizations.

5. Programs to Serve Rural Populations, Addressing Digital Divide and Transportation

- a. To address transportation challenges and disadvantages, Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will purchase and provided Martin County Public Transit ("MARTY") transportation vouchers to distribute to clients that were identified as having chronic or advanced illnesses requiring transportation assistance. Trustbridge of

the Treasure Coast will also provide vouchers for other transportation vendors to provide a variety of available resources to address transportation challenges in all areas, particularly those that do not have readily available access to public transportation. Trustbridge of the Treasure Coast will designate \$20,000 annually to assist in transportation challenges.

- b.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will designate \$10,000 annually to provide mobile devices with unlimited data to patients and families served by Trustbridge of the Treasure Coast. Potential partners include AT&T, Verizon, and T-Mobile. The applicant has partnered with these providers in the past to offer discounted pricing, equipment and emergency service coverage to residents who lack internet connectivity and/or devices.
- c.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will implement the use of virtual reality technology, which has been shown in many studies to successfully alleviate and reduce symptoms such as pain and anxiety in addition to decreasing feelings of isolation by allowing them to engage in the outside world.

Proposed Measure: This will be measured by annual reporting the expenditures of the funds and reports presented to AHCA detailing the progress of the development of the programs, as well as patient visits.

6. Programs to Address Lack of Awareness of Hospice Programs, Need for Education and Care Navigation Development of a Continuum of Care Navigation Program

- a.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will deploy telehealth technology in order to Jink patients and resources in the community and enhance the care navigation function.
 - Trustbridge Mobile Access to Care will be outfitted with telehealth technology.

- b.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will recruit a minimum of four Professional Liaisons over the first two years of operation to provide outreach to clinical partners in order to develop a network of clinical resources to enhance continuum of care navigation.
- c.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will offer a 24/7 call center to assist patients, families, caregivers, and physicians in accessing information related to care for advanced illness or end-of-life care in or outside of Trustbridge.
 - A Clinical Manager and staff will be available 24/7/365 to provide support, crisis care, emergent care, admissions assistance/assessment, and triage.
- d.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will partner with local Health Departments in Martin, Okeechobee, and St. Lucie Counties to help with coordination/case management for patients without resources, insurance and support and are in need of hospice care.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the progress of the development of the programs.

7. Development of Strategies to Increase Hospital Discharges to Hospice

- a.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will deploy Dedicated Care Partners and Clinical Admission Teams at area facilities to increase discharge from hospitals directly to hospice care. The dedicated teams will consist of a Registered Nurse, a Patient Care Concierge, and a Professional Liaison.
 - The initial focus will be development of a partnership with HCA Florida Raulerson Hospital in Okeechobee County, to assist in outreach/education and increasing access to hospice services for patients nearing the end-of-life.

Proposed Measure: This will be measured by annual reporting of Dedicated Facility Team visits to hospitals in the three-county area.

8. Programs to Address the Shortage of Healthcare Providers in the Area

- a.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will expand its Music Therapy Internship Program into Martin, Okeechobee and St. Lucie Counties and will dedicate at least one internship position to serve the three county area.
- b.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will develop opportunities for increased nursing rotations and internships in Martin, Okeechobee, and St. Lucie Counties in partnership with colleges and universities such as Indian River State College.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the progress of the development of the programs.

9. Development of a Specialized Veterans Program & Services

- a.** Hospice of Palm Beach County, operating as Trustbridge of the Treasure Coast, plans to extend its tailored veterans' services across the tri-county region. This initiative aims to enhance end-of-life support for veterans, encompassing activities such as the Veteran Honors Pinning Ceremony, Veteran's Cafés, and a collaboration with Veteran's Last Patrol, a peer-to-peer program connecting veterans under hospice care.
- b.** Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will pursue the "We Honor Veterans" Level 5 Partnership Certification within the first two years of operation.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the progress of the development of the programs.

10. Interdisciplinary Palliative Care Consult Partnerships

- a. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will offer hospitals, ALFs, SNFs and Physician Groups in the three-county area the opportunity to partner in the provision of interdisciplinary palliative care consult services — both inpatient and community-based.

Proposed Measure: This will be measured by an annual report after the first year, presented to AHCA detailing the progress of the development of the palliative consult service teams.

11. Dedicated Helping Hands Funds for Urgent Health & Safety Needs for Patients and Family

- a. The applicant pledges to allocate a minimum annual budget of \$25,000 towards the provision of "Helping Hands" funds for hospice patients and their families. These funds are specifically earmarked to address financial requirements identified by Care Teams, aimed at ensuring a secure home environment for patients or facilitating significant end-of-life experiences.

Proposed Measure: This will be measured through reporting Helping Hands fund results and uses annually to AHCA for the first two years of operation.

12. Development of a Community Advisory Council

- a. Hospice of Palm Beach County, Inc., operating as Trustbridge of the Treasure Coast, will actively involve the community in establishing a Council, within the first year, with diverse local leadership representation. This Council will serve as a crucial connection to the needs and opportunities within the service area. It will build upon local leadership, advocacy, and identify proactive initiatives.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the progress of the development of the Community Advisory Committee.

13. Development of a Physician/Provider Advisory Committee

- a. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will develop, in year one, a Physician/Provider

Advisory Committee to be comprised of local physicians, discharge planners and other clinical partners in the three-county area. The purpose of the committee is to assist in program oversight and new program development, and to develop strategies to increase awareness and utilization of hospice services for patients nearing the end-of-life.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the progress of the development of the Physician/Provider Advisory Committee.

14. Development of a Family Advisory Council

- a. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will develop, in year one, a Family Advisory Council to be comprised of family members of patients of Trustbridge of the Treasure Coast in the three-county area who have passed away. The purpose of the committee is to provide a mechanism by which family members can provide feedback to the applicant regarding the caregiving process and assist in assessment/improvement of current programs from the patient and family standpoint, as well as development of new programs that will aid both the patient and family during the hospice care episode and beyond.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the progress of the development of the Family Advisory Council.

15. Development of an Interfaith Community Advisory Council

- a. Within one year, Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will develop an Interfaith Community Advisory Council which will include clergy and lay representatives from a wide variety of religious and cultural groups. The goals of this Council will be:
 - Communicate community needs
 - Offer cultural and religious perspectives
 - Promote spiritual and community engagement
 - Increase collaboration between faith communities and Trustbridge of the Treasure Coast
 - Educate the community on the programs and services offered.

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the progress of the development of the Interfaith Community Advisory Council.

16. Provision of Value-Added Services Beyond the Medicare Hospice Benefit

- a. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will provide numerous programs and services that are outside the scope of the Medicare Hospice Benefit, including:
- 24/7 telephone support line
 - In Home Physician Visits
 - Crisis Care and Emergent Care
 - Certified Admissions Team, certified in Advanced Care Planning
 - Expert clinical care and symptom management
 - Specialized Infusion Services
 - Clinical Pharmacy Consultations
 - Music Therapy
 - Pet Peace of Mind (Support of Patient's Furry Friends)
 - Veteran & 1st Responder Programs/Services Caregiver Support Group & Coffee Breaks
 - Children's Bereavement
 - Adult Grief Support Groups and 1:1 Counseling
 - Patient Wellness Check-In Calls
 - Volunteer Vigil Watch
 - Spiritual Services, including specific Jewish programming

Proposed Measure: This will be measured by annual reports presented to AHCA detailing the implementation of the programs.

17. Establishment of Office Locations in Each County

Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will establish office locations in Okeechobee County and St. Lucie County during the first year of operation and will establish a third office in Martin County by the end of year two.

Proposed Measure: This will be measured by reports presented to AHCA identifying the locations of the established offices.

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

Should a project be approved, all of the applicants' proposed conditions would be reported in the annual condition compliance report as required by Rule 59C-1.013 (3) Florida Administrative Code. The co-batched applicants' proposed conditions are as they stated. However, Section 408.043 (4) Florida Statutes states that "Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under ss. 408.031-408.045. Florida Statutes." Also, several of these conditions are required hospice services and as such would not require condition compliance reports.

Section 408.606(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 applicable rule criteria within Chapters 59C-1 and 59C-2, Florida Administrative Code. An approved CON does not guarantee licensure of the proposed project. Meeting the applicable licensure requirements and licensure of the proposed project is the sole responsibility of the applicant.

D. REVIEW PROCEDURE

The evaluation process is structured by the certificate of need review criteria found in Section 408.035, Florida Statutes, rules of the State of Florida, and Chapters 59C-1 and 59C-2, Florida Administrative Code. These criteria form the basis for the goals of the review process. The goals represent desirable outcomes to be attained by successful applicants who demonstrate an overall compliance with the criteria. Analysis of an applicant's capability to undertake the proposed project successfully is conducted by evaluating the responses provided in the application and independent information gathered by the reviewer.

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

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

As part of the fact-finding, consultant Sarah Zimmerman analyzed the application in its entirety with consultation from financial analyst 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, and applicable rules of the State of Florida, Chapters 59C-1 and 59C-2, 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 9B for the July 2025 hospice planning horizon. The applicants are applying to establish a hospice program in response to published numeric need.

SA 9B is currently served by the following providers:

- Hospice of Okeechobee Incorporated
- Treasure Coast Hospice of Martin

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- Treasure Coast Hospice of St. Lucie²
- VITAS Healthcare Corporation of Florida

**Service Area 9B
Hospice Admissions CY 2019—CY 2023**

Hospice	2023	2022	2021	2020	2019*
Hospice of Okeechobee Incorporated	261	353	220	219	215
Treasure Coast Hospice of Martin	1,403	1,372	1,424	1,343	1,209
Treasure Coast Hospice of St. Lucie	1,988	1,901	1,750	1,651	1,590
VITAS Healthcare Corporation of Florida	1,115	1,163	1,335	1,160	489
Total	4,767	4,789	4,729	4,373	3,503

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 1,915 July-December 2019 admissions which were not published due to the cancellation of the July 2020 batching cycle. Hospice of Okeechobee had 101, Treasure Coast Hospice of St. Lucie f/k/a Hospice of the Treasure Coast Incorporated had 732, Treasure Coast Hospice of Martin f/k/a The Hospice of Martin & St. Lucie, Inc. had 593, and VITAS Healthcare Corporation of Florida (SA 9B licensed 7/8/19) had 489 admissions during July-December 2019.

All applicants offered additional arguments in support of need for their respective projects which are briefly described below:

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) cites Agency Need Projections data for SA 9B populations that it identifies the following:

- The age 65 and older population represents 79 percent of total projected deaths (5,297)
- The age 65 and older population represents 89.6 percent of the hospice admissions projected from July 2025 to June 2026
- The age under 65 population represents 21 percent of total projected deaths (1,610)
- SA 9B is projected to have 1,599 cancer deaths (20.8) percent of the total deaths from July 2025 to June 2026
- SA 9B hospice admissions for cancer patients are projected at 28.2 percent with other diagnoses representing 71.8 percent

AccentCare provides a full-page diagram titled, AccentCare Community Needs Assessment, Figure 1-1 on page 1-3 of CON application #10782 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 9B:

² Treasure Coast Hospice of Martin and Treasure Coast Hospice of St. Lucie are affiliates of Health & Palliative Services of the Treasure Coast per Agency licensure records.

- 1. Widespread hospice need throughout the service area**
 - Establish a Palliative Care Program
 - Open Access Program
 - Community Education
 - Streamline referrals using website or app
- 2. Low hospice utilization and higher death rates in St. Lucie and Okeechobee Counties and rural areas**
 - Establish locations in St. Lucie and Okeechobee Counties
 - Telehealth
 - 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**
 - Partners in care with Assisted Living and Nursing Home staff
 - Namaste Care for dementia patients
 - African American Advisory Council
 - Haitian Advisory Council
 - Hispanic Advisory Council
 - Minority representation on governing board
 - Chaplain with expertise in African American community
 - Bilingual staff
 - Low literacy outreach campaign
- 4. Under served minorities:**
 - **Veterans**
 - **LGBTQ+**
 - We Honor Veterans program
 - SAGE Platinum Certification (Services & Advocacy for Gay Elders)
- 5. Low income, homeless, near homeless, & food insecure populations**
 - Homeless/ALICE Program (Asset Limited, Income Constrained, Employed), 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

7. Low hospice utilization and higher death rates in Okeechobee County

- Establish a physical location in Okeechobee County

AccentCare argues that the current conditions and unmet needs within Hospice Service Area 9B are supported by its own need assessments made by speaking with area residents along statistical analysis which is presented in the discussion below.

OVERVIEW OF THE SERVICE AREA

AccentCare cites data from the Florida Legislature, Office of Economic and Demographic Research, its own area-wide need analysis and presents Figures 1-2 and 1-3 (maps) on pages 1-5 and 1-6.

The applicant indicates that SA 9B combines two statistical areas (Martin and St. Lucie Counties), connecting Okeechobee with the larger Port St. Lucie area. AccentCare contends that due to these two different MSAs, residents of SA 9B do not have a high degree of social or economic interaction with other counties outside of the Port St. Lucie MSA. The applicant maintains that co-batched applicants operating hospice programs in adjacent service areas proposing to extend service into 9B do not necessarily have an advantage over other applicants and any applicant claiming linkage to the SA 9B service area is diminutive without established relationships and programs targeted to those in need. AccentCare contends that through its parent AccentCare, Inc., it is affiliated with five separately licensed hospice programs and four home health agencies throughout the state, including AccentCare Home Health or Port St Lucie, sewing Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties already has a presence within SA 9B.

POPULATION DEMOGRAPHICS AND DYNAMICS

Regarding population demographics and dynamics, AccentCare utilizes Tables 1-2 and 1-3, page 1-9 (Bureau of Economic and Business Research, University of Florida, 2023, Tables 2 and 3) and Figure 1-4 (map), page 1-12 (Claritas population data). The applicant notes that SA 9B's population increased by 13.6 percent from a census of 464,103 in 2010 to a census of 527,301 in 2020, with St. Lucie County exhibiting

the largest gain of 18.5 percent. Further, St. Lucie County ranks 6th out of 67 counties in Florida in terms of percent change in population (12.0 percent) increasing from 329,226 in 2020 to 368,628 in 2023.

The applicant notes that since the 2020 census, deaths exceed the number of births for each county, with 100 percent of the increase from 2020 to 2023 due to net migration for Martin and St. Lucie Counties informing that the natural increase from 2020 to 2023 (15,513 births minus 21,475 deaths) is -5,962. Additionally, 49,727 new residents moved into the area, resulting in a net migration of 43,765.

AccentCare contends that Agency data indicates SA 9B has a total population of 568,951 with seniors representing approximately 26 percent of the population when compared to 22 percent for the state and will increase to 609,492 with seniors making up over 28 percent of the population compared to 24 percent for the state expected to grow by 15 percent when compared to the those under age 65 increasing at 4 percent by January 1, 2029.

The applicant argues that this data demonstrates the need for a strong hospice program with the experience that AccentCare possesses noting that its Telemedicine and a 24/7 Call Center provide instant support to those in need along with having multiple locations and programs geared toward the elderly and those with limited income to ensure their needs are met. AccentCare adds that it will establish physical locations in both St. Lucie and Okeechobee Counties.

Leah Suarez, Chief Executive Officer, Our Village Okeechobee, page 1-12

"I am writing to express my support for AccentCare becoming a licensed hospice provider in District 9B, Florida. My conversations with representatives of AccentCare have highlighted two important contributions the organization will bring to the region, which are currently missing.

Firstly, palliative care is all but non-existent in our region.

Secondly, I appreciate AccentCare's homeless hospice initiative and their No One Dies Alone program. These initiatives address critical needs in Okeechobee County, where the homeless population is rising and poverty is becoming a daily reality for many families."

HOSPICE ACCESSIBILITY AND UTILIZATION

AccentCare uses 2020-2022 CMS Hospice Standard Analytic File and FLHealthCHARTS data for Table 1-6, page 1-13 to support that Okeechobee County, and to a lesser extent, St. Lucie County have hospice penetration rates lower than the state rate. Further, Martin County has a higher hospice penetration rate, higher than the statewide average, demonstrating better access to services than those residing in St. Lucie County or Okeechobee County. The applicant states that Okeechobee County's hospice penetration rate remains at 55.87 percent, a full 10 percentage points behind St Lucie County, more than 10 points behind the statewide average and over 20 percentage points behind Martin County residents.

AccentCare reiterates that it has conditioned this application, to have its primary office location in St Lucie County and will establish a physical presence in Okeechobee County by the second year of licensure.

THE ELDERLY POPULATION

AccentCare reiterates Agency July 2025 planning horizon data to show that the senior population represents approximately 96 percent and reflects lower penetration rates than the statewide average, with 511 additional hospice patients age 65 and older projected for the 12-month period ending June 30, 2026, including an estimated 162 with a cancer diagnosis. Further, an additional 19 hospice patients, primarily with a cancer diagnosis, are projected among the population under the age of 65.

The applicant argues that SA 9B has 102 assisted living facilities with a capacity of 3,011 and eighteen nursing homes with a total of 2,213 licensed beds. In comparison 1 are fewer assisted living beds and fewer nursing home beds and the expected increase in the senior population increasing by 22,651 over the next five years, there is a need for a variety of hospice services to be offered.

AccentCare uses Table 1-8, page 1-15 (AHCA's Florida Population Estimates and Projections by AHCA District, January 2024; www.FloridaHealthFinder.gov, Accessed 4/5/2024) to show that when compared to the state, SA 9B has fewer 20 ALF beds per 1,000 seniors and 15 SNF beds per 1,000 seniors which are lower than the state but with more SNF beds per 1,000 residents age 65 and over (27 SNFs with 23 ALF beds per 1,000 seniors and 17 SNF beds per 1,000 seniors).

The applicant notes that in Okeechobee County with only four ALF beds per 1,000, but 25 SNF beds per 1,000 the disparity increases, and that “rural areas” rely more heavily on nursing homes for long-term care denoting a need hospice care accessibility.

AccentCare notes it has programs and services in place that benefit the elderly, including those with dementia, and AccentCare’s ability to work well alongside facility staff, forming Partners in Care enables them to fill the gaps in service within Service Area 9B. Further, AccentCare shows support from numerous assisted living facilities and nursing centers where the elderly reside.

The applicant provides through its community needs assessment, that it has received support for an additional hospice provider that offers 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 and provides excerpts from Dexter Thomas, Owner, and Administrator for A Kee to paradise ALF, Port St. Lucie, Florida (page 1-15) and Donna Roger, NHA, Donna Rogers, NHA, Nursing Home Administrator, Ardie R. Copas State Veterans Nursing Home, Port St. Lucie (page 1-16) that read:

Dexter Thomas, Owner, and Administrator, A Kee to paradise ALF, Port St. Lucie, Florida

“At A Kee to Paradise ALF, we prioritize ensuring that our residents receive quality care, and we recognize the importance of access to comprehensive hospice services for those facing end-of-life care needs.

The services provided by AccentCare that I particularly appreciate are... music therapy and Namaste Care. These innovative programs demonstrate a commitment to holistic care that aligns closely with our values...

I believe that AccentCare's licensure as a hospice provider in District 9B would be a significant addition to our community... their services would greatly enhance the quality of life of our residents and their families.”

Donna Rogers, NHA, NHA, Ardie R. Copas State Veterans Nursing Home, Port St. Lucie, Florida

“AccentCare's commitment to veterans is evident through their participation in the "We Honor Veterans" program, an initiative that provides tailored care and respects the unique needs of veterans. This alignment with our core values at Ardie R. Copas State Veterans Nursing Home is one of the primary reasons I advocate for their presence in our district. Should AccentCare be granted licensure, I look forward to partnering with them under a General Inpatient Agreement (GIP) to serve our hospice-eligible veterans. This collaboration would ensure that our

veterans receive the highest quality of compassionate care within the familiar surroundings of their own community.”

RACIAL AND ETHNIC DISPARITIES IN HOSPICE USE

AccentCare presents Tables 1-10A and 1-10B, pages 1-16 through 1-17 citing “Claritas 2024 update” data to provide population by racial/ethnic groups in SA 9B to determine that:

Black/African American population represent about 16 percent (90,369) of the total population in which 87 percent (78,879) reside in St. Lucie County

Hispanic population represent about 21 percent of the total population in which approximately 69 percent (78,879) reside in St. Lucie County.

AccentCare cites “Claritas 2024 update” data again (Table 1-11, page 1-17) to provide population estimates in 2029 by racial/ethnic groups in SA 9B to determine the five-year growth rate. The applicant points out that the other 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 9B:

- will have a 7.63 percent population growth, adding 43,753 residents
- will have a decrease from 62 percent to 58 percent in the white population percentages
- The black population is projected to have a five-year growth rate of 16.56 percent and the Hispanic population a 23.35 percent

The applicant adds that the 2020 census data shows St. Lucie County having a 44.2 percent population increase of Hispanics and Latinos when compared to 2010 and that the county communications director Erick Gill has said the area is experiencing a large influx of Hispanic and Latino families because St. Lucie County has affordable housing and is experiencing job growth, diversifying its economy. Further, the county has established an internal diversity and inclusion committee and now translates emergency briefings in Spanish and Creole (for the Haitian community). AccentCare provides its Exhibit 4 for more information adding that nearly all nursing homes in the service area offer Spanish and Creole as common languages offered due to the number of Latinx and Haitians.

AccentCare next uses CMS and Florida Health CHARTS data in Table 1-9, page 1-18 of hospice penetration, to compare the Medicare Hospice Beneficiaries for 2021 to 2022 when measured against the corresponding deaths for minority residents showing that penetration rates for the Black (42-46 percent) and Hispanic (less than 20 percent) populations are significantly lower than those for the White population whose penetration rates were above 64-69 percent during 2021 and 2022.

The applicant contends to address this it commits to ensuring minority representation on the hospice program's governing board, by forming an African American Advisory Board, a Haitian Advisory Board, and a Hispanic Advisory Board to ensure culturally competent care for minorities and that after the initial three years, AccentCare ensures minority representation by having a minimum of one African American and one Hispanic board member on the hospice program's governing board, identifying those members in the annual monitoring report.

AccentCare confirms the disparity in access to hospice care among African Americans, Hispanics, and the Jewish community within SA 9B and will develop tools to assist those with low literacy, such as materials on advance directives using simple working and pictures as well as materials printed in multiple languages to assist serving non-English patients. The applicant confirms that it also has strong diversity, equity, and inclusion (DEI) initiatives promoting service by and for a diverse population. AccentCare adds that it offers programs providing spiritual support for those of the Jewish faith. The applicant notes that more information can be found in Exhibits 7 and 8.

AccentCare states that it will provide services to people from all walks of life, regardless of race, religion, marital status, color, creed, gender, sexual orientation, pregnancy, childbirth, age, disability, national origin, or status with regard to public assistance. Further, that it will offer diversity training to its employees and volunteers, approach all persons and referral sources as friends being introduced to hospice and its benefits. The applicant provides Table 1-13 on page 1-21 showing the diversity within the AccentCare hospice programs in Florida.

LOW INCOME AND INDIGENT POPULATIONS

AccentCare provides a discussion of United for ALICE (AccentCare Asset Limited, Income Constrained, Employed, Figure 1, page 1-21) of the 2023 ALICE Essentials Index Annual Report) to demonstrate the disconnect for families relying on low wages and that both Okeechobee and St. Lucie Counties have a lower median income and higher poverty rate compared to the state averages.

The applicant states it is conditioning this CON by implementing a Homeless /ALICE program, working with the Treasure Coast Homeless Services Council (serving Indian River, Martin, and St Lucie Counties) and the Heartland Coalition for the Homeless (serving several counties including Okeechobee), to identify those in need and provide funding toward assistance.

AccentCare uses data from Florida's Council on Homelessness, 2023 Annual Report, Appendix XIII, Table 13 in Table 1-14 on page 1-24 to show that SA 9B's homeless population has decreased since 2020 adding that it is "possible this may be inaccurate". The applicant shares that Gail Harvey, President of Tent City Helpers, a group dedicated to helping the homeless in Martin County, believes the point-in-time survey is way undercounted, stating *"Homeless people are trying to hide in the morning, so they don't get trespassed....The volunteers and the people being counted are unfamiliar with each other and the count is done only one day...I feel they way undercount on purpose. So as to not address the huge problem they have."* AccentCare adds that more information can be found in Exhibit 9.

AccentCare commits to serving the homeless population, providing funding for assistance with housing and hospice care for the terminally ill. Ongoing training and partnerships within the service area help identify, educate, and serve those in need.

Specifically, AccentCare will work with the Treasure Coast Homeless Services Council and the Heartland Coalition for the Homeless or other similar organizations to identify those in need of hospice and palliative care, providing funding for housing assistance and care to those in need.

AccentCare will honor its No One Dies Alone policy by working with the Treasure Coast Homeless Services Council and the Heartland Coalition for the Homeless to identify and provide funding to assure that terminally ill homeless and nearly homeless persons in need of hospice care are provided appropriate shelter and care. The applicant commits to funding totaling \$50,000 over the first three years of operation in Service Area 9B, to programs that serve the homeless.

VETERANS' NEEDS

SA 9B has over 39,000 veterans and 61.1 percent are aged 65 or older, compared to 50.3 percent for the state. SA 9B veterans represent 6.9 percent of the area's total population and represent 16.2 percent of the total population over 65 (148,330). The applicant contends that this is

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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 in this application.
- 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 provides an excerpt from Donna Rogers, NHA, Nursing Home Administrator, Ardie R. Copas State Veterans Nursing Home, Port St. Lucie, Florida on page 1-27:

"AccentCare's commitment to veterans is evident through their participation in the "We Honor Veterans" program, an initiative that provides tailored care and respects the unique needs of veterans. This alignment with our core values at Ardie R. Copas State Veterans Nursing Home is one of the primary reasons I advocate for their presence in our district. Should AccentCare be granted licensure, I look forward to partnering with them under a General Inpatient Agreement (GIP) to serve our hospice-eligible veterans. This collaboration would ensure that our veterans receive the highest quality of compassionate care within the familiar surroundings of their own community. "

*Donna Rogers, NHA
Nursing Home Administrator
Ardie R. Copas State Veterans Nursing Home
Port St. Lucie, Florida*

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

County/Area	2024 Veterans 65+	2024 Total Veterans	2024 Population 65+	2024 Total Population	Veterans 65+ Percent of Population 65+	Total Veterans Percent of Total Population
Total Area 9B	24,029	39,311	148,330	568,951	16.2%	6.9%
Florida	711,528	1,415,175	5,064,776	22,840,144	14.0%	6.2%

Source: CON application #10782, page 1-26, Table 1-14 AHCA Population Estimates January 2024 and U.S. Department of Veterans Affairs, Table 1-15 (partially reproduced).

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 currently, Hospice SA 9B is without a SAGE certified hospice, and AccentCare (Seasons) is the only applicant that holds SAGE platinum certification, committing by conditioning this application to maintain SAGE certification to ensure residents of SA 9B have equitable access to hospice care. SAGE materials are located in Exhibit 11.

AccentCare provides an excerpt from P.J. Ashley, President Sanctuary of the Treasure Coast www.SanctuaryOfTreasureCoast.org Health on page 1-28:

"The Sanctuary of Treasure Coast is always seeking to build connections with organizations that share our values and we believe that a partnership with AccentCare would be mutually beneficial. By collaborating we can raise awareness of the resources available to the LGBTQ+ elderly community and ensure that they receive the support and care they deserve. I am confident that as a licensed provider in District 9B, AccentCare would enhance the quality of services and care in the region."

*P.J. Ashley,
President Sanctuary of the Treasure Coast
www.SanctuaryOfTreasureCoast.org Health*

HEALTH CARE NEEDS OF THE TERMINALLY ILL

The applicant uses 2022 FLHealthCharts data in Tables 1-16 and 1-17 on page 1-29 and 1-30 to confirm that in 2022 the leading cause of death in Florida and SA 9B were cardiovascular diseases, followed by cancer, respiratory illness, infectious diseases, and nutritional and metabolic diseases. The applicant adds that cardiovascular disease occurs in four percent more deaths occurring in Service Area 9B than in Florida.

The applicant states that the data show that both St. Lucie and Okeechobee counties have higher death rates for many of the top causes of death compared to the statewide rates, while Martin County generally has lower rates. In fact, Martin County's adjusted death rates (AADRs) are lower for all causes of death except for digestive diseases and congenital & chromosomal abnormalities while Okeechobee County's

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AADRs for nearly all causes of death are much higher than the Florida rates or the other service area counties, except for nervous system diseases.

In summary, AccentCare asserts that it has the experience and targeted programs such as cardiac care, respiratory diseases, and Alzheimer's disease (included in nervous system diseases) and gives AccentCare's Cardiac Care Pathway as an example of such programs. 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.

	SERVICE AREA 9B			FLORIDA		
Potential Hospice Causes of Death Cause of Death Excluding External, & Other unspecified	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)	2,387	33.9%	41.7%	71,787	30.00%	38.4%
Malignant Neoplasm (Cancer) (C00-C97)	1,462	20.8%	25.5%	46,978	19.70%	25.2%
Respiratory Diseases (J00-J99)	591	8.4%	10.3%	18,294	7.70%	9.8%
Infectious Diseases (A00-B99)	432	6.1%	7.5%	17,094	7.20%	9.2%
Nutritional and Metabolic Diseases (E00-E99)	254	3.6%	4.4%	8,529	3.60%	4.6%
Nervous System Diseases (G00-G99)	228	3.2%	4.0%	9,595	4.00%	5.1%
Digestive Diseases (K00-K99)	150	2.1%	2.6%	4,604	1.90%	2.5%
Urinary Tract Diseases (N00-N99)	102	1.5%	1.8%	3,924	1.60%	2.1%
Benign Neoplasms (D00-D48)	63	0.9%	1.1%	1,250	0.50%	0.7%
Symptoms, Signs & Abnormal Findings (R00-R99)	28	0.40%	0.49%	3,543	1.50%	1.9%
Congenital & Chromosomal Anomalies (Q00-Q99)	19	0.27%	0.33%	627	0.26%	0.34%
Anemias (D50-D64)	15	0.21%	0.26%	496	0.21%	0.27%
Subtotal, Included Causes	5,731	81.5%	100%	186,721	78.1%	100%
Excluded Causes						
Other Causes (Residual)	711	10.1%		29,017	12.1%	
External Causes (V01-Y89)	578	8.2%		22,466	9.4%	
Perinatal Period Conditions (P00-P99)	11	0.2%		706	0.3%	
Pregnancy, Childbirth, and the Puerperium (O00-O99)	2	0.03%		43	0.02%	
Subtotal, Excluded Causes	1,302	18.5%		52,232	21.9%	
Total Resident Deaths	7,304	100.00%		238,953	100.00%	

Source: CON application #10782, page 1-29, Table 1-16

AccentCare offers excerpts from its letters of support from Dr. Leriche Louis, DNP, APRN, FNP, BC, LFC Family Home Health Solutions, Fort Pierce, Florida and Prashant R. Patel, MD, RPH, Stuart Oncology Associates, P.A., Port St. Lucie, Florida on page 1-31.

"By collaborating with AccentCare, we can ensure that our patients receive comprehensive and compassionate care that addresses not only their physical needs but also their emotional and psychological well-being. Furthermore, AccentCare's track record of excellence and dedication to quality care instills confidence in their ability to uphold the highest standards of service provision in the hospice setting. Their commitment to continuous improvement and innovation aligns seamlessly with our shared vision of delivering exceptional healthcare outcomes."

Dr. Leriche Louis, DNP, APRN, FNP, BC,
LFC Family Home Health Solutions, Fort Pierce, Florida

"In our community there is limited access to Palliative Care Programs which makes it difficult to find our patients the care that they need in transitioning from aggressive treatment to hospice care. AccentCare not only has a palliative care program but also their non-profit foundation has a program called Open Access that can assist patients transitioning to end-of-life and give them the treatments that they need for their own comfort in aiding in the transition. These programs are vital for our patients here at Stuart Oncology."

Prashant R. Patel, MD, RPH
Stuart Oncology Associates, P.A., Port St. Lucie, Florida

ESTABLISH A PALLIATIVE CARE PROGRAM

AccentCare conditions that it will assist in establishing a Palliative Care Program to increase overall hospice utilization within Service Area 9B by the second year assuring a minimum funding level to staff the program. The applicant states it will work closely with local oncologists to identify those in need of palliative care, thereby increasing hospice admissions and length of stay to improve quality end-of-life care.

HOSPICE LOCATIONS

AccentCare states that SA 9B counties have at least one federally designated Medically Underserved Area (MUA) or Medically Underserved Population (MUP) for primary health services, either due to economic, cultural, or language barriers. Pockets of low-income, Medicaid eligible, migrant workers, or homeless populations may also impact designations. The applicant provides that the index of medical underservice scores areas and populations on a scale of 1 to 100, with zero being the highest need and 100 having the lowest need and notes that:

- St. Lucie County has a score of 53.0 for Low Income/Migrant Farm Workers for primary care

- Martin County has a score of 60.8 for the Indiantown area for primary care Okeechobee County has a score of 57.2 for Low Income/Migrant Farm Workers for primary care

The applicant proposes establishing its primary office in St. Lucie County where 64 percent of the service area's population resides, and another office in Okeechobee County during the second year of licensure.

AccentCare states that the Okeechobee location will support efforts to improve service to the rural county where under service persists despite having two hospices located here therefore improving access.

AccentCare provides Figure 1-7 (map), page 1-32 showing the existing hospice and nursing homes locations.

ACCENTCARE'S FORECAST OF UTILIZATION/PROVEN CAPABILITY

The applicant determines by using the Agency's Need Projections, Table 1-18, page 1-34 and Hospice Utilization, Table 1-19, page 1-35 that the net need amount of 483 admissions far exceeds the need threshold of 428 admissions presenting further opportunity for growth of existing programs as well as AccentCare.

AccentCare contends that it routinely exceeds projections and presents its start-up experience for their Florida hospice programs noting that first year admissions range from 182 to 284, with an average of 236 admissions and median of 239 in Florida markets. Further, second year admissions range from 256 to 833, averaging 595, with a median of 645 in Florida. The applicant notes the median provides the most reliable estimate.

The applicant notes that for SA 9B, it forecasted admissions for the first two years stating, "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 builds on existing relationships established during the initial needs analysis, with providers, community representatives, and residents of SA 9B and provides letters of support for the application.

IMPACT ANALYSIS

The applicant's Figure 1-8, page 1-37, and Table 1-21 on page 1-39 to show the projected impact of its program on SA 9B the existing

programs. AccentCare states that it shows little impact and that hospice admissions have failed to keep up with the statewide penetration rates resulting in the need for an additional hospice program to serve residents of SA 9B. AccentCare confirms that it will focus on outreach efforts, educating institutional providers, the medical community, community and faith-based organizations, and the general public on hospice care including what it is, where care is provided, and when to call for enrollment. The applicant states that through educational seminars, partnerships, and outreach efforts it will improve awareness, resulting in higher admission rates and longer lengths of stay as patients are appropriately enrolled earlier which in turn will improve patient and family satisfaction, ensuring a more peaceful and fulfilling experience at end-of-life. Further, the community becomes more engaged, leading to earlier enrollments as well as a higher number of enrollments.

AccentCare adds that it has established protocols and materials used to train physicians and nursing staff on how to identify potential hospice patients and to ensure understanding of the benefits of hospice and palliative care, providing continuity of care where currently a disjointed system prevails which results in increased access and availability to hospice care. The applicant concludes that its commitment, quality, knowledge of the area, and experience sets it apart from its competitors.

Affinity Care of the Treasure Coast, LLC (CON application #10783)

The applicant discusses SA 9B population and demographics noting that:

- The most populous county is St. Lucie which also has the most minorities at nearly 45 percent of population or greater than 163,000
- Martin County has a 34 percent elderly population and Okeechobee and St. Lucie counties have between 21 and 24 percent
- Okeechobee has the greater proportion of Hispanics at nearly 27 percent, but St. Lucie County has the most Hispanics at approximately 79,000
- St. Lucie has a black population of 21 percent and also has the greatest number at nearly 85,000
- SA 9B combined black and Hispanic populations comprise 47 percent of total population at 16 and 21 percent respectively
 - Within the elderly age cohort, black and Hispanic population has a combined total of 17 percent
- SA 9B 2022 deaths totaled 7,033 deaths of which 10 percent were black, seven percent were Hispanic, and 23 percent were military veterans

The applicant states that it will seek to enhance hospice utilization of residents across many specific cohorts as well as the general population targeting seniors, Veterans, and black/Hispanics. The applicant notes that it will locate its first office location in St. Lucie County, likely locate in mid-south area of the county, which is closer to Martin County with access to Okeechobee County (via State Road 70, an east west roadway and to Martin County via Interstate 95 and Florida's Turnpike, both north-south roadways) adding that this location also has a large black population. Further, Affinity will also open an office within Okeechobee County within its first two years of operation working with local community health care providers and leaders to determine the best location to increase awareness and access to hospice services for the community.

Affinity Background

The applicant provides a brief history noting that it is an affiliate of Continuum Care Hospice and Affinity Health Management. Affinity adds that Continuum Broward and Miami-Dade operate due south of the Treasure Coast and that their proposed expansion into Palm Beach County is pending judicial decision. Further, the applicant adds that expanding further north of Palm Beach County is consistent with Affinity's goal to bring its unique and robust programming throughout the southeast coast of Florida.

Awarding the CON to the Applicant

Affinity Care of the Treasure Coast contends that it is the most appropriate co-batched applicant in the current batching cycle for a having successful startup experience in both Broward and Miami-Dade Counties to the south. The applicant informs that since its introduction of its service intensity plant in Miami-Dade it now has the second highest visit hours per patient day in the state.

The applicant states that it has received support from the nursing homes dispersed throughout the three-county area, including 100 percent of facilities/beds in Okeechobee County, 36 percent of beds in St Lucie County (representing both Fort Pierce and St. Lucie) and 29 percent in Martin County. Additionally, support was received from physicians, Alzheimer's Association, business leaders, home health and ALFs that discuss Affinity's service intensity, minority outreach, responsiveness, specialty diagnoses programs, and other attributes. Letters of support are provided in their entirety behind Tab 5 of this application.

Fixed Need Pool

Affinity states that the publication of the fixed need pool shows a gap of 530, exceeding the standard in the rule of 350, falling below expectations. That gap occasions the publication of need for another hospice program. Additionally, the applicant contends there is a 12 percent deficit in the cancer groupings, and approximately nine percent in the non-cancer groupings with an overall 10 percent shortfall between projected hospice patients and actual hospice patients with 66 percent of the need within the non-cancer cohorts.

The applicant notes that the projected hospice patients (5,297) identified includes 28 percent cancer and 72 percent non-cancer, adding that its specialty programs for this cohort will benefit the community.

The applicant includes Florida Office of Vital Statistics CY 2022 data in four tables on pages 24-27 of the application that address SA 9B resident deaths by cause:

- By County -Ages 65+ and All Ages
 - Percent of Total Deaths
 - Ages 65+ and All Ages
- Ages 65+ and All Ages
 - Percent of Total Deaths
 - Ages 65+ and All Ages
- All Ages
 - Total Deaths, including
 - Black Deaths
 - Percent of Total Black Deaths
 - Hispanic Deaths
 - Percent of Total Hispanic Deaths
- Ages 65+
 - Total Deaths, including
 - Black Deaths
 - Percent of Total Black Deaths
 - Hispanic Deaths
 - Percent of Total Hispanic Deaths

Below is a summary of some conclusions Affinity emphasizes based on the four referenced tables:

- 2022 SA 9B total resident deaths equaled 7,033 of which 79 percent were 65 and older (5,561 senior deaths)

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- St. Lucie County deaths represent 58 to 60 percent of total deaths throughout the SA, with Martin County representing 33 to 35 percent and Okeechobee at seven to eight percent
- SA 9B deaths from cancer totals 21 percent of both senior and total deaths with 78 percent of deaths being non-cancer related
- In 2022 more than 37 percent of SA 9B seniors died from cardiovascular related deaths followed by 21 percent caused by cancer. Further, 8.4 percent of residents had a cause of respiratory diseases, with that rate at nine and a half percent for seniors
- In 2022, there were 228 nervous system deaths amongst seniors representing an estimated four percent of total, of which Alzheimer's and other forms of dementia are a subset
- An estimated 10 percent of the 7,033 total 2022 SA 9B deaths were Black minorities and nearly seven percent were Hispanic
- Approximately 13 percent of 2022 SA 9B senior deaths were Black and Hispanic and while 79 percent of total deaths in the County are 65 and older, only 60 percent of Black deaths are 65 and older and 65 percent of Hispanic deaths are 65 and older
- 2022 top four causes of death for all seniors regardless of race were cardiovascular disease, cancers, respiratory diseases and infectious diseases

Affinity explains that for all seniors, including Black and Hispanic cohorts, cardiovascular disease, cancers other respiratory and infectious diseases were the top four causes of death in 2022.

Affinity Treasure Coast strategic initiatives are as follows:

1. Meet Patient Needs via Enhanced Patient Touches and Hospice Responsiveness
2. Uplift Hospice Utilization Amongst Minority
3. Address Veteran Programming
4. Develop a Community Paramedic Program with Local EMS
5. Detailed Program and Outreach to Enhance Hospice Utilization for Dementia and Alzheimer's Disease
6. Patient and Referral Responsiveness to Enhance Quality Experience

These initiatives are described in detail on pages 29 through 67 in the application.

1. Meet Patient Needs via Enhanced Patient Touches and Hospice Responsiveness

Service Intensity

Affinity Care states that it prides itself on its service intensity stating “Affinity prides itself on its service intensity, which far surpasses NHPCO guidelines for staffing. Termed 'boots at the bedside', Affinity utilizes its revenues to assure its patients have daily or almost daily touches.” The applicant adds that this results in:

- Regular ongoing communication with the patient and family
- More effectively managing pain and related symptoms
- Avoiding unnecessary hospitalizations or emergency calls
- Improved patient and family satisfaction

The applicant presents several tables on pages 30 through 38 comparing the three Florida Affinity Care programs to the four SA 9B existing providers as well as the competing applicants for the CY 2022 hospice visit hours per patient day, in the last week of life and by discipline (RN, HHA and MSW hours) in the last week of life.

The applicant concludes that the Affinity programs all exceed the Florida average while the Service Area 9B programs are lower than or approximate to that average.

Affinity notes that its outcomes are more beneficial due to patient encounters and staffing levels, having every new patient is engaged at Affinity Care within two hours of referral, seven days a week, 365 days per year, and will provide an immediate response or return call (not more than one hour), patients are visited by a home health aide (HHA or aide) five to seven days per week, and that a registered nurse visits every patient at least two times weekly, and daily if the patient is actively passing and that a social worker and chaplain (if the patient and family want a chaplain visit) at least weekly.

Of note, the applicant states that it provides approximately 2 times greater than the most intense (0.79) of the SA 9B providers with its programs ranging from approximately 1 to 1.5 hours per patient day noting that the Miami-Dade ranking 2nd and the other two programs ranking 8th and 9th (all in the top ten) of having the most hours per patient day of any hospice in the state.

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Affinity notes that its programs provide between three and eight more hours per patient in their last week of life when compared to Hospice of Okeechobee and Treasure Coast adding that its Miami-Dade program ranks fourth and Sarasota ninth highest in the state. The applicant argues that although its hours are comparable with VITAS, it should be considered that VITAS operates hospice houses and/or dedicated inpatient facilities within hospitals whereas Affinity does not and therefore their total hours are elevated and “greatly skew the data for VITAS as to visits in last week of life, because hospital patients are moved to the in-house hospice unit in the final days of life, with 24/7 staff that is reported as visits in last days.” Further, still maintains the same level of visits in last week of life as VITAS even with VITAS offering in-hospital and freestanding hospice houses in other SAs in the state and the Affinity data reflects only the actual visits by staff in the residence of the patient at home, in an ALF, or in a SNF. Affinity contends that its entry into Service Area 9B will result in a greater number of “patient touches” in the patient's home or residence thereby enhancing quality and services for the hospice population.

The applicant informs that three of the four existing providers' visit hours in the last week of life are lower than the statewide average adding that its two other programs have averages higher than the state average and its lowest ranking program equal to the state average. Affinity states that it will condition the approval of this application to providing that level of service intensity in SA 9B.

Applicant vs Existing Providers, Visit-Hours by Discipline in the Last Week of Life				
Agency	Hours in Last Week	RN Hours in Last Week	HHA Hours in Last Week	MSW Hours in Last Week
Continuum Care of Miami Dade LLC	18.14	13.78	4.06	0.31
Continuum Care of Broward LLC	11.09	6.37	4.18	0.54
Continuum Care of Sarasota LLC	14.41	9.93	3.82	0.66
Hospice of Okeechobee Incorporated	10.53	6.78	2.9	0.85
Treasure Coast Hospice of Martin	7.78	5.42	1.92	0.43
Treasure Coast Hospice of St Lucie	8.21	5.45	2.04	0.71
Vitas Healthcare Corporation of Florida	18.2	14.69	2.29	1.21

Source: CON application #10783, page 33, Medicare data, CY2022, Berg Analytics

Affinity argues that it has substantially higher visit hours per patient day when compared to any of the competing applicants in existing operations adding that Medicare excludes spiritual hours in its per patient day or in the last week of life data indicating that its visit hours would be greater as its programming is significant and will be utilized in SA 9B.

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The applicant states that it has substantially higher visit hours per patient day when compared to any of the competing applicants in existing operations noting that Charis has an average of less than 30 minutes per patient day throughout a patient's hospice experience and Hospice of Palm Beach and Accent Broward are higher at 0.79 and 0.78 (approximately 45 minutes). Affinity notes that Charis hours in particular are all lower than the statewide average and “provide virtually nothing additional when compared to existing providers.”

Applicant vs Competing Applicants, Visit-Hours by Discipline in the Last Week of Life				
Agency	Hours in Last Week	RN Hours in Last Week	HHA Hours in Last Week	MSW Hours in Last Week
Continuum Care of Miami Dade LLC	18.14	13.78	4.06	0.31
Continuum Care of Broward LLC	11.09	6.37	4.18	0.54
Continuum Care of Sarasota LLC	14.41	9.93	3.82	0.66
Accent Care of Broward	13.79	10.86	2.56	0.37
Charis aka Haven Hospice	5.68	3.84	1.48	0.35
Hospice of Palm Beach County	15.96	14	1.4	0.56

Source: CON application #10783, page 36, Medicare data, CY 2022, Berg Analytics; Charis aka Haven Hospice is the average of the five programs identified in New Mexico, Indiana and 3 in Arizona

The applicant argues that its averages are comparable to Hospice of Palm Beach County even though it operates hospice houses which it states makes the total hours in the last seven days elevated preventing a direct comparison with hospices that do not operate these facilities, like Affinity. Further, the applicant explains that like the data discussed for VITAS inpatient unit, the Hospice of Palm Beach data is skewed because it includes visits provided in a facility that is staffed 24/7 which is counted as "visits" to the patient, compared to Affinity which is providing actual visits by hospice professionals at the patient's home or residence. Additionally, Hospice of Palm Beach County had 45 percent of its patients admitted in the last week of life similar to Treasure Coast of St. Lucie at 46 percent and Treasure Coast of Martin at 41 percent.

The applicant argues that these three programs are “legacy not for profit with nearly half the patients being admitted in their final days of life” adding that they are not the type of programs needed to increase SA 9B hospice penetration and provide quality care for terminally ill patients

Affinity provides AccentCare’s investment strategy contending that unlike AccentCare which is a large national firm, that it is a privately held mid-sized company without responsibility to outside investors and shareholders it will be able to invest in the patient and service intensity.

Every new patient is engaged at Affinity Care within two hours of referral, seven days a week, 365 days per year. patients are visited by a home health aide (HHA or aide) five to seven days per week, a registered nurse visits every patient at least two times weekly, and daily if the patient is actively passing and a social worker and chaplain (if the patient and family want a chaplain visit) at least weekly.

Affinity Care states its has conditioned this application on the provision it will provide the following sufficient staffing and resources to meet the following conditions:

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

- The Applicant will seek to respond to all referrals within one hour, initiate the assessment process within two hours, and expedite admission to the hospice subject to having a physician order in hand and the patient/family selecting the hospice option.
- The Applicant will provide triage coverage 24 hours a day, 7 days a week, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients).
- The Applicant will assure each patient has 5 to 7 Home Health Aide visits per week, provided this is acceptable to the IDT, patient and family.
- The Applicant will assure each patient has a minimum of 2 RN visits per week, provided this is acceptable to the IDT, patient and family.
- Affinity Treasure Coast commits to increasing visit frequency during the final weeks of life to provide support.
- The Applicant will provide a social worker and chaplain (if the patient and family want a chaplain visit) at least weekly, which helps to keep families and loved ones well supported.
- The Applicant will utilize Muse Healthcare Analytics to assist in identifying patients who are entering their final days of life.

2. Uplift Hospice Utilization Amongst Minority Groups

Affinity discusses the disparity in access, barriers, and cultural challenges that minority populations face regarding hospice care citing multiple studies (pages 39 through 42). The applicant states that from its research there are five primary reasons why African Americans are less likely to choose hospice:

- *African Americans have a deeply rooted distrust of the healthcare system.* This is due to a history of disrespectful and inadequate treatment by the (predominantly white) medical community. This history makes for a fraught relationship between black communities and the medical communities that serve them, with hospice included. This paired with the hospice stigma as a "place to go die", it is apparent that blacks have an incentive not to choose hospice.
- *Lower economic status and resources.* The unfortunate truth is that America's race relations have left many black communities at an economic disadvantage. When it comes to healthcare, hospice and palliative care included, lower economic status and resources has a definite effect on the breadth and scope available to them. Poorer communities tend to have less access to healthcare services.
- *A greater willingness to spend their resources to stay alive.* A study found that 8 out of 10 blacks are willing to spend everything they had to stay alive, compared with only half of the white counterpart. This trend may be positively correlated with cultural differences, as well as socioeconomic disparities.
- *Lower care satisfaction among family members.* Studies have shown that hospice and palliative care help improve satisfaction in end-of-life care. For blacks, this is not the case. Family members of black patients consistently reported lower satisfaction in end-of-life care. The most widely reported discontent was absent or problematic communication with physicians and a higher tendency for patients to not have written advance care planning documents. Lower satisfaction in care means palliative care and hospice are earning a poor reputation in black communities the more word spreads throughout communities.
- *End-of-life care is in disarray.* End-of-life care is inconsistently offered throughout the nation. Quality of care in hospice programs can vary state to state, from city to city and even from program to program. A national survey recently revealed that across the country, end-of-life care programs did not meet the national staffing recommendations which often results in such services being generally unavailable. Unavailability of services or timeliness of service further compounds the issue of racial disparity in end-of-life care.

The applicant argues that if Blacks had equal access to hospice as their non-black counterparts, there would have been many more hospice admissions in SA 9B and that its minority outreach program will be designed to lift up the minority penetration rate.

Evidence of Minority Underservice

Affinity states that for SA 9B:

- There are 90,000 Black residents representing 16 percent of total population
- by 2029 it is estimated that there will be 105,000 Black residents in Service Area 9B representing a 16.6 percent growth
- over 14,000 Black seniors, increasing 34 percent to over 19,000 in the next five years
- In 2022, there were 668 Black deaths of which 401 were seniors

The applicant provides tables on pages 43 and 44 which depicts SA 9B county's black penetration rate compared to total County, and non-black populations and concludes:

- Black penetration rate in 2021 ranges between 45 and 53 percent, increasing to a range between 54.5 and 57.1 percent in 2022
- The rates in Martin and St. Lucie Counties were 19 to 21 percent lower than the non-black penetration rates
- Okeechobee County, at 57.1 percent, was 1.7 percent greater than the non-black penetration rates

Affinity states had each county achieved the overall non-black penetration rate as opposed to actual, there would have been 87 additional black admissions in Martin and St. Lucie Counties. Further, had Okeechobee County achieved the SA penetration of 12 to 15 points higher, there would have been between 60 and 75 additional admissions within the county. The applicant states that this data confirms minorities (and others) continue to be underserved and need a specialized hospice entity to implement its uniquely suited programs to have a market wide effect.

	Martin County	
Race	2021	2022
Black Population	51.7%	57.1%
Total Population	70.0%	78.1%
Total Population, excluding Black	70.5%	78.5%
Disparity:		
Black vs Total	-18.3%	-20.9%
Black vs All Other	-18.9%	-21.3%

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	Okeechobee County	
Race	2021	2022
Black Population	45.8%	57.1%
Total Population	60.4%	55.2%
Total Population, excluding Black	61.1%	55.5%
Disparity:		
Black vs Total	-14.6%	2.0%
Black vs All Other	-15.3%	1.7%

	St Lucie County	
Race	2021	2022
Black Population	52.6%	54.5%
Total Population	66.9%	71.0%
Total Population, excluding Black	69.3%	73.4%
Disparity:		
Black vs Total	-14.3%	-16.5%
Black vs All Other	-16.7%	-18.9%

Source: CON application #10783, pages 43 and 44

The applicant cites the 2020 study published by Katherine Ornstein et al, concluding that Black chooses more intensive treatments at the end-of-life and are less likely to use hospice services relative to white decedents. Affinity uses Agency Inpatient Data to support its claim of the disparity between discharge patterns for black medical surgical patients versus all other.

Service Area 9B Med-Surg Percent Discharges to Hospice by Race 12 Months Ending June 30, 2023			
County	Black	All Other	Overall
Martin	2.9%	4.7%	4.6%
Okeechobee	1.5%	2.9%	2.8%
St Lucie	2.4%	4.2%	3.8%
Total Service Area 9B	2.4%	4.2%	4.0%

Source: CON application #10783, page 45, AHCA Inpatient Data Tapes, hospital medical surgical discharges excluding obstetrics, neonatology, psychiatric and substance abuse discharges

Affinity notes that black patients are referred to hospice less than nonblacks, at just 57 percent of the rate adding that if the rate of Black discharges had been the same as “All Other” in the above table, there would have been 183 additional Black discharges to hospice, with most residing in St. Lucie County.

The applicant concludes that this data suggests that the black population is underserved by between 87 and 183 annual admissions, representing 16 to 34 percent of the overall published need in the July 2025 planning horizon. Affinity argues there is also a disparity between discharge patterns for Hispanic medical surgical patients versus all other.

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Service Area 9B Med-Surg Percent Discharges to Hospice by Race 12 Months Ending June 30, 2023			
County	Hispanic	All Other	Overall
Martin	1.1%	4.7%	4.6%
Okeechobee	2.2%	2.9%	2.8%
St Lucie	2.6%	3.9%	3.8%
Total Service Area 9B	2.3%	4.0%	4.0%

Source: CON application #10783, page 46

Affinity states the referral of Hispanic patients to hospice is also less than non-blacks, at just 57 percent of the rate adding that if the rate of Hispanic discharges had been the same as “All Other” in the above table, there would have been 42 additional Hispanic discharges to hospice, again with most residing in St. Lucie County.

The applicant cites a letter of support from Dr. Naeem who is the medical director of the only nursing home in Okeechobee County and affiliated with Raulerson Hospital, the only hospital in that county inferring that the Okeechobee County Hispanic population also demonstrates an underservice.

Race	Okeechobee County	
	2021	2022
Hispanic	64.3%	41.7%
Total Population	60.4%	55.2%
Total Population, Excluding Hispanic	n/a	55.5%
Disparity:		
Hispanic vs Total	3.8%	-13.5%
Hispanic vs All Other	n/a	-13.8%

Source: CON application #10783, page 46

Affinity states that Martin County 2022 Hispanic penetration is approximately five points less than the rest of Martin County's hospice penetration and that St. Lucie County was also five points short in 2021 but that gap is not evident in the 2022 data.

The applicant assures that it will incorporate Hispanics in its minority outreach program, adding that the VA report shows that minorities will comprise more than one-third of Veterans by 2040.

Affinity Care Affiliate Experience with Enhancing Hospice Penetration Amongst Minority Groups

On pages 47 and 48 the applicant provides a summary of its affiliate programs regarding the enhancement of hospice penetration amongst various minority groups in other communities.

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- Broward County: This is Affinity's oldest program in the state. It implemented outreach programs through education and developing relationships with identified organizations to lift up both the black and Hispanic hospice penetration.
- In the most recent calendar year (2023), Affinity's percentage of black admissions to total admissions was 21.2 percent. Black deaths as a percent of total in Broward County are approximately 22 percent. Therefore, Affinity is reaching the black population on a proportionate basis which is meaningful given the underserved black population historically. Furthermore, while 2023 penetration is not yet available, black penetration rate was 47 percent in 2021 and increased to 57 percent in 2022, showing the hospice community has enhanced access for the black population.
- Similarly, Affinity's percentage of Hispanic admissions to total admissions have now reached 18.4 percent. Hispanic deaths as a percent of total in Broward County are approximately 18 percent. Therefore, Affinity is reaching the Hispanic population on a proportionate basis which is meaningful given the underserved Hispanic population historically. Furthermore, while 2023 penetration is not yet available, Hispanic penetration rate was 65.6 percent in 2021 and increased to 68.5 percent in 2022, showing the hospice community has enhanced access for the Hispanic population.
- Miami-Dade County: This program commenced operation in March 2022 and included an outreach program for minorities.
- Having only been operational for two years as of March 2024, this affiliate has made significant in-roads to enhancing Hispanic penetration rates. The percent of Hispanic deaths tot total deaths in Miami-Dade County is approximately 65 percent including external causes, younger population etc. Yet Continuum Miami-Dade in the most recent calendar year (its first full calendar year of operation) admitted 65.5 percent Hispanics. This was the result of assembling an appropriate outreach team to directly coordinate with Hispanic referral sources and organizations to enhance utilization amongst the Hispanic population. While 2023 penetration is not yet available, Hispanic penetration rate was 60.7 percent in 2021 and increased to 67.4 percent in 2022, showing the hospice community has enhanced access for the Hispanic population.
- With respect to the black population, its 2023 population represented approximately eight percent of total admissions. Continuum believes it has enhanced penetration as the penetration rate in 2021 was 44 percent and as of 2022 had

increased to 53 percent. Its efforts to further enhance black penetration rate is ongoing.

- Other Affinity Entities:
- Shalom Hospice in Middle Tennessee was implemented to address the underserved Jewish population. While the Jewish population only comprises one percent of the area's population, Shalom's Jewish hospice admissions approximate 20 percent of total admissions.
- *The Oakland Program, Alameda County, California (Black):* Continuum clinicians and team members recognized early on that the Black community was not accessing hospice services at the same rate as the white counterpart. Continuum sought to hire people from the community who were engrained in the community. It worked with local Black leaders to educate them on how to educate their predominately Black constituents about hospice. As a result of this program, the percentage of Black admissions to Continuum Care Hospice was twice that of other hospice programs serving Alameda County at the time. Black admissions as a percent of total admissions increased by seven percentage points. By the 3rd year of this program, its black admissions represented 18.5 percent of total; black population in the area was 10.4 percent and deaths were 18 percent.

Affinity Care of the Treasure Coast confirms it has conditioned this application on the provision it will implement a minority outreach program by developing strategies that will focus on building trust in the black cohort and partnering with existing community resources that service the black community such as churches and community centers. Further, it will enhance hospice utilization within the black demographic and employ active members of the local black community. The applicant notes its staff will have scheduled community education events to educate those who may have a deep-rooted mistrust of health care, and of hospice. Affinity notes it received a letter of support from Okeechobee Healthcare Facility supporting its work with minorities.

Action Items and Conditions Relative to Minority Groups

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

- The Applicant has conditioned approval of this application on the provision it will provide specific initiatives to enhance access to and utilization of hospice by minority population groups.

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- The Applicant will have a specific hospice care team that is representative of the minority community and bilingual or multi-lingual including Spanish speaking team members. This team will include, at a minimum, a nurse, social worker and chaplain.
- The Applicant will partner with local organizations to increase awareness of hospice services in the minority community. A community relations representative will develop an action plan which will include identifying facilities with large minority populations. The rep will regularly visit those facilities to educate leadership and clinical professionals. The rep will also then be available to meet with hospice appropriate patients and answer all questions they or their caregivers may have about hospice and Affinity Treasure Coast. This should optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary re-hospitalizations.
- The Applicant will partner with existing community organizations and resources that service the Black and Hispanic communities, such as but not limited to federally qualified health clinics, local churches and community centers, to educate on the benefits of hospice.
- As part of its Advisory Council commitment, the Applicant will form a Minority Advisory Council and recruit minority related community organizations and others to be on this Council which will meet quarterly to review the Applicant's programming and develop initiatives to be implemented.
- The Applicant will also assure patient needs are met with complex treatments such as palliative radiation to reduce pain or other similar types of service as patients transition into hospice or require such services for pain reduction.
- The Applicant will become Medicaid certified so that it may accept any hospice patients, including those on Medicaid.
- The Applicant will provide 24/7 triage coverage, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients).
- The Applicant will implement its Continuum Palliative of Florida Program to first provide patients with relief from symptoms and pain, supporting the best quality of life, before the patient terminates treatment and qualifies for hospice. This will significantly improve the perception of hospice, repair the negative image hospice historically has amongst minorities and help to develop an end-of-life care plan designed for the individual. Combined, the approach to hospice treatment, education and outreach, staffing with culturally like personnel

and providing palliative care as a pathway or bridge to hospice, Continuum will be lifting up the lower minority penetration rates for both Blacks and Hispanics.

3. Address Veteran Programming

Veterans programming is discussed in detail on the application's pages 51 through 55. Affinity notes that SA 9B has a Veteran population of approximately 39,300 which does not reflect active-duty servicemen and servicewomen who may also live in the service area. Affinity reports that approximately 23 percent of total deaths in SA 9B are veterans and provides a chart for the five-year SA 9B Veteran deaths, total deaths and percentage of deaths represented by the veterans.

Service Area 9B Veteran and Total Deaths						
	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	5-Year Total
Veterans	1,503	1,510	1,581	1,673	1,588	7,855
Total	5,746	5,946	6,867	7,563	7,033	33,155
% Veterans	26.2%	25.4%	23.0%	22.1%	22.6%	23.7%

Source: CON application #10783, page 52, Florida Office of Vital Statistics

Affinity Treasure Coast recognizes the need for Veteran specific programming, staffing and outreach and will develop a specific program to incorporate Veterans, including minority Veterans, in its specialized programming.

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

1. The Applicant will conduct a minimum of monthly educational visits and contacts with Veterans organizations in Martin, Okeechobee and St. Lucie Counties, including but not limited to VFW Posts, American Legion Posts, and Veterans Resource Center.
2. The Applicant will implement its Veterans outreach program, We Honor Veterans, once certified and will strive to achieve Level 5 certification to increase access and improve the quality of care for Veterans in Service Area 9B.
3. The Applicant will implement its Honor Guard Program. As Veterans come on service, the Applicant will give family a flag. When the Veteran passes, his/her body will be covered with the flag and include an Honor Guard procession with the covered body at its removal from the home.
4. The Applicant will designate one of its hospice liaisons to carry out all Veterans outreach initiatives.

5. The Applicant will assure its social workers are well trained in the assessment and ongoing interaction with the Veteran.
6. The Applicant will encourage Veteran family members in the general community to participate in its bereavement programs, whether or not they were hospice patients, and which will include specific programming for bereaved families of Veterans including family members of Veteran suicides.
7. As part of its Advisory Council commitment, the Applicant will form a Veterans Advisory Council and recruit Veteran related community organizations and others to be on this Council which will meet quarterly to review the Applicant's programming and develop initiatives to be implemented.
8. The Applicant's Equine Therapy program will be available for Veterans who choose this treatment modality, noting it is particularly helpful for those with PTSD.
9. The Applicant's Virtual Reality platform will offer Veterans a virtual flightless experience for Veterans who are unable to participate in the Honor Flight Network trip. The Honor Flight Network is a national network comprised of independent Hubs working together to show our nation's veterans the appreciation and honor they deserve.

4. Develop and Initiate a Community Paramedic Program with Local EMS to Reduce Unnecessary Trips to the Emergency Room

Concerning plans to develop and initiate a community paramedic program with local EMS to reduce unnecessary trips to the emergency room, Affinity Care indicates that this is a relatively new initiative and an emerging concept, a collaboration between EMS and the hospice provider. The applicant states that Okeechobee County will be the initial launch of this program adding that SA 9B has “scarcer healthcare resources” in its rural areas.

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

averting unnecessary transport to the emergency department. Affinity bullets some of its Schedule C conditions.

- The Applicant has conditioned approval of this CON Application on the provision it will develop and initiate a Community Paramedic Program in coordination with local EMS providers, during year two.
- The Applicant will provide funding to local EMS providers for community paramedics, beginning in year two.
- The Applicant will provide education and training of community paramedics on the program and criteria.

Affinity states that it has budgeted \$5,000 for community paramedic training in year one focused on the latter part of the year and an additional \$5,000 in year two and that these costs are included in Line 17, Schedule 8 of the financial schedules behind Tab 3.

6. Detailed Program and Outreach to Enhance Hospice Utilization for Dementia and Alzheimer's Disease

Affinity states it will incorporate clinical pathways by using Homecare Homebase, which has built-in clinical pathways to ensure the care is held to acceptable standards.

The reviewer notes that the applicant presents on pages 61 through 64 data and conclusions that do not appear to be necessarily specific to SA 9B area residents, per se, but broadly address Alzheimer's in Florida and nationally.

In Service Area 9B, there were 153 related deaths in 2022. The crude death rate for Alzheimer's in Service Area 9B is 27.8 per 100,000 population. This decreased from 38.3 in 2021.

The applicant provides the estimate of Alzheimer's population within SA 9B as of 2024 noting that more than 7,400 persons with "severe" Alzheimer's and that given that the hospices in the SA report substantially less Alzheimer's hospice patients, there is a distinct gap between those afflicted with the disease and those admitted to hospice.

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Estimates of Persons Afflicted with Alzheimer's Dementia Hospice Service Area 9B			
	Population	Prevalence	Alzheimer's Estimate
Age 65 to 74	89,901	5.0%	4,495
Age 75 to 84	58,452	13.1%	7,657
Age 85+	19,224	33.3%	6,402
Total	167,577		18,554

Source: CON application #10783, page 64, Population estimates Claritas, 2024; prevalence 2023 Facts and Figures

Affinity provides that the estimated Alzheimer's patients in SA 9B data shows only 199 hospice patients with Alzheimer's disease of the estimated 7,400 in severe stage of Alzheimer's equals a 2.7 percent utilization rate (199/7,421).

Agency	2023 Admits	Alzheimer Rate	Estimated Alzheimer's Patients
Hospice of Okeechobee	261	5%	13
Hospice of Treasure Coast Martin	1,403	5%	70
Hospice of Treasure Coast St Lucie	1,988	3%	60
VITAS Healthcare Corporation	1,115	5%	56
Total	3,364	5.90%	199

Source: CON application #10783, page 64, Admits from AHCA Hospice Utilization book, February 2, 2024, Alzheimer rate from Health Pivots for the 12 months ending October 2023.

Affinity shares that of its other programs within Florida, Affinity affiliate in Sarasota has averaged 9 percent Alzheimer's since licensure and Miami-Dade has averaged 14 percent and compares them to the 5.9 percent in the above chart.

Concerning a detailed program and outreach to enhance utilization for dementia and Alzheimer's Disease, nationwide data concerning Alzheimer's through the 2023 Alzheimer's Disease Facts and Figures, Alzheimer's Association is addressed. Specific to race and ethnicity, Affinity Care indicates an October 2020 Alzheimer's Association survey pertaining to the impact of race or ethnicity on hospice quality of care, with some (but not all) study conclusions being as follows:

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

Affinity Treasure Coast confirms that as part of its commitment to serving minority groups, it will ensure equal access to hospice and availability of services and that its program will be designed to work with Alzheimer's patients, physicians, and others to enhance hospice utilization amongst those afflicted with this disease.

Conditions: Alzheimer's and Dementia Initiatives

Alzheimer's/dementia initiatives in hospice care in its Schedule C conditions cited on the application's page 66 include:

- The Applicant will implement the Affinity Alzheimer's and Dementia Care program which was designed to bring the latest innovations in end-of-life care to Alzheimer's and dementia patients and their caregivers.
- The Applicant will coordinate with the area Alzheimer's support and advocacy groups to educate the local community about the benefits of its specialized Alzheimer's and Dementia Care hospice program. Educational opportunities will be offered to major organizations addressing Alzheimer's and dementia care issues including but not limited to Alzheimer's Association. The Applicant will seek out research opportunities to share data to further develop best practices for care and treatment of terminal dementia and Alzheimer's patients.
- All staff will be required to complete 2.5 hours of Continuing Education Units (CEU's) covering evidence-based protocols for behavioral symptoms, in addition to Florida's minimum CEU requirements.
- All patients in this program will be provided with music therapy.
- All patients will be provided with a tactile box, fidget box, or similar stimulation tools used with Alzheimer's patients used in care and treatment of patients with dementia.
- The Applicant will offer a specifically tailored caregiver support group for those with loved ones battling Alzheimer's and dementia.
- Affinity Care will work with area facilities, such as nursing homes, who have patients with dementia, to educate their clinical staff on treatment criteria and programs.

- **Patient and Referral Responsiveness to Enhance Quality Experience**

Affinity reiterates its core philosophy regarding response to inquiries and referrals, triage coverage, and admission as well as citing its other quality enhancements it has conditioned as:

1. The Applicant will offer a personal emergency response indicator such as Life Alert, to every patient at home. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
2. The Applicant will seek to respond to all referrals within one hour, initiate the assessment process within two hours, and expedite admission to the hospice subject to having a physician order in hand and the patient/family selecting the hospice option. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
3. The Applicant will provide triage coverage 24 hours a day, 7 days a week, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients). This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

AFFINITY CARE'S UNIQUE PROGRAMS, SERVICES AND DIFFERENTIATING FEATURES

Affinity ensures that its hospice team strives to enable the patient and family to maintain dignity and quality of life with the goal is to provide physical, emotional, and spiritual comfort for the patient and to provide tools, information, and support for the patient's family so that they feel confident in the crucial decisions that come along with terminal illnesses.

Affinity asserts that it offers a host of unique programs, services and features that truly set it apart from other hospice operators, many of which are not specifically covered by private insurance, Medicaid or Medicare and will be extended to SA 9B residents upon approval.

Affinity Treasure Coast states that it will provide the following "Non-Core Services" as a condition of approval of this application:

Service Intensity

The applicant provides its previous response regarding its service intensity, which it notes far surpasses NHPCO guidelines for staffing and is quite different than much of the service intensity

currently provided by the licensed providers in Service Area 9B and the competing applicants.

Specialty Clinical Programs

Affinity Cardiac Care

Affinity addresses its Cardiac Care Program by stating that cardiac disease is the leading cause of death in SA 9B accounting for 34 percent of all deaths in 2022 and 38 percent in seniors over the age of 65.

Further, approximately one in four to five Medicare patients with heart failure discharged from SA 9B hospitals are readmitted to the hospital within 30 days.

The applicant contends it will increase awareness and provision of services by collaborating with community cardiologists and other cardiac professionals on an ongoing basis to assist in patient assessments, education, and provision of services.

The applicant provides tables showing the estimated cardiac patients admitted to the existing hospices and the estimated penetration rates which it states demonstrates SA 9B is being underserved. Affinity notes that with an estimated count of 731 relative to the 2,387 deaths, cardiac penetration is only 34.9 percent.

Estimated Cardiac Admissions at Existing Providers			
Agency	% Cardiac	Admits	Estimate
Hospice of Okeechobee	19%	261	50
Hospice of Treasure Coast Martin	13%	1,403	182
Hospice of Treasure Coast St Lucie	15%	1,988	298
VITAS Healthcare Corporation	18%	1,115	201
Total	15%	4,767	731

Source: CON application #10783, page 71, Health Pivots for 12 months ending September 2023 for cardiac percent; AHCA Utilization Book for admissions

Cardiovascular Disease	Percent of Deaths	Deaths	Estimated Admits	Cardiac Penetration
All Ages	33.90%	2,387	731	30.60%

Affinity states that it will admit 72 patients with end stage heart disease in year two increasing the admissions by 10 percent and has conditioned this application on the provision it will provide specialized education on the management of end stage cardiac patients for all of its team members.

Affinity Pulmonary Care

The applicant confirms that it will improve the end-of-life experience for patients and their caregivers suffering from COPD and other pulmonary diagnoses by implementing its Affinity Pulmonary Care Program. Affinity states that it will increase awareness among healthcare providers and Service Area 9B residents about hospice care for patients confronted with pulmonary diseases.

Affinity provides two tables that show the estimated pulmonary patients admitted to the existing hospices which it states demonstrates SA 9B is being underserved. Affinity notes that with an estimated count of 259 relative to the 591 deaths, cardiac penetration is 43.8 percent.

COPD Admissions at Existing Providers			
Agency	% COPD	Admits	Estimate
Hospice of Okeechobee	12%	261	31
Hospice of Treasure	5%	1,403	70
Hospice of Treasure	4%	1,988	80
VITAS Healthcare	7%	1,115	78
Total	5.4%	4,767	259

CON application #10783, page 72, Health Pivots for 12 months ending September 2023 for COPD percent; AHCA Utilization Book for admissions.

Respiratory	Percent of Deaths	Deaths	Estimated Admits	Respiratory Penetration
All Ages	8.4%	591	259	43.8%

Affinity Treasure Coast forecasts it will admit 35 respiratory cases in its second year of operation, increasing the admits by 14 percent and has conditioned this application on the provision it will employ a respiratory therapist upon certification who will manage the patient's respiratory plan of care and provide respiratory related education to the patient, their family and to the hospice team and the community.

Wound Care

Affinity notes that its Wound Care Program will contract with a specialized third-party company, currently CuraTech, to provide wound care services to its hospice patients.

Music Therapy

Affinity confirms that its Music therapy is a clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a board-certified music therapist (MT-BC).

The applicant asserts the music therapy program goals are to reduce the amount of suffering Affinity Care patients may be feeling, creating a space for more social interaction and includes a 13-point bullet list on page 73 of the application listing the goals its program. Further, all Affinity Care music therapists achieve music therapist board certification, and its music therapists FTEs are based on one music therapist for an average daily census (ADC) of 50 patients. Affinity contends that this is very meaningful as other hospices who provide 'music therapy' often utilize volunteers for this program or employ one music therapist for the entire program regardless of ADC and having certified therapists in sufficient number to regularly provide this therapy will be greatly beneficial for residents of SA 9B.

Virtual Reality Program

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

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

Affinity shares that Rendeever provides VR goggles as well as tablets for the staff to guide experiences and estimates that 95 percent of Affinity hospice patients have utilized virtual reality. The applicant notes that it also includes the CNet.com article on Continuum Care Hospice's virtual reality program titled, "How families are giving a fantastic trip to loved ones in hospice" and a clip from a PBS program which highlighted affiliate, Continuum Care of Mass. use of virtual reality in Tab 24 of the application’s Supporting Documents.

Equine Therapy

Affinity Care states that SA 9B is “horse country”, particularly in Okeechobee County and offers a detailed description of its equine therapy program and states that it will secure a collaboration with an area horse stable to provide equine therapy. Affinity has conditioned approval of this CON application on the provision that it will offer equine therapy to its patients once Medicare certified.

Veterans Programming

Veterans programming is discussed in detail on the application's pages 51-55 and 78 and 79. Affinity indicates it will serve and support the Veterans in SA 9B through its We Honor Veterans Program and will participate in a host of Veteran outreach efforts.

Continuum Palliative of Florida

Affinity details its Continuum Palliative Resources plan defining it as a separate and distinct program that this is an advanced disease management program for patients who are at a maximum therapy level and have approximately 24 months from the end-of-life. Affinity contends that it focuses on three of the biggest diagnosis groups which have the highest implication of re-hospitalization, highest regulatory scrutiny, and the highest impact financially to payors, referred to as the 3C's: cancer, congestive heart failure and chronic obstructive pulmonary disease (COPD). The applicant contends its palliative care program will greatly benefit the SA 9B citing the four area hospitals 30-day admission rates compared to the national averages.

Service Area 9B Hospitals - 30-Day Readmission Rates And Continuum Palliative of Florida' Readmission Rate Total Unplanned Readmissions, COPD and Heart Failure			
Hospital	Hospital Wide	COPD	Heart Failure
Continuum Palliative Experience		2.9%	
Cleveland Clinic Martin North Hospital	14.8%	21.6%	19.7%
HCA Florida Lawnwood Medical	16.5%	20.5%	22.6%
HCA Florida Raulerson Hospital	15.0%	19.0%	22.5%
St. Lucie Medical Center	17.8%	20.9%	26.4%
National Experience	14.6%	19.3%	20.2%

Source: CON application #10783, page 80, Medicare.gov Hospital Compare, March 2024

Affinity Care states that this unique program and service:

- Improves communication between hospitals, skilled nursing facilities, primary care physicians, and specialists that result in positive outcomes for patients.
- Improves medication management which would have otherwise led to unplanned emergency room visits and/or re-hospitalizations.
- Ongoing patient and caregiver education on disease progression, alternative medical services available, expectations as disease progresses, how to manage symptoms, knowing when to call the physician.
- Identifies goals of care and decreasing patient and caregiver anxiety by encouraging difficult conversation with patients

nearing end-of-life about what they really want. Serves as a connection to the community for resources to assist in providing additional services that can aid in transportation, food services, facility placement, spiritual care, amongst others.

- Reduces the patient's propensity to use hospital and/or emergency department as their medical manager and reinforce better options. Decreases cost of care as patients near end-of-life.

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

Minority Outreach

Affinity reiterates its response regarding the **minority population** in SA 9B. The applicant contends that it has conditioned approval of this application on the provision it will provide specific initiatives to enhance access to and utilization of hospice for minorities in a SA where nearly half of the population is Hispanic and Black.

Affinity notes:

- It will make the appropriate efforts to enhance hospice utilization amongst the Black demographic in SA 9B
- It will employ active minority members of the local community to ensure it remains engrained and attuned to the entire end-of-life needs of this demographic to ameliorate the misconceptions of hospice care and ensure each resident has equal access to the hospice benefit as well as active members of the local community to support the multi-generational home environment while concurrently addressing end-of-life needs of this demographic
- Its staff will carry out an array of regularly scheduled community education events and take every opportunity to educate those who may have a deep-rooted mistrust of healthcare, and of hospice and establish a palliative care

program as a bridge or pathway for the Hispanic population which will reduce the difficulty Hispanics have with the term 'hospicio' as a barrier to enrollment

- It will create a minority outreach program for the Hispanic population to enhance hospice utilization amongst the Hispanic demographic
- It will have chaplains that contribute by working with local religious organizations on understanding and educating
- It will reach out to community leaders of minority groups to collaborate through understanding resulting in more minority participation in palliative and hospice care by applying its expertise, awareness of cultural sensitivities and outreach to serve minority populations in the SA

Commitment to Quality Services

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

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

The applicant cites that it has conditioned as:

- the provision it will have a designated Quality Director to conduct quality assessments, monitoring, and report all issues to senior management
- it will offer a personal emergency response indicator such as Life Alert, to every patient at home
- the applicant will provide triage coverage 24 hours a day, 7 days a week, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients)
- it will seek CHAP accreditation as soon as it meets the minimum patient census to allow for CHAP accreditation survey; it expects this to occur within 60 days of licensure

The Interdisciplinary Team Approach

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

The applicant notes that the IDT works with the patient and their family and/or caregivers to develop a plan of care through a broad spectrum of various disciplines and perspectives to treat the patient with the clinical field staff as well as the administrative staff who support them working towards a common goal - to provide the highest quality of care to each and every patient. Affinity notes that the patients and their families and caregivers are the ultimate decision makers in the patient's care. Further, Affinity team members provide bereavement support for 13 months following the death of the patient, or as long as the family members request it.

Team members include:

- **Hospice Medical Director** - is available 24 hours a day, 7 days a week as the liaison with the patient's personal physician, the rest of the medical community and other members of the IDT.
- **Patient's Primary Care Physician** - directs and approves the plan of medical care whether the patient is at home, skilled nursing facility or inpatient unit, consulting and maintaining a collaborative relationship with the hospice team.
- **Care Managers (RN/Primary Care Nurse)** is the head of the team that initiates the Care Plan with the patient, family, SNF or inpatient staff and members of the IDT. Hospice is physician directed and nurse coordinated so this nurse is the point of contact for the physician and alerts other team members when visits by various team members should be made. The patient/family has access to the team's RN 24 hours per day, seven days per week and may provide symptom management, pain control, education or emotional support for the patient and/or family.
- **Medical Social Worker** - The medical social worker specializes in providing emotional support, counseling and guidance to patients and families coping with stress related to the illness, helping to identify community resources and providing a holistic approach to care that addresses all the patient's and family's concerns.

- **Spiritual Counselors/Chaplain** - Spiritual Counselors are non-denominational employees whose services include regular on-call visits, crisis assistance, and funeral or memorial services. In addition to the employed Chaplains for the hospice program, Affinity Care will contract with local religious leaders to ensure availability of spiritual care for patients and families that may express their preference for clergy of a particular faith, whether that is a Jewish Rabbi, a Catholic Priest, an Islamic Mullah, a Protestant Pastor, or Hindu, Buddhist, or other faith's spiritual clergy whenever requested by the patient.
- **Hospice Aides** - provide the personal care to hospice patients as directed by the care plan and provide feedback to and from the Team Nurse/Case Manager.
- **Music Therapists**
- **Trained Volunteers**
- **Bereavement Counselors** - work with patients and families to assist with coping and grief mechanisms in dealing with the bereaved and in finding healthy paths to healing. Counseling is available for family members and loved ones for at least 13 months following the patient's death.
- **Other Extended Services** - may include Dietician, Physical Therapist, Psychologist/Psychiatrist, Respiratory Therapist, Occupational Therapist, Speech Pathologist, Pharmacist, and Massage Therapy.

Affinity Care includes a chart illustrating how its IDT “members surround the patient in care” on page 88 of this application.

SUPPORT FOR THE PROJECT

Affinity Treasure Coast contends that it has garnered support from SA 9B nursing homes representing 40 percent of the beds and from each county within the service area, assisted living and home health providers, health plan, physicians, elected officials, associations (FALA and Alzheimer's Association) and others and provides a list of sponsors of letters of support, followed by excerpts of letters by the respective sponsors on pages 90 through 96 of this application. The applicant includes its letters in their entirety Tab 5 of this application along with the three memorandums of understanding.

SUMMARY AND CONCLUSION

Affinity concludes its discussion summarizing that the underserved groups within SA 9B including the generally underserved as they do not receive as intense hospice services as could be provided under the Medicare benefit, underserved minorities, Veterans, those with late-stage Alzheimer's or dementia and others. Further it notes it is committed to daily touches, personal alert buttons, responsiveness at admission and ongoing. The applicant adds that the Jewish population of the Treasure Coast County in need of a hospice that is acutely aware of the religious considerations, cultural aspects and sensitivities at the end-of-life. Affinity reiterates that it is committed to elevating hospice utilization amongst seniors and deploying initiatives to enhance hospice utilization amongst those with Alzheimer's Disease and other non-cancer & cancerous diseases.

Affinity provides its year one and two projected admissions and admissions by terminal illness as shown below (pages 97 and 98):

Affinity Care of the Treasure Coast Projected Admissions by Quarter Years One & Two			
Year One		Year Two	
Quarter	Admissions	Quarter	Admissions
1	10	5	78
2	30	6	96
3	48	7	110
4	66	8	124
Year One	154	Year 2	408

Affinity Care of the Treasure Coast Projected Admissions by Terminal Illness Years One & Two		
Disease	Year One Admissions	Year Two Admissions
Cancer	39	102
Cardiac	48	72
Respiratory	13	35
Stroke / Coma	18	49
Alzheimer's/ Dementia	32	97
Other	4	53
Total	154	408
Under 65	15	40
Over 65	139	368

Affinity states that of the 154 admissions in year one, the absorption period is also reasonable as only 10 admissions (6.5 percent) are anticipated in the first 90 days of operation which includes the licensure period beginning of month one and anticipated certification by the beginning of month four.

The applicant adds that the mix of hospice patients under the age of 65 to hospice patients over the age of 65 in year two is projected to be 10:90 and is based on the estimated gap or shortfall in the under 65 being less than 10 percent. Further, the mix of cancer to non-cancer programs is projected at a ratio of 25:75 whose rate is based on the published gap between cancer and non-cancer. The applicant notes that its disease mix is based on analysis of patient by disease at its operations, its expected penetration of persons with Alzheimer's, cardiac diseases, pulmonary diseases, other motor neuron diseases and annual deaths by disease category.

SELECTION OF AFFINITY TREASURE COAST FROM THE CO-BATCHED APPLICANTS

Affinity Treasure Coast provides that it is a distinguishable type of provider from the existing providers arguing that in this competitive batch, there are four competing applicants, three from South Florida and a fourth with no experience in Florida. The applicant contends that two of the existing providers, Treasure Coast of Martin and Treasure Coast of St Lucie are controlled by a single entity and are legacy not-for profits. Additionally, the third is VITAS which is publicly traded as Chemed (Roto-Rooter and VITAS corporation). The applicant argues that each of these entities have large corporate structures and multiple layers between the hands-on caregivers and leadership whereas Affinity is "a very flat organization investing its reimbursements into 'boots at the bedside' rather than layers of middle and upper management."

Affinity points out that the fourth entity was originally a small non-profit, local program based in Okeechobee County but that it has since been acquired by Chapters, another Florida legacy non-profit organization, and reportedly the largest non-profit in the State.

When evaluating the co-batched applicants for the proposed new provider for Service Area 9B Affinity suggest that evaluations should be made for:

- considering the structure and programming of the applicant to quickly adapt while at the same time providing unique, identifiable, and measurable programs that focus on enhancement of hospice services while simultaneously addressing the Statutory and Rule Review Criteria

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- each applicant's conditions to determine if they address hospice and the criteria as opposed to charitable gifts not related to hospice should be a consideration when weighing and balancing these commitments
- the ability to seamlessly move from a contiguous subdistrict/service

Affinity lists a specific subset of comparison amongst these providers, “one might consider”:

- Hospice of Palm Beach County is another legacy not-for-profit hospice like Treasure Coast (two of the licenses/operations in Service Area 9B) with similar operational metrics, operating hospice houses and dependent on fundraising. And now that Chapters has acquired the third non-profit in Service Area 9B, this now suggests that three of the four existing providers are legacy non-profits. Approval of Hospice of Palm Beach County will not be effective to diversify provider types and programming.
- AccentCare is part of a private equity firm Advent International which was previously identified in this application as a large private equity group with an investment strategy of diversified holdings to maximize returns to the investors.
- Charis Healthcare Holdings, LLC (CON application #10784)
- Like VITAS (publicly traded on the NYSE), they are interested in shareholder/ investor returns as one of their missions.
- Affinity is a privately, family-owned company, with a flat organization investing its reimbursements into 'boots at the bedside' rather than layers of middle and upper management. Affinity has no debt and does not have the pressure of reporting quarterly earnings, or of paying interest on enormous leverage that others have which may make them make care decisions based on finances rather than best for the patient. Affinity's focus on patients and investing resources in the patients converts to significantly more time spent by Affinity in caring for patients. Affinity will introduce a new type of ownership, operation and mission to the County.
- Affinity has a strategic action plan to enhance hospice utilization for the underserved categories it identifies in response to Question 1, including those with Alzheimer's, racial/ethnic minorities, Veterans and the general population at large who are underserved by not receiving the full hospice benefit (patient touches).

- In contrast with Affinity's experience in lifting up underserved minority population, competing Applicant Hospice of Palm Beach County admissions per Medicare data were 7.3 percent Black and 2.5 percent Hispanic (CY 2022). This contrasts with 13.5 percent of Palm Beach County deaths being Black, so Hospice of Palm Beach County is only providing 54 percent fair share (7.3 vs 13.5) for Blacks. Regarding Hispanics, the fair share is even lower with Hospice of Palm Beach County having 2.5 percent of Hispanic patients versus 11 percent Hispanic deaths, or a 23 percent fair share (2.5 vs 11.0). This suggests Hospice of Palm Beach County outreach is not focused on diversity nor successful in reaching these underserved population groups.
- Evidence of rural and minority underservice in Palm Beach County is well known including within western Palm Beach County (the Glades) which has both Black and Hispanic populations, and other minority communities. Okeechobee County within the Service Area is similar to the western Glades area of Palm Beach County, and in need of a program with dedicated outreach programs.

The applicant reiterates its E.1.a. response regarding service intensity, noting that Affinity's experience in each of its programs surpasses that of these other providers as documented by visit hours per patient day for the entire duration of a hospice admission.

Affinity confirms that in terms of visits per week of the various applicants, its programs all rank in the top 10 in the state of the 51 hospice agency provider numbers with its Miami program ranking number one at an average of 10 visits per week. The applicant presents the following chart listing the providers visits per week of the competing applicants which have Florida programs:

Agency	Visits Per Week	Rank in State
Continuum Care of Miami Dade LLC	10	1 of 51
AccentCare Hospice & Palliative Care (Miami)	7.3	6 of 51
Continuum Care of Sarasota LLC	7	7 of 51
Continuum Care of Broward LLC	6.3	10 of 51
AccentCare Hospice & Palliative Care (Broward)	5.2	13 of 51
Hospice of Palm Beach County Inc	2.9	42 of 51

Source: CON application #10782, page 101

Affinity argues that

- In SA 11 its visits per week are 10 versus Accents Care of 7.3, or 36 percent greater than Accent

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- In Service Area 10, its visits per week are 6.3 versus Accent of 5.2, or 20 percent greater than Accent
- Hospice of Palm Beach County visits per week rank 42nd in the state and averages 2.9, which is between 30 percent and 46 percent of the Affinity visits
- Regarding ALOS:
 - Hospice of Palm Beach County is only at 11 days ALOS, meaning 50 percent of its admissions are on service for less than 11 days
 - Accent Care is at only 9 days in Broward County, its closest program to Service Area 9B and when compared to Affinity in Broward (Continuum) its closest program at 40 days
 - In Miami Dade, Accent Care is 25 days and Affinity is at 44 days
- Hospice of Palm Beach County admitted 45 percent of its patients in the last week of life
- Treasure Coast of St. Lucie and Treasure Coast of Martin 46 and 41 percent of patients admitted in less than 7 days, respectively

Charis Healthcare Holdings, LLC (CON application #10784), directly responds to this stating “Yes, the project is in line with the AHCA fixed need pool projection of need for subdistrict 9B.” The applicant did not provide any further discussion, data or support.

CHARIS project summary discussion indicates the terminally ill populations that are not being served and at risk include:

- 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 are distinctly disadvantaged in health care opportunities, and it is very apparent from the incidence of critical diseases in lower economic environments, such as Okeechobee County
- 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

The applicant provides Agency data for SA 9B from the Agency’s Hospice Need Projections for The July 2025 Planning Horizon and Current and Projected Resident Deaths for Hospice Service Areas

as well as SA 9B Demographics (source - flhealthcharts.gov). Charis contends that the total projected death rate for SA 9B will be 7,692 by 2026 noting that 19 percent will be caused by cancer (316 from cancer for patients under 65 years-old and 1,146 from cancer for patients over 65 years-old) leaving 81 percent from “other” diagnosis. The applicant states that the state-wide projections (approximately 31.82 percent) of all projected deaths will be caused by cancer.

Further, the applicant argues that SA 9B has an unmet need for those with cardiovascular disease, cancer, diabetes, and respiratory diseases. Charis adds that cardiovascular disease which includes heart disease, heart failure, and Myocardial Infraction, is one of the leading causes of death in SA 9B and that Diabetes rates exceed state averages.

In response to this, Charis will offer:

- A Cardiovascular Care training program for staff, health care professionals, and community members that will focus on the provision of high acuity cardiac services, improving access and care for patients with cardiac care
- A Cancer Information and Care program to help provide training, education, and resources to its staff, healthcare professionals, caregivers, and patients coping with the various forms of cancer that are prevalent in the region
- A Diabetes Care training program for staff, health care professionals, and community members, improving access and care for diabetic patients.

Charis addresses the specific issues this service area is subject to through the following:

- Charis serves to offer a choice of hospice provider to residents
- Charis recognizes a need to better educate residents, specifically low-income and minority residents, regarding hospice services
- Charis offers a more efficient and peaceful transition from home health to hospice to necessary clients
- Charis offers specialized care for the chronic diseases this service area is explicitly faced with
- Charis focuses its operation around an aging in place approach, which better allows for clients to age with dignity, grace, and comfort

Charis contends that it is a known entity in SA 9 as it currently operates home health services throughout the entire district, which will help facilitate a quick and efficient implementation process. The applicant notes that it currently operates a home health agency and a private duty nursing registry in neighboring Orlando. Further, it has formed strong relationships with local health and human service communities throughout the state and its reputation and relationships will help with start-up staffing, referral, and other collaborations. The applicant lists its education program opportunities that are offered to all its employees as well as those offered to staff, health care partners, caregivers, and clients.

Charis states that through its own research and discussions that the expansion of hospice services in the service area will not only affect the identified underserved terminally ill population, but would also benefit the following:

- The indigent, food insecure, homeless, and veteran communities
- Patients with diagnosis for coronary heart disease, cancer, diabetes, Alzheimer's and other forms of dementia
- Patients both over and under the age of 65
- Patients who are presently residing in ALFs or Nursing Homes
- The undereducated, uninformed, and those experiencing health care barriers for various reasons

The applicant notes that it is the most suitable to address these specific needs for the following reasons:

- Established Expertise: As a seasoned care provider with available resources, Charis underscores holistic care. With our existing familiarity with healthcare and service providers in the region, we are able to focus efforts on ensuring that we are engaging, educating, and serving these underserved terminally ill communities
- Disease-Tailored Programming: Charis offers specialized programs catering to distinct patient needs, encompassing conditions like advanced heart disease, cancer, diabetes, and dementia/Alzheimer's disease
- Commitment to effective, efficient, and quality care:
 - Charis commits to offering compassionate professionals to support our clients through the end-of-life journey
 - Charis offers teams of hospice physicians, specialty trained nurses, medical social workers, certified nurse's assistants, bereavement coordinators, hospice chaplains, spiritual care, and trained volunteers

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- Care and services are available 24 hours per day, seven days a week
- The initial assessment visit will be performed within 48 hours after hospice election
- Charis offers a Charity Care program that affords the opportunity for indigent patients to qualify and receive care

Hospice of Palm Beach County, Inc. (CON application #10785)

discusses the Agency's need for SA 9B as it relates to its two-step analysis that targets the needs that it has identified along with its strategies developed through conversation and collaboration with local people and organizations:

1. Describe general need for hospice in the three-county area based on the Fixed Need Pool, area demographics, and general hospice referral/utilization trends
2. Show the specific needs and gaps in end-of-life care in the Martin, Okeechobee and St. Lucie communities which HPBC has identified through an extensive community needs assessment and provide the detailed plans the applicant has developed to meet these needs and fill the gaps in care for residents of the area.

The applicant states that it has determined the need for SA 9B are supported by the following:

- ✓ The large and growing population in the area
- ✓ The aging population in the area
- ✓ Large and increasing numbers of deaths of three-county area residents
- ✓ The deficit of service to the 65+ cancer and non-cancer populations in AHCA's calculation of need
- ✓ The disproportionately low death service ratio and penetration rate for hospice services in Okeechobee County compared to Martin and St. Lucie Counties, as well as other Florida counties
- ✓ The significant percentage of patients in Okeechobee hospitals who die within six months of an initial acute care hospital discharge but never access hospice services

Population Growth in Martin, Okeechobee and St. Lucie Counties

HPBC provides a discussion of SA 9B demographics and population using Agency data on pages 38-42 of this application to support that: HPBC currently serves the three-county area as well as Broward County, which is south of Palm Beach County and that the proposed new/expanded hospice agency will benefit from the extensive

infrastructure of resources already in place in the adjacent area, including pharmacy, DME and corporate support functions.

The applicant notes that SA 9B has 572,990 total residents and is projected to increase by 40,482 residents, or 7.1 percent over the next five years, which outpaces the state projections. HPBC adds that the largest and fastest growing population in the SA is St. Lucie County, which has 368,102 residents and is expected to increase in population by 9.3 percent total growth by 2029.

HPBC confirms that the SA has 422,488 residents under the age of 65 which is expected to increase by approximately 18,000 residents and 150,502 residents ages 65 and over increasing by approximately 23,000 residents by 2029.

Notably:

- Okeechobee County has the youngest overall population, as nearly 79 percent of the population is under the age of 65
- Martin County has the oldest overall population, with nearly 34 percent of the population is 65 and over
 - By 2029, 36.5 percent of Martin County's population will be 65 and over, which is significantly higher than the projected statewide average of 24.4 percent
- SA 9B population has a slightly larger proportion of senior residents than the state average (26.3 percent compared to 22.4 percent)

The applicant contends that the geographic differences in the SA will have a profound effect on planning and implementation of hospice services as they relate to transportation, access to care, provider shortages and technology gaps which it states are common in more rural, less densely populated areas. The applicant informs that Martin and Okeechobee Counties are more rural and less densely populated than St. Lucie County, which it defines as “an urban market.”

HPBC notes that Brian Mast, a Member of the United States House of Representatives who represents the 21st District of Florida provided a letter of support for its project to address senior population growth writing “Trustbridge’s plan to expand current hospice facilities will improve current services to the people living in Area 9B.” this letter appears on page 42 of this application.

Increasing Numbers of Deaths in Martin Okeechobee and St. Lucie Counties

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The applicant again uses Agency data along with data from FL HealthCHARTS on pages 42 and 43 to support that SA 9B resident deaths since 2019 (with 5,951 deaths) increased to 6,998 in 2023 with the three counties each exceeding the statewide average during this time period.

Figure 11
Increase in Total Resident Deaths
Martin, Okeechobee and St. Lucie Counties Compared to Florida

County/Area	2019	2020	2021	2022	2023 Provisional	Actual Change	Percent Change
Martin	1,964	2,333	2 468	2289	2,329	365	18.6%
Okeechobee	481	555	659	562	560	79	16.4%
St. Lucie	3,506	3,979	4,436	4,182	4,109	603	17.2%
Three-County Total	5,951	6,867	7,563	7,033	6,998	1,047	17.6%
Florida	206,975	239,381	261,246	238,953	228,937	21,962	10.6%

Source: CON application # 10785, Figure 11, page 43 from FL HealthCHARTS, Accessed March 2024.

HPBC notes that in 2023, approximately 19.6 percent of SA 9B deaths occurred in the population under 65 and 80.4 percent occurred in the senior population.

Figure 12
2019-2023 Total Resident Deaths by General Age Cohort (0-64 and 65+) Martin, Okeechobee and St. Lucie Counties Compared to Florida

County/ Area	2019		2020		2021		2022		2023 Provisional		2023 % of Total	
	0-64	65+	0-64	65+	0-64	65+	0-64	65+	0-64	65+	0-64	65+
Martin	320	1,644	355	1,978	419	2,049	325	1,964	338	1,991	14.5%	85.5%
Okeechobee	149	332	169	386	207	452	170	392	163	397	29.1%	70.9%
St. Lucie	799	2,707	887	3,092		3,301	977	3,205	871	3,238	21.2%	78.8%
Three-County Total	1,268	4,683	1,471	5,456	1,761	5,802	1,472	5,561	1,372	5,626	19.6%	80.4%
Florida	50,048	156,927	57,545	181,836	68,202	193,044	56,074	182,879	51,924	177,013	22.7%	77.3%

Source: CON application # 10785, Figure 121, page 43 from FL HealthCHARTS, Accessed March 2024.

Further, the majority of senior deaths occurred in Martin County which is consistent with the older population in the area, while a large percentage of deaths in Okeechobee County are under the age of 65. The applicant provides a FL HealthCHARTS graph on page 44 (Figure 13) showing SA 9B's distribution of deaths by age compared to Florida noting that this consideration will be part of its program planning.

AHCA Need Calculation Shows Gaps in Care for Several General Populations

HPBC argues that the Agency need calculation does not calculate net need in terms of the four age and disease patient categories (0-64 and 65+ Cancer and Non-Cancer) and evaluates and compares the existing hospice programs' treatment of patients.

The applicant lists the current SA 9B providers:

- Hospice of Okeechobee Incorporated
- Treasure Coast Hospice of Martin
- Treasure Coast Hospice of St. Lucie
- VITAS Healthcare Corporation of Florida

HPBC contends that VITAS serves other areas in addition to the three-county area under the same corporate entity the three remaining hospices only serve SA 9B therefore the data related to that program's specific service of 9B patients in each of the four age/disease categories is "not available." The applicant discusses its process to estimate the 9B patients served by category for VITAS. The applicant determined that the greatest SA 9B unmet need is in the population ages 65 and over who do not have cancer which indicates a larger need for programming and services related to senior patients who are suffering from other terminal illness (aside from Cancer, such as end-stage heart disease, renal disease, pulmonary disease, etc.). HPBC adds that the second largest unmet need is within the 65+ population who has cancer noting that 96 percent of the unmet hospice need in Martin, Okeechobee and St. Lucie Counties is within the senior population. HPBC states it will serve all SA 9B patents regardless of diagnosis and uses Agency Need Projection data (Figure 14, page 45) to support their contention of the gaps in hospice care that result from AHCA's calculation of hospice need by age cohort and disease category for the July 2025 horizon year.

Disproportionately Low Death Service Ratio and Hospice Penetration Rate in Okeechobee County

HPBC argues that SA 9B has an average death service ratio and hospice penetration rate but indicates there is a difference in the two metrics if the patients served can include double counting of patients if they are admitted to hospice for more than one episode of care, while the death service ratio is based on deaths and is by its nature unique patients.

The applicant shares that Medicare claims data for October 2022 - September 2023, the SA 9B death service ratio was 62 per 100 and the hospice penetration rate was 89 percent while Florida average death service ratio was 59 per 100 for the same time period, and the statewide penetration rate was 90 percent. However, HPBC contends that metrics for the individual counties in SA 9B shows that Okeechobee County is

underserved adding that for the 12-month period ending September 2023, Okeechobee's death service ratio was just 50 per 100 and its hospice penetration rate was 70 percent which was the 6th lowest in the state for the period. The applicant adds that regarding the low death service ratio and hospice penetration rate for Okeechobee County it has utilized to seek partnerships and develop strategies to better reach residents of Okeechobee County who would benefit from better access to end-of-life care.

Significant Percentage of Patients Who Die Within Six Months of an Initial Acute Care Hospital Stay But Never Access Hospice Services

HPBC states that between April 2022 and March 2023, the percent of SA 9B Medicare patients who died within six months of an initial acute care hospital stay and were discharged directly to hospice was:

- Higher than the Florida average in Martin County
- Consistent with the Florida average in St. Lucie County
- Significantly lower than the Florida average in Okeechobee County.

Further, the percentage of patients who received no hospice was:

- Lower than the Florida average in Martin County
- Consistent with the Florida average in St. Lucie County; and
- Significantly higher than the Florida average in Okeechobee.

HPBC contends this indicates that a larger percentage of Okeechobee County hospital patients (51.5 percent) die within six months of a hospital discharge and never access hospice while just 29.2 percent die without hospice statewide. The applicant presents Figure 15 using HealthPivots data showing the comparison of hospitals in SA 9B and the Florida hospitals average for key metrics related to post-acute hospice use.

Figure 15
Comparison of Post-Acute Hospice Use

For Initial Acute Care Hospital Discharges Between April 2022 - March 2023	ENROLLEES WHO DIE WITHIN 6 MONTHS OF INITIAL HOSPITAL DISCHARGE		
	% OF ENROLLEES BY HOSPICE USE		
	DISCHARGED DIRECTLY TO HOSPICE CARE	ADMITTED TO HOSPICE LATER	NO HOSPICE
HOSPITAL COUNTY			
Florida	24.0%	46.8%	29.2%
Florida - Martin	27.1%	51.2%	21.7%
Florida - St. Lucie	23.6%	46.9%	29.5%
Florida - Okeechobee	17.8%	30.7%	51.5%

Source: CON application #10785, Figure 15, page 47 from HealthPivots DataLab, March 2024.

The applicant states that the one hospital in Okeechobee County (HCA Florida Raulerson Hospital) has given a letter of support from the CEO of the hospital providing an excerpt from Exhibit E on page 47 stating:

“I support the addition of Trustbridge's services to Okeechobee and Glades Counties to provide general inpatient hospice services at HCA Florida Raulerson Hospital.”

Further the applicant will improve hospice utilization through customized community outreach and education provided monthly for the residents of Okeechobee, as well as Raulerson Hospital staff and volunteers and will:

- deploy Dedicated Care Partners and Clinical Admission Teams at area facilities to increase discharge from hospitals directly to hospice care
- have care teams that consist of a registered nurse, a patient care concierge and a professional liaison
- focus on the partnership with HCA Florida Raulerson Hospital in Okeechobee County, to assist in outreach/education and increasing access to hospice services for patients nearing the end-of-life

The applicant argues that there is a multi-faceted need for Hospice of Palm Beach County, Inc.'s hospice program that will offer specific hospice programming for targeted segments of the area's population in an effort to increase access to hospice services in general and earlier in the disease process.

Specific Needs of Martin, Okeechobee and St. Lucie County Communities and Proposed Programs to Address Unmet Needs

The applicant notes that it has identified in its data analysis of SA 9B that were supported by community stakeholders, confirming that the needs are real and exist in the three-county area. HPBC notes that it obtained 20 Key Informant Surveys and that copies of select area Community Health Needs Assessments are provided in Exhibit F while other CHNAs are publicly accessible online with its letters of support provided in Exhibit E.

*** Programs to Serve Patients with Specific Disease Categories**

The applicant states that its analysis show that

- Okeechobee is the most underserved county in the area based on a variety of metrics: low hospice death service ratio and hospice

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penetration rate for the Medicare enrollee population, high rates of death from all causes, and high low-income, rural population

- All three counties in SA 9B have high rates of Diabetes, Cardiovascular Disease, Cancer, Chronic Lower Respiratory Disease and Stroke
- Different racial, ethnic and age cohort groups are more or less affected by these diseases depending on group and County/area

HPBC presents Figure 16 on page 49 using the most recent available data (2021) to show the chronic disease comparison for SA 9B which it contends results in Okeechobee scoring in the lowest quartiles for several indicators, while Martin scores in the highest quartiles for more than half the indicators

Indicator	Quartile: Most to Least Favorable (1-4) Green to Red		
	Martin	Okeechobee	St. Lucie
Hospitalizations from Coronary Heart Disease	1	4	3
Hospitalizations from Acute Myocardial Infarction	1	4	3
Hospitalizations from Stroke	2	4	4
Female Breast Cancer Incidence	4	2	2
Cervical Cancer Incidence	1	2	3
Colorectal Cancer Incidence	1	4	2
Lung Cancer Incidence	1	4	2
Melanoma Incidence	4	1	2
Prostate Cancer Incidence	4	1	3
Hospitalizations From or With Diabetes as a Listed Diagnosis	1	4	3
Hospitalizations from Chronic Lower Respiratory Disease	3	4	4

Source: CON application #10785, Figure 16, page 49 from FL Health CHARTS Chronic Disease Profile, 2021

HPBC contends that data from area Community Health Needs Assessments and FL Health CHARTS show that Cardiovascular Disease and Coronary Heart Disease are the leading causes of death for residents SA 9B with Agency need showing that the largest unmet need is the non-Cancer 65+ cohort.

HPBC states Cardiovascular Disease and Coronary Heart Disease are the leading causes of death for SA 9B noting that:

- Martin is the overall healthiest of the three service area counties
- Okeechobee County has higher overall death rates than the stat average for almost all causes of death
- St. Lucie falls in the middle in terms of age-adjusted death rates, with higher death rates than the Florida average for approximately half the causes

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The applicant presents Figure 17 on page 50 using FL Health CHARTS data to show the 2022 age-adjusted death rates by cause for each of the three counties compared to Florida.

Cause	Age Adjusted Death Rates			Florida	Higher or Lower than FL		
	Martin	Okeechobee	St Lucie	2022	Martin	Okeechobee	St Lucie
Cardiovascular Diseases 100-199	191.4	338.4	233	211.1	Lower	Higher	Higher
Malignant Neoplasm Cancer C00-C97	139.2	208.4	144.4	138.8	Higher	Higher	Higher
External Causes U01-U02, V01-Y89	80.2	145.4	93.7	92.4	Lower	Higher	Higher
Respiratory Diseases J00-J99, U04, U07.0	47.2	94.1	56.7	52.8	Lower	Higher	Higher
Infectious Diseases A00-B99, LJ07.1	34.2	66.1	44.7	51.4	Lower	Higher	Lower
Nutritional and Metabolic Diseases E00-E99	17.5	32.1	28.7	25.6	Lower	Higher	Higher
Digestive Diseases K00-K99	23.8	33.7	13.9	15.2	Higher	Higher	Lower
Urinary Tract Diseases N00-N99	9.9	13	9.9	11.6	Lower	Higher	Lower
Congenital and Chromosomal Abnormalities Q00-Q99	5.2	4.2	3.1	3.1	Higher	Higher	Same
Anemias D50-D64	0.3	NA	2.2	1.6	Lower	NA	Higher
Pregnancy Childbirth and the Puerperium 000-099)	NA	3.2	0.3	0.2	NA	Higher	Higher

Source: CON application #10785, Figure 17, page 50 (partially reproduced) from FL Health CHARTS. February 2024.

HPBC asserts that its SA 9B CHNAs provide detail related to area-wide initiatives aimed to improve health status and mortality rates adding that in the 2021-2026 Martin County Community Health Improvement Plan, several of the objectives included specific strategies to address these issues, including:

- By 2025, reduce the rate of hospitalizations from or with coronary heart disease among Black Martin County residents by 50 per 100,000 population

- By 2025, reduce the rate of hospitalizations from or with diabetes among Black and Hispanic Martin County residents by 100 per 100,000.

Additionally, its Okeechobee County Community Health Improvement Plan (July 2023 - June 2028) included four strategic priority areas, three of which involve health status/disease/mortality:

- Healthy Lifestyles (Chronic Disease, Mental Health, and Substance Abuse)
- Linkage to Care
- Maternal and Child Health

Finally, the applicant's St. Lucie's 2021-2026 Community Health Improvement Plan also targets incidence, mortality and medical care as strategic priorities for the next several years including increased prevention and early detection for cancers, stroke risk factors and COVID-19.

The applicant discusses the existing providers noting that Hospice of the Treasure Coast of Martin and St. Lucie are owned by the same parent organization yet operate under separate licenses yet served more than 3,000 patients from the three-county area for the 12 months ending September 2023, which is approximately 60 percent market share of SA 9B.

HPBC states that the Treasure Coast agencies and VITAS provide a significantly higher level of hospice care for Stroke patients but provide care to a smaller percent of total patients who have Alzheimer's Disease and Heart Disease when compared to state and national averages, Treasure Coast (both agencies) and VITAS. Further, lower-than-average service to Heart Disease and Alzheimer's patients, as well as the lower-than-average service to COPD patients by the Treasure Coast agencies shows potential disease-specific gaps in care for residents of SA 9B. The applicant provides Figure 18 using HealthPivots - DataLab March 2024 data on page 51 showing the comparison of existing SA 9B providers and state/national averages for hospices' percent of patients by disease category.

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	Claims - % Patients - Stroke	Claims - % Patients -Cancer	Claims - % Patients - Heart Disease Dx	Claims - % Patients - Alzh Dx	Claims - % Patients - COPD Dx	Claims - % Patients - Stroke
Hospice of Okeechobee Incorporated - 101527	7.1	22.8	19.1	4.9	11.7	7.1
Treasure Coast Hospice Of Martin - 101510	29.2	23.4	13.3	4.8	4.6	29.2
Treasure Coast Hospice of St Lucie - 101517	26.4	25.2	14.7	2.8	4.3	26.4
Vitas Healthcare Corporation of Florida - 101545	34.4	17.8	18	5.1	6.5	34.4
Florida (All Hospices)	18.6	21.6	17.2	7.1	6	18.6
National Hospices	10.6	22.1	18.6	10.5	6.1	10.6

Source: CON application #10785, Figure 18, page 51

HPBC argues this show there is a need for programs aimed at increasing hospice utilization for patients with specific diseases and provides a letter of support from the following on pages 52 and 53 to support its claim:

- Dr. Robert Dermarkarian, a Critical Care Pulmonologist who practices in Martin County
- Dr. Patricia Cantwell, Professor and Chief of Pediatric Critical Care Medicine and Director, Pediatric Palliative Care for University of Miami Miller School of Medicine, Holtz Children's Hospital

The applicant reiterates that it has received letters of support from SA 9B medical providers including hospitals, primary care physicians, advanced practice registered nurses, private duty nursing, home health, skilled nursing and assisted living facilities and include a detailed list on page 55:

Hospitals

- HCA Florida Raulerson Hospital (Okeechobee County)
- HCA Florida Lawnwood Hospital (St. Lucie County)
- Jupiter Medical Center (border of Palm Beach County and Martin County but 16.5 of inpatient volume is comprised of patients from the three-county area (2,278 patients from the three-county area in 2022))

Skilled Nursing Facilities and Assisted Living Facilities

- Aspire at Saint Lucie (171-bed SNF in St. Lucie County)
- Seabranh Health & Rehabilitation Center (120-bed SNF in Martin County)
- Okeechobee Healthcare Facility (210-bed SNF in Okeechobee County)
- The Sheridan at Hobe Sound (an ALF and Memory Care Community in Martin County)

Private Duty Nursing/Home Health Providers

- Evergreen Private Care (serves Martin, Okeechobee an St. Lucie, as well as Indian River and Palm Beach Counties)
- Horizon Care Services (serves Palm Beach/Broward, expanding service area)

Physician Practices

- Cornerstone Family Practice, located in Stuart (Martin County)
- Mehan Medical Consulting, located in Stuart (Martin County)
- Treasure Coast Urgent Care, located in Stuart (Martin County) and provides care for all Martin County employees and many local employers
- My Doctor, P.A., located in Belle Glade (Palm Beach County)
- Everglades Pediatric Dentistry, with offices in Okeechobee (Okeechobee County) and Sebring (Highlands County, which is contiguous to Okeechobee)

Advanced Practice Registered Nurses

- Carolyn Rawdon, APRN (has served skilled nursing facilities in Martin County for more than 30 years) Victoria Jones, APRN (serves St. Lucie County)

The applicant offers the “Trustbridge Solution” list detailing the three-step process it will take to address the above need on pages 55 and 56:

✓ Trustbridge Solution:

Trustbridge will implement a multi-prong strategy in order to increase access to disease-specific programming in Martin, Okeechobee and St. Lucie Counties. The applicant will:

1. Implement its disease-specific care pathways/plans for:
 - a. Hospice Care for Patients with Heart Disease
 - b. Hospice Care for Patients with Advanced Lung Disease
 - c. Hospice Care for Patients with Alzheimer's and/or Dementia
2. Implement its Open Access Model of Care.
3. Work with area hospitals, physicians and other medical providers:
 - a. Increase awareness of benefits of disease-specific hospice programs

- b. Increase understanding that hospice is not 'one size fits all' and is customized based on patient condition and needs
- c. Increase coordination amongst hospitals, physicians and Trustbridge as the hospice provider to ensure care is obtained quickly and efficiently
 - Deploy Dedicated Care Partners and Clinical Admission Teams at area facilities to increase discharge from hospitals directly to hospice care.

Overview of Trustbridge of the Treasure Coast Disease-Specific Programs

HPBC conforms that Trustbridge offers an organizational approach to end-of-life care that is very patient-focused and strives to meet patients and families where they are and has a passion for education whether it relates to the patient, family, or local care partners. Further, it offers specific care pathways for diseases to ensure that its hospice programs are tailored to the needs of the patients it serves and is not comprised of “general” hospice services alone and will implement specific care pathways for patients with Heart Disease, Advanced Lung Disease, and Alzheimer's/Dementia.

The applicant offers a detailed discussion of the services and programs it will offer to SA 9B on pages 56-58:

Hospice Care for Patients with Heart Disease
Hospice Care for Patients with Advanced Lung Disease
Hospice Care for Patients with Alzheimer's/Dementia
Open Access Model of Care
Dedicated Care Partners/Clinical Admission Teams

Hospice Care for Patients with Heart Disease

The applicant state that it (Trustbridge) aims to reduce emergency department visits and hospital readmissions, provide management of symptoms including administering and monitoring use of medications such as diuretics and inotropes, crisis management, family education, spiritual and emotional support, and bereavement services. The applicant confirms that it works with patients and caregivers with pain management, efforts to relieve specific symptoms, spiritual and emotional support, assistance with everyday living tasks, and management of co-occurring conditions.

HPBC states that patents with advanced or later state heart failure diagnosis with or without co-morbidities, those with tenuous heart failure, as evidenced by recent or recurrent hospitalizations and/or

frequent visits to physicians' offices, those with confusion about heart failure medication and in need of assistance, education, and possible med titration by provider and those on inotrope therapy (and not an LVAD or transplant candidate) would benefit from its program.

Hospice Care for Patients with Advanced Lung Disease

HPBC (Trustbridge) asserts that it has an advanced lung disease program that specifically focuses on the needs of these patients and their caregivers consisting of an integrative team of specialists that focus on helping patients breathe easier, allowing them to make the most of every day. The program aims to help patients obtain relief from:

- Chronic Obstructive Pulmonary Disorder (COPD)
- Emphysema
- Bronchiectasis
- Pulmonary Fibrosis
- Chronic Respiratory Failure
- Cystic Fibrosis
- End-stage Tuberculosis

The applicant states that its (Trustbridge's) goal is to reduce crisis situations and visits to the hospital so patients can look forward to each day, without pain or struggle by providing 24/7 support and teaching patients and families how to better control the symptoms of end-stage advanced respiratory disease. Further, the Trustbridge care team will include access to a respiratory therapist to oversee patient care plans and programming.

Hospice Care for Patients with Alzheimer's/Dementia

HPBC states that its goal of this program is improving quality of life while managing the symptoms of dementia and focuses on patients with:

- Alzheimer's
- Vascular dementia
- Lewy body dementia
- Frontotemporal lobar degeneration
- Parkinson's disease
- Mixed dementia

Further its (Trustbridge's) program includes:

- Specialized care from a diverse team of professionals who have intensive training in end stage dementia care
- Dementia care that is evidence based and goes beyond medications
- Music Therapy/Pet Therapy to address various dementia symptoms

- Trained Volunteers to provide support and companionship
- Caregiver program to provide respite, education and support

The applicant adds that it (Trustbridge) has recently been selected to participate in CMS Innovation Center's newest disease-specific innovative care model: Guiding an Improved Dementia Experience (GUIDE) Model which focuses on "dementia care management and aims to improve quality of life for people living with dementia, reduce strain on their unpaid caregivers, and enable people living with dementia to remain in their homes and communities" and will launch on July 1, 2024 running for eight years.

The applicant asserts that the Guide Model will allow the staff provide care coordination and care management, caregiver education and support including 24/7 access to a support line, and caregiver respite services which will result in patients living with dementia to remain safely in their homes for longer by preventing or delaying nursing home placement and improve outcomes and quality of life for both people living with dementia and their unpaid caregivers. Additionally, the GUIDE Model also enhances health equity by ensuring that underserved communities have equal access to the model intervention. HPBC confirms that it will implement the GUIDE Model in SA 9B upon approval.

Open Access Model of Care

HPBC (Trustbridge) confirms that it will accept patients into hospice who are still receiving complex medical treatments, or who are still working through difficult end-of-life conversations and situations, in order to give earlier access to palliative care and hospice support and lists eligible patients to include:

1. Patients with a terminal illness who are felt to have six months or less to live and who want to receive the kind of palliative and supportive care only Trustbridge of the Treasure Coast can give.
2. Patients who continue to receive medical treatments as part of their Goals of Care.
3. Patients with complex psychosocial needs who are still working through difficult end-of-life conversations and situations.
4. Patients on ventilator support who have made the decision to stop assisted ventilation.

Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast offers its Condition number One that it will provide a minimum of \$50,000 annually for Martin, Okeechobee and St. Lucie County residents requiring complex palliative care interventions, such as radiation therapy, chemotherapy, high-cost medications, blood transfusions and

intravenous nutrition. The applicant adds that in 2023, Trustbridge provided complex palliative treatments to 2,165 patients, for a cost of approximately \$886,000.

Dedicated Care Partners/Clinical Admission Teams

HPBC reiterates its prospective partnership with HCA Florida Raulerson Hospital in Okeechobee County, to assist in outreach/education and increasing access to hospice services adding that it will develop dedicated care partners and clinical admission teams that will consist of a registered nurse, a patient care concierge and a professional liaison at hospitals in the area to facilitate quick assessment and admission of all appropriate patients into hospice

*** Programs to Serve Specific Populations: Racial/Ethnic Groups and Age Cohorts**

The applicant notes that SA 9B is home to approximately 600,000 residents with 2023 FL Health CHARTS population data showing St. Lucie County having 80,000 Black residents (22.3 percent of total) compared to the Florida average (17.1 percent) and provides Figures 19 and 20 on page 59 show the total population distribution and the age distribution under 65 and 65+ cohort for the Black in SA 9B compared to Florida.

Area	2023 Black	2023 Total	Black % of Total
Martin	9,077	161,544	5.6%
Okeechobee	3,571	39,221	9.1%
St. Lucie	79,832	358,765	22.30%
Three-County Total	92,480	559,530	16.6%
Florida	3,863,009	22,641,533	17.1%

Source: CON application #10785, Figure 19, page 59 from FLHealthCharts.com

Area	U65	65+	Total Black Population	U65	65+	Total
Martin	7,928	1,149	9,077	87.3%	12.7%	100.0%
Okeechobee	3,269	302	3,571	91.5%	8.5%	100.0%
St. Lucie	68,221	11,611	79,832	85.5%	14.5%	100.0%
Three-County Total	79,418	13,062	92,480	85.9%	14.1%	100.0%
Florida	3,397,649	465,360	3,863,009	88.0%	12.0%	100.0%

Source: CON application # 0785, Figure 20, page 59 from FLHealthCharts.com

Regarding the SA 9B Hispanic population and age cohort HPBC presents Figure 21 on page 60 noting that there are more than 110,000 Hispanic residents with approximately between the ages 65 and over and shows the large Hispanic population in the proposed service area.

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Area	2023 Hispanic	2023 Total	Hispanic % of Total
Martin	23,524	161,544	14.6%
Okeechobee	10,638	39,221	27.1%
St. Lucie	75,866	358,765	21.1%
Three-County Total	110,028	559,530	19.7%
Florida	6,091,144	22,641,533	26.9%

Source: CON application #10785, Figure 21, page 60 from FLHealthCharts.com

Martin County Statistics

The applicant state that through its own analysis and data from the Census County Divisions ("CCDs") that Indiantown within Martin County has the most diverse population in the area, with a quarter of the population identifying as Black, American Indian/Alaska Native, Asian, Some Other Race or Two or More Races and presents Figure 22 on page 61 as support.

	Martin County		Indiantown CCD		Port Salerno-Hobe Sound CCO		Stuart CCD	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total population	157,581	100.0%	20,991	100.0%	65,997	100.0%	70,593	100.0%
SEX								
Male	78,002	49.5%	10,843	51.70%	32,714	49.6%	34,445	43.8%
Female	79,579	50.5%	10,148	48.30%	33,283	50.4%	35,143	51.2%
AGE								
Median age (years)	51.9	(X)	46.5	(X)	52.9	(X)	52.8	(X)
RACE								
White	138,394	87.8%	15,701	74.8%	58,770	89.0%	63,923	90.6%
Black or African American	9,082	5.8%	2,324	11.1%	3,369	5.1%	3,389	4.8%
American Indian and Alaska Native	826	0.5%	492	2.3%	167	0.3%	167	0.2%
Asian	2,133	1.4%	148	0.7%	669	1.0%	1,316	1.9%
Native Hawaiian and Other Pacific Islander	130	0.1%	38	0.2%	92	0.1%	0	0.0%
Some other race	4,631	2.9%	1,775	8.5%	2,048	3.1%	808	1.1%
Two or more races	2,385	1.5%	513	2.4%		1.3%	990	1.4%
ETHNICITY								
Hispanic or Latino (of any race)	21,094	13.4%	6,349	30.2%	8,928	13.5%	5,817	8.2%
Not Hispanic or Latino	136,487	86.6%	14,642	69.8%	57,069	86.5%	64,776	91.8%

Source: CON application # 10785, Figure 22, page 61 from U S Census Bureau.014-201American Community Survey 5-Years Estimates 2018 Compiled by the Health Council Southeast Florida, 2020 by CCD for Martin County, as reported in the 2021 Martin County Community Health Assessment published by the Health Council of Southeast Florida.

HPBC presents the 2021 Martin County Community Health Improvement Plan in Figure 23 on page 62 showing the key points that was created based on data published in the 2021 Community Health Assessment, listing Hispanic/Latino and Black/African American communities, as well as non-English speaking populations in the area as having unmet needs with regards to overall health and access to care.

Population with unmet needs:

- The Hispanic/Latino and Black /African American communities
- Non-English speakers
- Low-income adults and children

Key Health Issues

- Aging problems
- Alcohol and drug abuse
- Diabetes
- Heart conditions (e.g., stroke, high blood pressure, etc.)
- Mental Health
- Obesity

Challenges and Opportunities for Improvement

- Appointment availability and wait times
- Cost of medical care and services
- Life stressors not covered by insurance
- Offer community support groups
- Services not covered by insurance
- Conduct door to door canvassing in multiple languages (e.g., Mayan dialect, Haitian Creole and Spanish)
- Provide counseling services for adults and children, especially those who are uninsured

Regarding utilization, the applicant argues that historically, the Black and Hispanic populations in Martin County access hospice at a much lower rate than White residents in the area and presents Figures 24 and 25 on page 63 (HealthPivots DataLab, February 2024 data) to support the contention that there is an underservice of Black and Hispanic patients in Martin County hospice patients. HPBC contends that this shows that the overall and White death service ratios are much higher than the Black and Hispanic death service ratios for hospice with the most recent 12 months ended September 2023 showing a disparity in hospice use by the Black (44.2) and Hispanic (50.0) populations compared to the White population (65.3) in Martin County.

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Year	ALL	BLACK	HISPANIC	WHITE
2014	65.4	63.4		65.4
2015	69.4	65.5		69.7
2016	66.2	43.2		67.1
2017	65	46.4		65.7
2018	64	36.2	41.7	65.3
2019	63.5	40		64.2
2020	65.9	46.2	47.4	67.1
2021	65.6	46.7	50	66.8
2022	65.9	54.3	45.5	66.4
2023	64.7	44.2	50	65.3

Source: CON application #10785, Figure 25, page 63 from HealthPivots DataLab. February 2024

Okeechobee County Statistics

HPBC states that Okeechobee has the largest Hispanic population in the area (27.1 percent of total population) which is comparable to the state average (26.9 percent) and presents data from the 2022 Okeechobee Community Health Assessment, published by the Florida Department of Health and Health Council of Southeast Florida, showing that 22.7 percent of Okeechobee population speaks language other than English at home, which is predominantly Spanish. Figure 26 on page 64 shows the two Census County Divisions in Okeechobee County: North Okeechobee and Okeechobee and the applicant notes that these CCDs differ in their diversity, specifically:

- North Okeechobee 17.4 percent Black (higher than Okeechobee CCD)
- Okeechobee 26.2 percent Hispanic (higher than North Okeechobee CCD)

	North Okeechobee CCD		Okeechobee CCD	
Total population	9,417	100.0%	32,194	100.0%
One race	9,130	97.0%	31,152	98.6%
White	7,393	78.5%	26,915	83.6%
Black or African American	1,637	17.4%	1,984	6.2%
American Indian and Alaska Native	4	0.0%	229	0.7%
Asian	0	0.0%	393	1.2%
Native Hawaiian and Other Pacific Islander	20	0.2%	63	0.2%
Some other race	76	0.8%	1,568	4.9%
Two or more races	287	3.0%	1,042	3.2%
Hispanic or Latino (of any race)	2,330	24.7%	8,425	26.2%
Not Hispanic or Latino	7,087	75.3%	23,769	73.8%

Source: CON application #10785, Figure 26, page 64

The applicant's Figures 27 and 28, page 65 uses 2020 Census Bureau and 2022 Okeechobee County Community Health Assessment and data for Okeechobee County as it relates to disabled residents noting that an estimated 16.9 percent of the SA 9B population has a disability, compared to 13.6 percent statewide with the largest being within the

Black population. HPBC states that the Force of Change Highlights of the 2023-2028 Okeechobee County CHIP with the following:

Key Health Issues and Populations with Unmet Needs

- Chronic health conditions
- Substance use and behavioral health
- Mental health
- Oral Health
- Residents who suffer in silence
- Communities of color (Black or African American and Hispanic or Latino)
- Migrant and agricultural communities
- Elderly
- Low-income, uninsured communities

Strategies to Create a Healthy County

- Increased collaboration to increase access (A single-entry point of care/referral system)
- Access to basic needs
- Public transportation; affordable housings livable wages, healthy food
- More in-county providers and specialists
- Quality of Life

Current Community Strengths

- Resiliency
 - “Our strength is our people”
- Sense of Community and community-based values
- Genuine care and commitment from agencies
- Partnerships among agencies providing low-to-no-cost services
- Physical environment

Challenges and Barriers in Maintaining Health

- Lack of: Transportation, Mental health services, Health education, Insurance, Providers/specialists in-county
- Food insecurity
- Language barriers
- “Cowboy Mentality” and family dynamics/cycles
- Built environment (low walkability, etc.)

HPBC contends that Okeechobee County residents have much lower access to hospice services overall, and specifically within all populations compared to Martin and St. Lucie Counties and that historically the death service ratio (for all populations) for Okeechobee County's

population is much lower than both Martin and St. Lucie. The applicant presents Figure 29 on page 66 showing that for the 12 months ending September 2023 that Okeechobee's overall death service ratio was just 49.9 while Martin and St. Lucie's were both in excess of 61.

The applicant argues that Okeechobee's population is racially/ethnically diverse, rural and socioeconomically challenged with minorities having less access to services which is illustrated by the low overall death service ratio. HPBC states that for the most recent 12 months ending September 2023 the overall death service ratio for Okeechobee County was 49.9, while the Black population's death service ratio was 46.7 and that the Hispanic death service ratio was not calculated because the numbers of patients served were below the CMS data user agreement minimum threshold of 11 patients but contends there is a significant need for additional hospice services, outreach and education within this population.

St. Lucie County Statistics

HPBC states that St. Lucie County has a larger Black population (22.3 percent of the total population compared to 17.1 percent) and senior population (14.5 percent ages 65+ compared to 12 percent statewide) than the state average.

The applicant contends that the racial distribution of St. Lucie County's population can be found in concentrated geographic areas and cites the 2020-2025 St. Lucie County CHA, published by the county's FDOH showing:

- Fort Pierce North (70.5%), Fort Pierce city (38.1%), and Port St. Lucie city (18.9%) had the highest percentage of Black or African American residents; and
- Fort Pierce South (50.5%), Fort Pierce city (23.0%), Port St. Lucie city (20.1%), and River Park CDP (16.1) had the highest percentage of Hispanic residents.

The applicant presents Figures 30 and 31 on page 67 showing the race and population estimates by geographic area in St. Lucie County, as reported in the 2020-2025 St. Lucie County Community Health Assessment.

The applicant's Figure 32 on page 68 provides the St. Lucie County *Priority Populations and Geographic Areas Summary* 2021-2026 St. Lucie CHIP conclusions for the greatest area need:

- Older Adults
- Children/Youth
- Disadvantaged (low-income, under employment, under insured)

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- People of Color
- North Ft. Pierce
- Rural areas
- Inner city
- Lower socio-economic areas

HPBC concludes that St. Lucie has a relatively high overall death service ratio when compared to Martin and Okeechobee counties but is similar to Martin county in that the Black and Hispanic populations access hospice services at much lower rates than the overall and/or White populations in the area. The applicant offers Figures 33 and 34 on pages 68 and 69 comparing the historical hospice death service ratios by race and ethnicity for St. Lucie County stating that for the most recent 12 months ending September 2023 the overall death service ratio shows a disparity in hospice use by the Black (47.8) and Hispanic (49.3) populations compared to the White population (64.2) and Asian (65.0).

Year	ALL	BLACK	HISPANIC	ASIAN	WHITE
2014	57.1	38.5	48.9	18.2	60.0
2015	59.2	42.4	61.0	53.8	61.7
2016	58.4	40.1	69.0	66.7	61.2
2017	56.6	43.2	50.0	71.4	58.4
2018	53.8	33.8	50.8	52.9	57.1
2019	55.1	40.7	46.7	30.0	57.7
2020	59.2	44.5	45.5	42.9	62.6
2021	59.7	45.0	46.9	45.5	63.1
2022	60.5	43.6	63.0	66.7	63.1
2023	61.7	47.8	49.3	65.0	64.2

Source: CON application #10785, Figure 34, page 69

The applicant argues that the demographic and hospice utilization data, as well as strategic priorities SA 9B shows that minorities are underserved across all populations specifically in Okeechobee when compared to Martin and St. Lucie counties and contends that it will use various strategies for increasing access to services in each area.

HPBC includes on pages 70-72 several of its Key Informant Surveys and letters of support for the proposed project regarding the challenges in obtaining hospice services for populations, including racial and ethnic groups throughout SA 9B. The applicant includes responses from:

- Susan Gibbs Thomas, Village of Indiantown Mayor
- Jimmy Smith, President & CEO of the NAACP Martin County
- Additionally, Inez van Ravenzwaaij, Director of Programs and Partnerships for the Business Development Board of Martin County
- Faith Krumenacker, President of the Temple Beth El Israel in Port St. Lucie

✓ **Trustbridge Solution:**

The applicant state it will increase trust, education, outreach and ultimately hospice utilization by patients within historically underserved racial and ethnic groups by:

1. Purchase, equip and operate a dedicated vehicle to conduct mobile outreach activities in Martin, Okeechobee and St. Lucie Counties. The mobile care unit will be known as "Trustbridge Mobile Access to Care."
2. Hire a minimum of two Community Partnership Specialists to conduct community engagement activities, facilitate education and develop partnerships within specific racial, ethnic and cultural groups within the area.
3. Offer a wide range of translation services, including in-person, virtual video and audio services.
4. Provide all outreach and educational collaterals in multiple languages, including English, Spanish and Creole.
5. Organize a Care Council for members of the Hispanic Community to provide feedback and guidance regarding outreach and program development in the three-county area.
6. Partner with area organizations such as the NAACP of Martin County to conduct joint community education programs.

Additionally, the applicant states that it has participated in collaborative discussions with LAHIA, a homeless outreach organization located in Stuart (Martin County) and Volunteers in Medicine.

HPBC provides a detailed discussion of SA 9B's poverty levels and its programs to serve low-income populations, including homeless patients on pages 75-83 offering that it will:

1. Develop and deploy a mobile outreach unit that will be staffed by an LPN and BSW and will visit multiple sites throughout the three-county area, including high need areas for low-income and homeless outreach organizations in Okeechobee and Indiantown.
 - The goal will be to assist for low income and homeless persons with advanced illness navigate the health care system, link them to the right level of care at the right time, and identify patients who are medically eligible for hospice earlier in their disease process.
 - Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will designate \$10,000 annually for five years to support LAHIA as part of this partnership.

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- Hospice of Palm beach County, Inc. d/b/a Trustbridge of the Treasure Coast will designate \$20,000 annually for five years to support Volunteers in Medicine as part of this partnership.
- 2. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will commit to participate in a leadership position within LAHIA's coalition in order to support education, outreach, and services.
- 3. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will partner with Hope Rural School in Indiantown to assist residents who have been identified as underserved who need medical care and support. The goal will be to assist the resident in obtaining medical care and/or supportive services.
- 4. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will offer hospice services to the inmate populations of the Martin and St. Lucie County jails through Treasure Coast Urgent Care & Wellness.
- 5. Hospice of Palm Beach County, Inc., operating as Trustbridge of the Treasure Coast, will actively involve the community in establishing a Council, within the first year, with diverse local leadership representation. This Council will serve as a crucial connection to the needs and opportunities within the service area. It will build upon local leadership, advocacy, and identify proactive initiatives.

The applicant provides a detailed discussion of its programs to serve rural populations, addressing digital divide and transportation on pages 84-88 and offers as its solution that it will:

- 1. Develop and deploy Trustbridge Mobile Access to Care, a mobile health care unit staffed by an LPN and BSW that will visit community sites throughout the three-county area, to help patients obtain the right care at the right time in their journey of advanced disease and end-of-life planning or care.
- 2. Provide transportation support for residents in the area who do not have reliable transportation or easy access to public transportation.
- 3. Provide assistance in obtaining mobile devices with unlimited data, as well as discounted pricing, equipment and emergency service coverage to residents who lack internet connectivity and/or devices.
- 4. Hospice of Palm Beach County, Inc. d/b/a Trustbridge of the Treasure Coast will implement the use of virtual reality technology.

HPBC provides a detailed discussion of its programs to address lack of awareness of hospice programs, need for education and care navigation on pages 89-91 and offers as its solution that it will:

1. Develop and deploy Trustbridge Mobile Access to Care, including telehealth technology.
2. Recruit a minimum of four Professional Liaisons over the first years of operation.
3. Offer a 24/7 call center to assist patients, families, caregivers and physicians in accessing information.
 - a. Provide a Clinical Manager 24/7, 365 to provide support, crisis care, emergent care, admissions assistance/assessment and triage.
4. Partner with local Health Departments in Martin, Okeechobee and St. Lucie Counties to help with coordination and case management.

The applicant provides a detailed discussion of its programs to address the shortage of health care providers in the area on pages 92-96 and offers as its solution that it will:

1. Expand its Music Therapy Internship Program into Martin, Okeechobee and St. Lucie Counties and will dedicate at least one internship position to serve the three-county area.
2. Develop opportunities for increased nursing rotations and internships in Martin, Okeechobee and St. Lucie Counties in partnership with colleges and universities such as Indian River State College.
3. Partner with the Boys & Girls Clubs of Martin County to expand workforce development programming for Certified Nurse Assistant training/certification.

HPBC offers excerpts from its letters of support on pages 97-104. The reviewer reproduces the most notable below:

Jackie Kendrick, CHPCA, President & Chief Operating Officer of Treasure Coast Hospice

“Treasure Coast Hospice has agreed to provide contract beds for Trustbridge for inpatient and respite care when patients need that level of care.”

Keith L. Demons, Administrator, Aspire St. Lucie

“If Trustbridge is approved for a Certificate of Need to provide hospice services in AHCA subdistrict 9B, Aspire St. Lucie would be willing to enter negotiations to contract with Trustbridge to provide General/ Inpatient and Respite levels of care in existing beds in our facility.”

Steven Seely, Senior Vice President, COO, Jupiter Medical Center
“If their CON application is approved, we will not hesitate to offer Hospice of Palm Beach County as an option for hospice care to our patients who live in Martin, Okeechobee, and St. Lucie counties.”

The applicant states that it will become operational in SA 9B within 90 days of the approval of this application. HPBC states that it is assumed that it (Trustbridge) will achieve market shares of 3.5 and 6.0 percent in 2025-2026, respectively, resulting in projected admissions of 185 and 324 admissions, respectively for years one and two ending May 31, 2025-2026.

	2025	2026
Projected 9B Hospice Admissions	5,296	5,407
Trustbridge 9B Projected Market Share	3.5%	6.0%
Trustbridge 9B Projected Hospice Admissions	185	324

Source: CON application #10785, Figure 44, page 105

The applicant concludes that it (Trustbridge) has spent a “considerable amount of time and resources” conducting a primary analysis through data and areawide Community Health Assessments/Community Health Improvement Plans, a secondary analysis through stakeholder interviews and Key Informant Surveys, and has garnered a wide range of local support for its proposed project and has shown that it understands the highly diverse market characteristics of Martin, Okeechobee and St. Lucie Counties, and has developed specific plans and cultivated partner relationships in order to meet the needs of patients in the area.

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.

The applicants are responding to the published need for an additional hospice program for the July 2025 planning horizon. The applicants also discuss serving populations they believe to be underserved or otherwise in need of target population hospice services.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) reiterates that its initial need assessment indicates that the following populations are in need:

- Seniors, age 65 and older, including those in nursing homes and ALFs
- Minorities
 - African Americans
 - Hispanic/Latinx
 - Veterans
- Lesbian, Gay, Bisexual, and/or Transgender (LGBT) Community
- Low Income and Homeless Populations
- Residents with Cardiovascular Disease and Pulmonary Disease

AccentCare reiterates much of its previous response to E.1.a adding that it will address the elderly population in the following ways, and identified below, noting they are proposed as conditions to this application.

1. Partners in Care Program
2. Open Access Program
3. Namaste Care Program
4. No One Dies Alone
5. Volunteer Vigil program
6. AccentCare's 24-Hour Call Center
7. Establish a Social Worker to focus on Community Education.

The applicant notes the disparities specific to minorities and notes that its programs provide spiritual support and services to a range of religious groups, including a program for those of the Jewish faith. Supporting spiritual care includes the following programs:

- Person-to-person support: a personal visit may be requested from the Spiritual Care Team for personal contact, counseling, companionship, or conversation
- Family concerns: relationships sometimes become strained in stressful life-situations. Staff are taught to work in a sensitive and caring manner with each person and each situation

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- Direct cooperation with local clergy: The Spiritual Care programs are not intended to replace the relationship one has with the local community of faith. Rather, they work in close partnership with local clergy and provide referrals for local religious or spiritual groups
- Educational support groups: AccentCare provides a safe and supportive place for people to explore questions of meaning and purpose with each other, to learn from each other about ways to cope and heal, to learn various "spiritual disciplines," and to form new friendships
- Written resources: AccentCare's library of materials is made available to help patients and families understand and follow their spiritual journey

AccentCare of the Treasure Coast 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.

The applicant ensures that its staff will receive cultural competence training to improve the delivery of hospice care and that with diversity training, employees and volunteers will approach all persons and referral sources as friends being introduced to hospice and its benefits. Additionally, AccentCare of the Treasure Coast commits to the following conditions to increase hospice access, enrollment, and service among minorities:

- Employ Spanish speaking staff
- Initiate Minority Advisory Boards
- Initiate a Low Literacy Outreach Campaign

AccentCare assures that it will fill a range of needs, fulfilling unmet needs with quality service and attracting and educating health care professionals adding that the proposed Advisory Boards, "church chats", and bilingual staff will change community misconceptions about hospice care, bridging the gaps by engaging the community and its residents.

The applicant reiterates its E.1.a. response to residents with cancer, cardiovascular and pulmonary disease. AccentCare notes that it has a variety of programs and services and the training necessary to deliver care to a wide range of patients with varying health issues which includes its Cardiac Care and AICD

Deactivation, Pulmonary Care Pathway, Stroke/CVA Pathway, and Open Access and commits to provide hospice team members with the capability to address the specific needs of persons at the end-of-life. The applicant adds that physicians at Stuart Oncology Associates in Port St. Lucie provided support letters welcoming AccentCare as a partner in caring for their patients.

Affinity Care of the Treasure Coast, LLC (CON application #10783) reiterates that it is committed to serving all SA 9B patients and their families and will admit all age and diagnosis groups. The applicant refers to its E.1.a. response.

Charis Healthcare Holdings, LLC (CON application #10784): Charis responds that it is devoted to catering to populations with underserved needs and has identified multiple underrepresented groups in SA 9B:

- 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 are distinctly disadvantaged in health care opportunities, and it is very apparent from the incidence of critical diseases in lower economic environments, such as Okeechobee County
- 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 states 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.

The applicant addresses the “rising and aging” Hispanic population in SA 9B, confirming that it will introduce Spanish speaking representatives to confront language challenges and will supply both educational and hospice resources in Spanish. The applicant states that it has historically delivered exceptional care to the Hispanic community and other diverse groups across Florida and the United States. With the rising and aging Hispanic demographic in Service Area 9B, Charis pledges its commitment to addressing their end-of-life necessities.

Charis contends that SA 9B residents will benefit from the diverse programs that it has crafted, improving outreach and hospice care tailored to various cultural, religious, spiritual, and LGBTQ groups.

Hospice of Palm Beach County, Inc. (CON application #10785)

responds that it has conducted an in-depth community needs assessment in order to determine specific populations and unmet needs related to chronic, advanced, and terminal illness, as well as end-of-life care in SA 9B and lists these as:

1. The large and growing population in the area
2. The aging population in the area
3. Large and increasing numbers of deaths of three-county area residents
4. The deficit of service to the 65+ cancer and non-cancer populations in AHCA's calculation of need
5. The disproportionately low death service ratio and penetration rate for hospice services in Okeechobee County compared to Martin and St. Lucie Counties, as well as other Florida counties
6. The significant percentage of patients in Okeechobee hospitals who die within six months of an initial acute care hospital discharge but never access hospice services.

The applicant identified six specific areas where services are lacking or there is a gap in care for a specific population, including

1. Programs to Serve Patients with Specific Disease Categories
2. Programs to Serve Specific Populations: Racial/Ethnic Groups and Age Cohorts
3. Programs to Serve Low-Income Populations, Including Homeless Patients
4. Programs to Serve Rural Populations, Addressing Digital Divide and Transportation
5. Programs to Address Lack of Awareness of Hospice Programs, Need for Education and Care Navigation
6. Programs to Address the Shortage of Healthcare Providers in the Area

Hospice of Palm Beach County notes that through its assessment it has worked with area organizations to develop strategies to address the unmet needs of the community that will have a positive impact on increasing awareness and utilization of hospice and other end-of-life services. A detailed discussion of the

Trustbridge solutions to these six areas where significant unmet needs exist is provided in Schedule B, Section E, beginning on page 37 of this application.

- (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 the Treasure Coast, LLC (CON application #10782) states that it will contract with existing hospitals and skilled nursing facilities (SNF) to provide inpatient care, seeking partnerships throughout the area and proposes contractual agreements within SNFs pursuant to this project. The applicant states that the following SNFs have shown interest in providing general inpatient support:

- Ardie R. Copas State Veterans Nursing Home
- Savannas Park Health and Rehabilitation Center
- Seabranh Healthcare and Rehabilitation

The reviewer confirms this is shown in the applicant's letters of support.

Affinity Care of the Treasure Coast, LLC (CON application #10783) states that it will execute agreements with SNFs and hospitals and throughout SA 9B expecting these services to be both routine and inpatient on a scattered bed basis.

The applicant confirms that it has four letters of nursing home support which are well dispersed throughout SA 9B, with one in Okeechobee County (the only one), one in St. Lucie County and two in Martin County indicating it will enter into a contractual agreement with Affinity Treasure Coast.

Affinity Care ensures that it has been able to garner a wide array of support, including the support of six of 17 nursing homes representing 40 percent of the beds, including 100 percent of beds in Okeechobee County, 36 percent of beds in St. Lucie County and 29 percent of Martin County beds. Further, the only nursing home in Okeechobee County and Dr. Naeem of Conviva Care Centers in Okeechobee County, also affiliated with the only hospital in Okeechobee County, support Affinity. The applicant adds that at least four of the nursing home supporters have expressed a

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willingness to contract with Affinity Treasure Coast to provide hospice services within their nursing homes.

Nursing home supporters are as follows:

- Okeechobee Healthcare Facility
- Palm Garden Health and Rehabilitation
- Port St. Lucie Rehabilitation and Healthcare
- Seabranh Nursing & Rehabilitation
- Stuart Rehabilitation & Healthcare
- Vivo Healthcare (Aidan Post Acute)

Other support noted were:

- The Alzheimer's Association and FALA
- Physicians, ALFs and HHA/providers
- Florida Community Care health plan

Affinity confirms that it will obtain additional support from other existing hospitals and SNFs in the Service Area upon adding that letters of support are located in Tab 5 of this application.

Charis Healthcare Holdings, LLC (CON application #10784)

states that it is and will actively pursue agreements with hospital and nursing home facilities for general inpatient and inpatient respite care and is dedicated to improving the quality-of-care patients receive in nursing homes and assisted living facilities.

Hospice of Palm Beach County, Inc. (CON application #10785)

proposes to provide inpatient care through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs located in Martin, Okeechobee and St. Lucie Counties. The reviewer confirms that the applicant references letters of support that are provided in Exhibit E.

- Hospital: Raulerson Hospital in Okeechobee County
- Skilled Nursing Facilities: Okeechobee Healthcare Facility and Aspire at Saint Lucie
- Existing Hospice Service Area 9B Provider Hospice House: Treasure Coast Hospice (which operates Treasure Coast Hospice of Martin and Treasure Coast Hospice of St. Lucie) and serves all three counties in Hospice Service Area 9B

HPBC indicates that negotiations for additional contracts with other hospitals and SNFs are ongoing. The applicant references sample inpatient care agreements included in this application in Exhibit 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 the Treasure Coast, LLC (CON application #10782) states that in addition to the homeless commitment previously discussed (see the applicant's Schedule C Condition #7) it will make provisions to serve persons without a primary caregiver in recognition of its mandate "No One Dies Alone" (see the applicant's Schedule C Condition #13).

AccentCare maintains that the hospice team leader identifies and directs the safe and effective provision of hospice care in situations where the terminally ill patient requires assistance with self-care and skilled services in a location in accordance with the patient's wishes. The four-step process is identified 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 be able to initially 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 primary caregiver" as a problem... 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
 - 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.
 - 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 support 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 9B 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 9B in 2022 on CON application #10782, page 2-22, Table 2-1. AccentCare notes there were a total of 77 HIV diagnosed patients in SA 9B in 2022 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.

Affinity Care of the Treasure Coast, LLC (CON application #10783) states is committed to serving all SA 9B patients including those who do not have primary caregivers at home, the homeless and patients with AIDS.

The applicant notes that it conditions the technology for the homeless and those without primary caregivers at home to receive a personal emergency response indicator as an additional quality service to enable immediate communication with the provider.

Affinity will use funding from its Continuum Care Foundation to provide specific need requests for patients without caregivers at home, or the homeless, or AIDS patients with specific needs.

The applicant can supply trained volunteers to provide companionship care and nonclinical support such as running errands, doing light housework or chores, or reading a book, watching a movie, or simply sitting and talking with patients who may lack primary caregivers at home.

Affinity states that if the patient is not able to care for him/herself and has no caregiver support group it may recommend placement in an assisted living facility or nursing home, in which the hospice program will be able to provide residential care. The applicant adds that its social workers will assist patients without financial resources to obtain residential care in a hospice unit within an ALF

or nursing home, through relationships with area nursing homes and assisted living facilities, either entering into per diem contracts or developing hospice units, as the need arises.

Charis Healthcare Holdings, LLC (CON application #10784)

states that it is committed to serving all who need it, regardless of financial means, race, ethnicity, national origin, gender, or sexual orientation. The applicant confirms that it will serve all residents using available resources to provide a safe and comfortable environment, enabling patients to remain in the least restrictive and most emotionally supportive place.

Further, it will make every effort to develop a caregiver network from among neighbors, nearby relatives and friends, faith community members, and hospice volunteers to provide guidance, assistance, and companionship to the patient wherever possible. Charis will focus on educating the community, especially those living alone and are homeless, 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. Additionally, the applicant will work with local shelter staff to identify needs, education, and assistance.

Charis contends that it has a long history of caring for patients with HIV/AIDS and is firmly committed to providing enhanced care to terminally ill patients without in-home support. Further, the applicant provides specialized education to its staff and volunteers regarding the unique aspects of caring for those with HIV/AIDS.

Hospice of Palm Beach County, Inc. (CON application #10785)

states that it currently serves and commits to continue to serve patients who do not have primary caregivers at home, are homeless and/or have AIDS. HPBC maintains that patients without adequate caregiver support receive increased support from HPBC staff and volunteers. The applicant notes that patients without adequate caregiver support will have a plan of care established that may include a mix of support from Trustbridge (HPBC) and the patient's network of friends, family, neighbors and other members of the community to help assist them and allow them to remain in their home.

HPBC points out that if too few qualified caregivers are available, or if 24-hour caregiving is required, qualified sitter services may be recommended to the patient/family. The applicant notes that alternatives such as placement in an ALF or SNF may be

appropriate, in some cases, and would be arranged by Trustbridge (HPBC) through established relationships with ALFs and SNFs in the area.

Regarding the homeless, HPBC indicates the availability of temporary residential placement at one of the area shelters, or in an ALF or SNF, as appropriate. HPBC emphasizes that a major cause of a homeless situation relates to a homeless patient's lack of financial resources—but that the applicant provides hospice care to all patients, regardless of ability to pay, and that even in the most difficult situations, a workable housing solution is provided for every patient.

Specifically, the applicant states that it will seek to develop a collaborative partnership with local outreach organizations that work with homeless populations such as Love and Hope in Action ("LAHIA") and the Treasure Coast Homeless Services Council which provide support for persons in crisis or experiencing homelessness in the proposed service area which will enable them to work together with local organizations to first identify homeless persons who are medically eligible for hospice care, then devise a plan to provide hospice care to that patient in whatever location the patient chooses.

Regarding HIV/AIDS patients in hospice, HPBC indicates that it currently treats and commits to continue to treat this patient population.

- (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.**

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) responds that its primary office is in St. Lucie County and to better serve rural areas, AccentCare of the Treasure Coast will establish a physical presence in Okeechobee County by the end of the second year of licensure. AccentCare of the Treasure Coast agrees to condition award of CON #10782 upon establishing office locations in those counties.

Affinity Care of the Treasure Coast, LLC (CON application #10783) commits to serving all three counties with equal dedication to meet the needs of the underserved throughout SA 9B reiterating that because St. Lucie County is underserved it will be establishing

its main office in this county so that Martin County is readily accessible via north-south arteries and Okeechobee County is readily accessible via east-west roadways. Further, the applicant will also open an office within Okeechobee County within its first two years of operation adding that it has been given the support from Okeechobee County's only nursing home and Conviva Care Centers, Lake Okeechobee.

Affinity shares that it will engage with local community health care providers and leaders to determine the best location to host their educational sessions in appropriate and accessible community spaces to increase awareness and access to hospice services for the community.

Charis Healthcare Holdings, LLC (CON application #10784) commits to having a physical presence that is most available and accessible to all members of the region. Further the applicant states that it will leverage its existing operations throughout the district, it additionally commits to opening satellite locations as necessary to ensure a physical presence for underserved counties.

The applicant offers in its Conditions "Office Location: Charis intends to have a hospice office space within the region within the first year of operation" and its program summary states, "Charis will establish one centrally located district office that will be up and ready within 120 days of approval."

Hospice of Palm Beach County, Inc. (CON application #10785) reiterates the use of the following information among the three SA 9B counties, in responding to this Agency preference: economic profile data, demographic data/population growth, race /ethnicity data, and the SA's disproportionately low hospice death service ratio and penetration rate. HPBC states that based on this information, Okeechobee County is the most underserved county and St. Lucie is the second most underserved. HPBC reiterates establishing a physical presence in Okeechobee County and St. Lucie County in the first year of operation and a physical presence in Martin County during the second year of operation. The reviewer notes that this commitment is confirmed in the applicant's Schedule C Condition #17.

- (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 the Treasure Coast, LLC (CON application #10782) provides a detailed description of its core and additional services on pages 2-23 through 2-34. The applicant provides the following services that are not specifically covered by private insurance, Medicaid, or Medicare to all of its patients:

- Bereavement Program - examples of bereavement materials are included in the application's Exhibit 7
- 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 Program - 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 Children's Bereavement Camp - a camp for children to assist them in their grief and help them cope with the death of those close to them. As needed, AccentCare also has access to other programs that allow children to engage in healing ways that provide comfort to them and conditions this response by 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 9B
- Music therapy - staffed only by board-certified music therapists (MT-BC) to treat the holistic experience of the

patient and family through their end-of-life and bereavement journeys. AccentCare is the largest employer of MT-BCs nationally. AccentCare's music therapy is described on the application's page 2-28 and Exhibit 7.

- Namaste Care - 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 2-29 through 2-30 of the application.
- No One Dies Alone – ensures that all patients and their families have the support of AccentCare throughout life's final transition, to prevent unwanted hospitalizations, and to honor patients' wishes of dying at home (or within their established long-term care setting.) Educated staff and volunteers identify when patients are approaching the final weeks of their lives and offer additional support and if the patient/family accept it, continuous care or volunteer vigils are provided. AccentCare will offer its Volunteer Vigil program which uses specially trained volunteers to stay at the patient's home if the patient is not appropriate for continuous care. AccentCare staff will hold vigil if volunteers are not available, to ensure no patient dies alone against their wishes.
- Open Access - -for patients on ventilators, receiving palliative radiation, chemotherapy – allow those with these challenges access to hospice services earlier and for patients that may need additional medical interventions such as ventilators for home use, receiving palliative radiation, chemotherapy Open access also addresses patients with complex psychosocial needs. The applicant also cites seven benefits of the program.
- Palliative Care Program - provides clinical symptom management for people living with an advanced illness and emotional support for their families and caregivers. This program treats all age groups, with a focus on the alleviation of symptoms to provide comfort care and meet the emotional and spiritual needs of patients and families. AccentCare bullets five characteristics that make this program different from hospice and notes details are provided in its Exhibit 13 Patient & Family Resources Hub - 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 – applicant states “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.” AccentCare employs full-time pharmacists (PharmD) and consults with nationally recognized Dr. Lynn McPherson to ensure that no patient experiences untreated symptoms at the end-of-life

- Telehealth The applicant conditions this response in Condition 14 by providing tablets/devices to terminally ill patients to help gain access to on call staff to supplement the 24/7 Call Center
- Pulmonary Care Pathway Program – no detail provided
- Stroke/CVA Pathway Program– no detail provided
- 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).

AccentCare notes that although it will accept all qualified hospice patients, regardless of age, they also recognize that Treasure Coast Hospice already has a pediatric program and therefore would not duplicate this service due to the small number of pediatric cases requiring hospice care adding that if the need should arise, it has expertise available to provide this service.

Affinity Care of the Treasure Coast, LLC (CON application #10783) reiterates portions of its service intensity, personal emergency response indicator, music therapy, virtual reality program, equine therapy, veterans programming, Continuum palliative resources and minority outreach. These were also addressed in item E.1.a. of this report.

The applicant included additional information for the following that were not included with its previous response:

Personal Emergency Response Indicator

The personal emergency response indicator (such as Life Alert) that is issued to every patient at home will have a wireless system with a pendant or transmitter that can be activated in an emergency

that once the medical alarm is activated, the signal is transmitted to an alarm monitoring company's central station, other emergency agency or other programmed phone numbers. Hospice will be immediately notified and contact with the patient and family initiated; medical personnel are dispatched to the site where the alarm was activated as necessary.

Music Therapy

Affinity Care of the Treasure Coast has conditioned approval of this CON application on the provision that it will offer music therapy to its patients upon licensure of the program's operation, and it will have a minimum of one Board Certified Music Therapist (MT-BC) to provide this therapeutic treatment.

Virtual Reality Program

Affinity Care's virtual reality partner, Rendever, per the request of Affinity Treasure Coast has developed a specific Jewish virtual reality experience for end-of-life patients that focuses on this history, culture and traditions of the Jewish American.

Veterans Programming

Affinity Care has conditioned this CON Application on the provision it will implement its Veterans outreach program, We Honor Veterans, once certified and will strive to achieve Level 5 certification to increase access and improve the quality of care for Veterans in the Service Area. The Applicant will designate one of its hospice liaisons to carry out all Veterans outreach initiatives. Lastly, the Applicant's Virtual Reality platform will offer Veterans a virtual flightless experience for Veterans who are unable to participate in the Honor Flight Network trip. The Honor Flight Network is a national network comprised of independent Hubs working together to show our nation's veterans the appreciation and honor they deserve.

Charis Healthcare Holdings, LLC (CON application #10784)

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 services and programs which it has previously stated as conditions of this application.

Hospice of Palm Beach County, Inc. (CON application #10785)

states it currently provides a broad range of services that are not covered by private insurance, Medicaid or Medicare and will

continue to do so in the proposed project. These stated non-covered services and programs are:

- ✓ Charity care to patients with no insurance coverage or financial resources to pay for care. Trustbridge provided over \$1.3 million in charity care (at cost) during 2023
- ✓ Complex palliative care and extraordinary comfort measures including chemotherapy, radiation therapy, intravenous medications, blood transfusions, ventilator and other disease altering but non-curative interventions that improve quality of life and comfort. HPBC provided unreimbursed complex and supportive care to 2,165 patients during 2023. The proposed new Service Area 9B hospice program has committed to a Condition to provide a minimum of \$50,000 per year in support of these complex palliative care and extraordinary comfort measures
- ✓ Bereavement and Grief Support Programs that are free of charge and available to all service area residents, regardless of any relationship to HPBC's patients. These programs include:
 - Individual and Family Grief Support Programs
 - Anticipatory Grief Support Programs for Children and Teens
 - Children's camps in support of children who have lost a loved one -- Camp Good Grief, Camp Stingray and Camp Seahorse
 - Teen Bereavement Program
 - Telephone Grief Support
 - Grief Support Groups
 - School Based Group Counseling and Support Groups
 - Coping with the Holidays Programs
 - Nature of Grief education/support programs
 - Grief support for community facilities and workplaces that have experienced traumatic or multiple losses
 - Annual Celebration of Life services for all hospice and community bereaved
- ✓ Music, Art and Pet Visitor Therapies - with over 6,569 music therapy visits for the benefit of hospice patients and families provided during 2022.
- ✓ Supportive counseling or consultation with patients or families addressing issues of serious illness, even if they do not qualify for hospice benefit.
- ✓ Helping Hands Program covering non-health care related services, such as in-home custodial care, as well as minor purchases to foster quality of life and maintenance at home, such as telephone services or a wheelchair ramp.

- ✓ Medical and nursing education programs, including the Fellowship in Hospice and Palliative Medicine, medical student rotations and the Trustbridge nursing Residency Program.
- ✓ Music Therapy Intern Program
- ✓ Services to persons who have exhausted their insurance benefit.
- ✓ Services to Veterans
- ✓ Veteran Recognition Events
- ✓ Services to citizens of other countries residing in the service area, even if they have no hospice coverage.

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

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) cites its response which includes community support on pages 2-96 and 2-101. The reviewer has placed the most notable within the application section "Letters of Support".

Affinity Care of the Treasure Coast, LLC (CON application #10783) reiterates that it has garnered support and endorsements for the project providing numerous letters of support including support from skilled nursing facilities, assisted living facilities, community organizations, and other community leaders and stakeholders.

Affinity states that it has demonstrated it is consistent with the Plans, the needs of the community and other criteria contained in the various jurisdictional documents. Affinity Care confirms that it has conducted a thorough needs assessment and has reviewed publicly available Community Health Needs Assessments. The applicant shares that its focus on meeting the needs of the underserved is consistent with the objectives of the Department of Health and that its initiatives and conditions are targeted to the local needs and will enhance hospice utilization into the future.

Charis Healthcare Holdings, LLC (CON application #10784)
does not provide a response to this.

Hospice of Palm Beach County, Inc. (CON application #10785)
reiterates that it has garnered support and endorsements for the project providing that copies of letters of support for the Hospice of Palm Beach County, Inc. program appear in Exhibit E of this application. HPBC includes excerpts of these support letters on pages 122-129. Support for HPBC include (among others): Jackie Kendrick, CHPCA, President & Chief Operating Officer of Treasure Coast Hospice, Keith L. Demons, Administrator, Aspire St. Lucie and Steven Seely, Senior Vice President, COO, Jupiter Medical Center

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

(1) Required Program Description (Rule 59C-1.0355(6), Florida Administrative Code): An applicant for a new hospice program shall provide a detailed program description in its certificate of need application, including:

(a) Proposed staffing, including use of volunteers.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) Schedule 6 shows 21.14 FTE staff for the project in year one and 46.33 FTEs in year two.

AccentCare administrative staff will recruit, train, and supervise volunteers to accomplish these goals:

- Provide appropriate orientation and on-going training that is consistent with acceptable standards of hospice practice successful completion of training and orientation will be documented
- Use volunteers in administrative or direct patient care roles
- Keep the volunteer informed of a patient's condition and treatment to the extent necessary to carry out his/her function
- Document active and ongoing efforts to recruit and retain volunteers

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- Maintain a volunteer staff sufficient to provide administrative or direct patient care in an amount that, at a minimum, equals 5% of the total patient care hours of all paid hospice
- Document the cost savings achieved through the use of volunteers, including these facts and statistics:
 - The positions filled by volunteers
 - The work time spent by volunteers
 - The dollar costs if paid employees filled those positions
- The expanded care and services achieved through volunteers, including the type of services and the time worked

Affinity Care of the Treasure Coast, LLC (CON application #10783) Schedule 6 shows 14.71 FTE staff for the project in year one and 40.63 FTEs in year two which excludes contract staff. Notes to the applicant's Schedule 6A state that contracted positions include physical, speech occupational and equine therapy. The applicant states that in addition to the clinical director in year one it will add a clinical manager and nurse practitioner in year two as well as a part time medical director for both years.

The applicant notes that it will have access to the resources of Affinity Health Management at the national level which includes a national quality assurance director, as well as a dedicated pharmacist to assist staff with medication indicators, other treatment, or medication options for the palliation at end-of-life. Further, the corporate office provides financial services and billing; these staff salary costs are not allocated to the individual hospices as they are absorbed by the affiliate entity. The applicant states that there will be triage coverage for all new referrals 24 hours a day, 7 days a week, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients).

Charis Healthcare Holdings, LLC (CON application #10784) projects 23 FTEs in year one and 32 year two FTEs.

The reviewer notes that the applicant's Schedule 6 only includes one complete page (page 1 of 1) for the year ending 2025 and includes the following in this response:

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Position	Year One FTE Total	Year Two FTE Total
Director of Nursing	1	2
Secretary	3	4
Medical Director	1	2
Registered Nurse	4	6
LPN	4	6
Nurses' Aides	6	6
Chaplain	2	3
Social Services Director	2	3
Total	23	32

Of note, the applicant's Schedule 10 year one and year two, indicates the issuance of license in October 2024 and initiation of service in January 2025.

Charis adds that additional staffing positions and support functions will be allocated from the existing neighboring Charis operations and will include general bookkeeping, accounts payable and financial reporting, education and training, quality assurance, information technology, and human resources, which includes payroll and benefits administration. Further, Charis states that it will seek to have an active volunteer workforce.

Hospice of Palm Beach County, Inc. (CON application #10785) projects 22 FTEs in year one and 35 year two FTEs.

The applicant responds that its services will be delivered by trained members of an interdisciplinary team comprised of nurses, physicians, social workers, chaplains, home health aides and volunteers.

HPBC states that Trustbridge has “an excellent record of employee retention and employment longevity within its hospice programs” noting that 47 percent of its staff have been employed for five years or more with the average tenure for nursing, social work/psychosocial and spiritual care staff being greater than seven years and offers Figure 49 on page 130.

Years of Employment	Percent of Staff Members
30+	1.0%
25-39	1.8%
20-24	11.8%
15-19	23.0%
10-14	20.0%
5-9	42.4%
Total	100.0%

Source: CON application #10785, page 130, Figure 49, Trustbridge Staff Years of Employment (Tenure), Trustbridge Internal Information

The applicant shares that it has a longstanding commitment to education and training, both of its own team members and future providers of hospice and palliative care services as part of its onboarding and retention offering the following strategies for staff engagement:

- Recognition Weeks and Days for Specific Positions, Including RNs, LPNs, CNAs, Pharmacy, Food Service and Others Throughout the Year.
- New Hire Onboarding Surveys at 15, 30, 45 and 180 Days. This strategy helps Trustbridge prevent potential new hire turnover. Trustbridge can learn and act on feedback about issues important to new employees.
- Exit Surveys. To learn and act on opportunities for improvement.
- Salary Surveys. To ensure Trustbridge offers competitive compensation.
- New Hire Breakfast Meetings. To hear face-to-face feedback about new hire onboarding experiences.
- Management Training. Through Berry Dunn to help develop Trustbridge leadership competencies.
- Leadership Review of Turnover, Exit and New Hire Surveys for Potential Action Items.

HPBC provides that copies of job descriptions for positions that the applicant will recruit in Martin, Okeechobee and St. Lucie Counties are provided in Exhibit K.

The applicant offers a brief discussion of its volunteers on pages 130-132 noting that it currently utilizes 375 volunteers in its hospice programs in Palm Beach and Broward Counties with 7,098 visits in 2022. HPBC adds that in the proposed program, the applicant will utilize both adult and teenage volunteers for a variety of functions, including:

- Patient-Visiting Volunteers

Patient-visiting volunteers are the heart of HPBC's hospice family. No special skills are required, just the desire to help others. When a volunteer visits with a patient (at home, in a caregiving facility or one of HPBC's hospice care centers), it means the world to him or her. Visits in the home also allow the family or caregiver to get a much-needed break--to go to the doctor, get a haircut or have lunch with a friend. There are many meaningful ways to help, including:

- Sharing life stories, photos and good time

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- Listening to music, writing letters or playing cards
- Holding a hand, comforting a family member or walking a dog
- Running an errand or taking a drive
- Hospice Volunteer Opportunities for Professionals
Hospice of Palm Beach County volunteers perform a variety of vital functions assisting our staff, patients and family members. HPBC welcomes experts in these specialized areas:
 - Pharmacists
 - Chaplains (master's degree in divinity or equivalent required)
 - Nurses with current Florida nursing license
 - CPAs and more...
- Veteran-to-Veteran Volunteers
Helping veterans and service families at their time of greatest need. Near the end-of-life, many vets want to tell their stories to someone. Who can understand their experiences better than another vet? HPBC is honored to care for veterans with advanced illness, wherever they live - in their family homes, assisted living facilities, skilled nursing facilities and hospitals.
- Administrative and Resale Volunteers
HPBC volunteers are the heart of its caring community. Unselfishly giving their time and themselves, they help in so many ways. When someone volunteers in HPBC offices, resale shops and at fundraising events, he/she has a meaningful impact on the lives of others.
 - Helping in our Offices: Our administrative volunteers provide greatly appreciated support in our offices: filing, assisting with mailings, assembling packets for patients, entering data and making phone calls.
 - Resale Volunteers: Dedicated volunteers keep our Foundation's resale shops stocked and looking great, help with customers and make the sales that fund special services for our hospice patients and families.

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- Community and Fundraising Events: Throughout the year, volunteers prepare for and attend hundreds of community events, educational programs, health fairs and fundraising events.
- Pet Peace of Mind Volunteers
These pet-loving volunteers help with dog walking, feeding, playing with pets, clean-up, transportation to the groomer or vet and shopping for supplies.
- Pet Therapy Volunteers
Pet therapy dogs must be certified. Emotional support dogs do not qualify for the pet therapy program. Specially certified volunteers visit with their therapy dogs to bring comfort and joy to patients and their families.
- Vigil Volunteers
These specially trained volunteers visit with patients who have little or no family support during the final 24 to 48 hours of life. They provide a comforting presence, and emotional and spiritual support.

HPBC confirms that its volunteers undergo a comprehensive training program designed to prepare them for their role in hospice and may receive additional training depending on the specific tasks they perform. The applicant notes that the training topics include family dynamics, coping mechanisms and psychosocial issues associated with terminal illness, death, and bereavement. Additionally, all volunteers sign a confidentiality statement, and all are supervised by a designated staff member.

HPBC responds that although most volunteers work directly with patients, many assist the organization in administrative and fundraising activities, which it states add to the organization's mission and cost effectiveness. The applicant notes that information for volunteer opportunities is provided in Exhibit J.

(b) Expected sources of patient referrals.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) states that its educational, promotional, and outreach efforts intersect with facilities, advocacy groups, religious institutions, service providers, physicians, social workers, funeral directors, and insurers (including HMOs) and bullets 14 expected sources of potential patient referrals below:

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

Affinity Care Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10783) anticipates referrals from area hospitals, physicians, nursing homes, assisted living facilities, and from other health care providers, family members and the patients themselves.

The applicant reiterates that it has already garnered support in favor of its CON Application including support from a meaningful representation of the existing skilled nursing facilities strategically located throughout the service area, a health plan, physicians, assisted living and home health entities, elected officials, associations and others in SA 9B.

Charis Healthcare Holdings, LLC (CON application #10783) indicates it expects referrals from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates, other health care providers, family members and the patients themselves as referral networks for the hospice program.

Further, it will establish outreach and marking 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 liaisons and representatives from health care operations within SA 9B.

Hospice of Palm Beach County, Inc. (CON application #10785) states that the following sources are expected to generate patient volume at the proposed project:

- Physicians
- Hospitals and hospital discharge planners
- Social workers
- SNFs
- ALFs
- Home health agencies
- Managed care organizations
- Community health care programs
- Community social service agencies
- Churches/faith communities
- Veterans groups
- Families with prior interactions with HPBC or Trustbridge

HPBC states that patients and families may also refer themselves with the support and direction of an attending physician. The applicant emphasizes having written patient materials/brochures in English/Spanish and Creole. HPBC adds that copies of select HPBC/Trustbridge hospice educational materials, prepared in English, Spanish and Creole are presented in Exhibit D.

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

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

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Admissions by Payer Source Years One and Two Compare All SA 9B Applicants

Year One	AccentCare	Affinity	Charis	HPBC
Medicare	221	136	750	172
Medicare Managed Care				
Medicaid	7.1	9	100	7
Medicaid Managed Care				
Commercial				4
Insurance	5	3		
Self-Pay	4.8			2
Private Pay			50	
VA Tri-Care			75	
Charity (*Self Pay)		*6		
Total	238*	154	975	185
Year Two				
Medicare	449	359	1,000	301
Medicare Managed Care				
Medicaid	14.5	24	175	13
Medicaid Managed Care				
Commercial				6
Insurance	10	8		
Self-Pay	9.7			3
Private Pay			75	
VA Tri-Care			100	
Charity (*Self Pay)		*16		
Total	483*	**408	1,350	***324

Sources: CON application #10782, page 2-45. CON application #10783, page 125, CON application #10784, unnumbered page direct response and CON application #10785, page 133, Figure 50.

Note: * CON application #10782 Totals for Years 1 and 2 are incorrect but likely due to rounding (Year 1: 237.9/ Year 2: 483.2) *** CON application #10783 Total for Year 2 is incorrect, the correct total is 407

Note *** CON application #10785 Total for Year 2 is incorrect Year 2: 323.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) projects 3.0 percent of its SA 9B year one and year two patient days will be Medicaid. Reviewer notes that the table presented differs from the applicant's Schedule 7A in that Year One Patient Day totals are totaled at 12,871.

According to AccentCare, medically indigent days are included as part of the self-pay days in the table above.

Affinity Care Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10783) responds that as presented in the above table, six percent Medicaid and of its four percent charity/self-pay, it expects two percent to be charity and two percent to be self-pay. Further, it expects to not collect any funds on the patients it treats during the first three months of operation, between licensure and certification dates.

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Projected Hospice Admissions by Payor		
	Year One	Year Two
Medicare	136	359
Medicaid	9	24
Insurance	6	16
Self-Pay	3	8
Total	154	***408

Source: CON application #10783, page 125

Note: ***Total for Year 2 is incorrect, the correct total is 407

Charis Healthcare Holdings, LLC (CON application #10784) provides the following projected number of admissions by payer source for the first two years of operations. For convenience, the reviewer includes a totals column and verifies that the totals are arithmetically correct. See the table below:

Admission Type	Admits Year One	Admits Year Two
Medicare	750	1000
Medicaid	100	175
private	50	75
VA Tri-Care	75	100
Total	975	1,350

Source: CON application #10784, unnumbered page direct response

Hospice of Palm Beach County, Inc. (CON application #10785) provides the following projected number of admissions by payer source for the first two years of operations.

Payer	Year One	Year Two
Medicare	172	301
Medicaid	7	13
Commercial	4	6
Self-Pay	2	3
Total, All Patients	185	*324

Source: CON application #10785, page 133, Figure 50.

Note: *Total for Year 2 is incorrect, the correct total is 323

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

The tables below show the applicants projected admissions and patient days by type of terminal illness.

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Admissions by Payer Type of Terminal Illness Years One and Two Compare All SA 9B Applicants

Year One	AccentCare	Affinity	Charis	HPBC
Cancer Under 65				11
Cancer 65+				17
Cancer or Cancer Related	67	39	500	
Non-Cancer Under 65				9
End Stage Heart Disease	27			148
Cardiac / Coronary Heart Disease Related		48	225	
End Stage Pulmonary Disease	39			
Respiratory or Respiratory Failure Related		13	100	
Stroke / Coma		18		
Alzheimer's' / Dementia or Dementia Related		32	150	
End Stage Renal Disease	3			
Other	102	4		
Non-Cancer 65+				
Total	238	154	975	185
Year Two				
Cancer Under 65				19
Cancer 65+				30
Cancer or Cancer Related	136	102	700	
Non-Cancer Under 65				16
Non-Cancer 65+				259
End Stage Heart Disease	55			
Cardiac/ Coronary Heart Disease Related		72	300	
End Stage Pulmonary Disease	79			
Respiratory or Respiratory Failure Related		35	150	
Stroke / Coma		49		
Alzheimer's' / Dementia or Dementia Related		97	200	
End Stage Renal Disease	5			
Other	208	53		
Total	483	*408	1,350	**324

Sources: CON application #10782, page 2-45, Table 2-3. CON application #10782, page 2-45. CON application #10783, page 125, CON application #10784, unnumbered page direct response and CON application #10785, page 133, Figure 51.

Note: *** CON application #10783 Total for Year 2 is incorrect, the correct total is 407, CON application #10785 **Total for Year 2 differs from total admission which was 323.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) provides the following projected number of admissions by specific disease category for the first two years of operations. AccentCare states that this estimate is based upon the likelihood that

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the major causes of death would be the ones the hospice serves; however, the hospice serves all persons regardless of disease type with a terminal prognosis of a year or less. See the table below:

Diagnosis	Admissions		Percent	
	Year One	Year Two	Year One	Year Two
Cancer	67	136	28.2%	28.2%
End Stage Heart Disease	27	55	11.4%	11.4%
End Stage Pulmonary Disease	39	79	16.4%	16.3%
End Stage Renal Disease	3	5	1.1%	1.0%
Other	102	208	42.9%	43.0%
Total	238	483	100.0%	100.0%*

Source: CON application #10782, page 2-45, Table 2-3.

Note CON application #10782 * Percent Totals for Year 2 is incorrect – 99.90% is correct and likely due to rounding.

Affinity Care of the Treasure Coast, LLC (CON application #10783) provides the following projected number of admissions by terminal illness for the first two years of operations. See the table below:

Diagnosis	Admissions	
	Year One	Year Two
Cancer	39	102
Cardiac	48	72
Respiratory	13	35
Stroke / Coma	18	49
Alzheimer's' / Dementia	32	97
Other	4	53
Total	154	408

Source: CON application #10783, page 126

Charis Healthcare Holdings, LLC (CON application #10784) provides the following projected number of admissions by terminal illness for the first two years of operations. See the table below:

Admission Type	Admits Year One	Admits Year Two
Cardiac/Coronary Heart Disease Related	225	300
Dementia or Dementia Related	150	200
Cancer Related	500	700
Respiratory Failure Related	100	150
Total	975	1,350

Source: CON application #10784, unnumbered page direct response

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Hospice of Palm Beach County, Inc. (CON application #10785) provides the following projected number of admissions by terminal illness and corresponding age cohort for the first two years of operations:

	Year One	Year Two
Cancer Under 65	11	19
Cancer 65+	17	30
Non-Cancer Under 65	9	16
Non-Cancer 65+	148	259
Admissions	185	324

Source: CON application #10785, page 133, Figure 51.

Note: *Total for Year 2 differs from total admission which was 323.

- (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	Affinity	Charis	HPBC
Year One Admissions				
Under 65	25	15	243	20
Over 65	213	139	731	165
Total	238	154	*974	185
Year Two Admissions				
Under 65	50	40	337.5	35
Over 65	433	368	1,012	289
Total	483	408	*1,349.5	324

Sources: CON application #10782, page 2-46, CON application #10783, page 126, CON application #10784, unnumbered page direct response, and CON application #10785, page 133.

Note: CON application #10784 *correct totals are 975 and 1,350, likely due to rounding. CON application #10785 **Total for Year 2 differs from total admission which was 323.

Charis Healthcare Holdings, LLC (CON application #10784) states that “the reliability of its overall volume projections in this application is supported by actual experience in hospice services throughout the country” adding that its ability to achieve and exceed its projections in Florida comes from (1) a thorough understanding of the community needs; (2) years of experience in hospice and in health care services in Florida; (3) Charis can count on assistance from its health care operations throughout the state.

Year	0-64	65+	Total
One	243	731	974
Two	337.5	1,012	1,349.5
Total	580.5	1,743	2,323.5

CON application #10784, unnumbered page direct response.

Note: *correct totals are 975 and 1,350 - likely due to rounding.

Hospice of Palm Beach County, Inc. (CON application #10785) provides the following projected number admissions by age cohort for the first two years of operations:

	2025	2026
Under 65	20	35
65+	165	289
Total Hospice Admissions	185	*324

Source: CON application #10785, page 133, Figure 52.

Note: *Total for Year 2 differs from total admission which was 323.

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

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) 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.

Affinity Care of the Treasure Coast, LLC (CON application #10783) responds that its staff and volunteers will directly provide all core services, including physician services, nursing services, social work services, pastoral/counseling, and dietary counseling. Affinity Treasure Coast will contract for and purchase certain services as needed by the patients which include durable medical equipment, medical supplies, pharmaceuticals, physical therapy, speech therapy and occupational therapy. Further, non-core services including music therapy and virtual reality will be provided by Affinity Treasure Coast staff. The applicant confirms that equine therapy will be provided by a therapist at the contracted stable, supported by Affinity Treasure Coast staff who are always present during these therapy sessions.

Charis Healthcare Holdings, LLC (CON application #10784) 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.

Charis provides a chart that notes that services directly performed are that of registered nurse, licensed practical/vocational nurse, medical social worker, registered dietary consultant services, hospice aide, homemaker, volunteers hospice chaplain services, bereavement services, and physician services while contracted services are physical therapist, occupational therapist, speech therapist, and pharmacy consultant.

Charis' project summary indicates that volunteer services will be directed by a volunteer coordinator, with the assistance of trained hospice volunteers, who may work in a variety of capacities, such as patient care, bereavement, errands and transportation and office volunteers. Volunteers may attend interdisciplinary group meetings as appropriate and will report patient/family/caregiver response to volunteer services. Charis notes that regarding its continuous care services, volunteers may be utilized, but their hours are not billable. The applicant notes that it is committed to training staff and volunteers regarding the unique needs of Veterans, and how to best provide care for Veterans at the end-of-life. Charis notes that it will obtain medical equipment and supplies through contracted vendors.

Hospice of Palm Beach County, Inc. (CON application #10785) states the provision of all of its core services directly by hospice staff and volunteers, including:

- Routine Home Care
- Continuous Care
- Respite Care
- Hospice Inpatient Care
- Nursing services
- Hospice Aide services
- Volunteer services
- Pediatric services

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- Veterans services
- Case management
- Social work services
- Pastoral & counseling services
- Dietary & nutrition counseling
- Bereavement counseling services
- Pharmacy services - Trustbridge in-house service
- Infusion services
- Supplies and durable medical equipment - Trustbridge in-house service
- Homemaker & chore services
- Physician services
- Quality Management and Reporting
- Infection Control
- Staff education and training
- Community Outreach and Education

HPBC notes that the following services will be provided through contractual arrangements

- Physical, occupational and speech therapy
- Patient transportation services

The applicant indicates that other services that are needed on an occasional basis such as daycare, handyman services, alternative therapies, or funeral ceremonies may be provided directly, if the requisite skills are available among HPBC staff or volunteers, or they may be purchased on an as needed basis from external providers.

HPBC contends that Trustbridge's in-house pharmacy and durable medical equipment company are particularly beneficial and are Trustbridge-owned and operated functions that ensure that patients receive the resources they need more quickly than if these services were obtained through a third-party contract.

(g) Proposed arrangements for providing inpatient care.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) 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 that its care team communicates with the patient and his or her representative of the availability of short-term inpatient care for pain control, symptom management, and respite purposes and the names of the facilities with which the hospice has a contract agreement. AccentCare is responsible for the care and privacy of the patient and that the inpatient provider's policies must conform to those of the hospice and agree to abide by the patient care protocols established by the hospice for its patients as well notifying AccentCare of any change in the patient's condition, orders, and other treatments. Spatial requirements in the contract include:

- Physical space for private patient and family visitors (patients may receive visitors at any time, including young children)
- Accommodations for family members to remain with the patient throughout the night
- Accommodations for personal items
- Accommodations for food preparation by the patient/family
- Accommodations for family privacy after a patient's death and
- That is homelike in design and function.

Further, the responsibility for general inpatient care requires that the hospice patient's inpatient clinical record include all inpatient services furnished and events regarding care that occurred at the facility and that a copy of the inpatient medical record and discharge are available which will allow the care team to resume services in the home.

The applicant notes its support from area hospital and nursing home staff, but “corporate ownership refrains from endorsements”.

Affinity Care of the Treasure Coast, LLC (CON application #10783) notes it will contract with SA 9B nursing homes and hospitals to meet the needs of its patients and does not build freestanding hospice facilities and does not intend to do so in this service area. The applicant reiterates that it has received at least four letters from facilities in each of the SA 9B counties agreeing to enter into agreements with Affinity for inpatients services in which those services will be routine hospice care and possibly scatter bed arrangements for inpatient services.

Affinity shares that its sample inpatient agreements used are included in the Supporting Documents of this application and refers to its Schedule 5 for its anticipated inpatient service and related patient days.

Charis Healthcare Holdings, LLC (CON application #10784) states that it will provide inpatient care through contractual arrangements with local health care facilities.

Hospice of Palm Beach County, Inc. (CON application #10785) proposes to provide inpatient care through contractual arrangements with existing health care facilities, including existing acute care hospitals and SNFs located in SA 9B.

Specific letters of support documenting an expected facility linkage include:

- ✓ Hospital: Raulerson Hospital in Okeechobee County
- ✓ Skilled Nursing Facilities: Okeechobee Healthcare Facility and Aspire at Saint Lucie
- ✓ Existing Hospice Service Area 9B Provider Hospice House: Treasure Coast Hospice (which operates Treasure Coast Hospice of Martin and Treasure Coast Hospice of St. Lucie) and serves all three counties in Hospice Service Area 9B

HPBC indicates that negotiations for additional contracts with other hospitals and nursing homes are ongoing. The applicant references the sample inpatient care agreements in both a hospital and in a nursing home setting are provided in Exhibit L.

- (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 the Treasure Coast, LLC (CON application #10782) 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 9B nursing homes and hospitals. Further, there are no contracts for establishing a specified number of beds.

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AccentCare notes that based on the number of projected inpatient days from Schedule 7A of 334 and 915, respectively for the first two years, at least 3 beds will be needed for the ADC of 2.5 by year 2.

Affinity Care of the Treasure Coast, LLC (CON application #10783) states that it will not be constructing beds and will contract for existing beds and has no intent on increasing the total number of beds available by facility (both hospital and nursing home). Further, it will use existing licensed beds as patient needs warrant such services, increasing use for hospice services as volumes and resulting needs expand. The applicant confirms that it will develop relationships with existing nursing homes, assisted living and hospitals to use their existing infrastructure to provide the residential and inpatient component of hospice care. Affinity confirms that it has already met with representatives of the following nursing homes who have relayed their willingness to work with Affinity Care of the Treasure Coast:

- Okeechobee Healthcare Facility, the only nursing home in Okeechobee County, Port St Lucie, St Lucie County
- Stuart Rehabilitation and Nursing Center, Martin County
- VIVO Healthcare Facility (a/k/a Aidan) in St. Lucie County

The applicant's letters of support are included in Tab 5 of this application. Affinity adds that agreements for services once Affinity Treasure Coast is approved and operational were indicated in most of the above letters of support.

Charis Healthcare Holdings, LLC (CON application #10784) states it is seeking to establish a new hospice program and will establish inpatient agreements in the SA and projects 60 inpatient days in year two. Charis adds that it will contract for more beds as needed. As the exact number of beds has not been determined

Hospice of Palm Beach County, Inc. (CON application #10785) states that this is not applicable as the applicant proposes to contract for inpatient beds when needed.

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

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) 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. AccentCare provides a description of its eight-step process in determining, executing and monitoring/oversight of inpatient services (pages 2-49 and 2-50 of the application).

Affinity Care of the Treasure Coast, LLC (CON application #10783) indicates that general inpatient care will be provided in a contractual hospital or nursing home within SA 9B, for patients who need pain control or acute/chronic symptom management which cannot be managed in other settings.

The applicant contends that the necessity for inpatient care will be determined by the interdisciplinary team. If a patient needs hospitalization for any reason unrelated to the terminal diagnosis, traditional Medicare Part A would be utilized.

Affinity Care indicates that in addition to general inpatient care, it will employ admission criteria for inpatient respite care which is offered on an “as needed” basis for a maximum of five days per respite admission under Medicare or Medicaid. The applicant comments that for patients covered under other insurance, the duration of respite services may be longer.

Affinity asserts that to assure continuity of care between home and the inpatient setting it will maintain a specific policy focused on communication among team members, hospital/nursing home staff, physicians and others and will aim to assure there are no gaps in services, treatment or patient needs through the transitions in levels of care.

Affinity Care provides its policy and procedure on inpatient services (general and respite) is supplied in Supporting Documents of this application.

Charis Healthcare Holdings, LLC (CON application #10784) 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. Charis affirms that its ability to provide continuous care up to 24 hours per day can help alleviate any need for inpatient admissions.

Hospice of Palm Beach County, Inc. (CON application #10785) states that it is the applicant's intent to provide hospice care in the most appropriate setting for each patient's needs—whether in a home setting or in an inpatient setting. The applicant identifies admission to a general inpatient bed is based on one of more of the following:

- Pain control
- Symptom control
- Imminent death with symptoms necessitating frequent physician and nursing intervention
- Medical-surgical procedures or therapies aimed at palliation of symptoms
- Family education needs necessary in order to follow the established plan of care at home
- Provision of a safe and supportive environment to the terminally ill patient during periods of acute psychosocial and/or spiritual breakdown of the primary caregiver(s)
- Primary caregiver incapable of continuing daily care in the home setting

HPBC indicates that this same approach for admitting patients to an inpatient bed will be used in the proposed project.

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

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) 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.

Affinity Care of the Treasure Coast, LLC (CON application #10783) reiterates its previous response regarding the provisions for serving persons without primary caregivers at home.

Charis Healthcare Holdings, LLC (CON application #10784) responds that it will assist in creating a caregiver network for its patients that do not have one.

Hospice of Palm Beach County, Inc. (CON application #10785) maintains that patients without adequate caregiver support receive increased support from staff and volunteers. HPBC maintains that patients without adequate caregiver

support have a plan of care established that may include a mix of support from the hospice and the patient's network of friends, family, neighbors, and other members of the community to help assist them and allow them to remain in their home.

HPBC points out that if too few qualified caregivers are available, or if 24-hour caregiving is required, qualified sitter services may be recommended to the patient/family. The applicant notes that sometimes placement in an ALF or SNF may be appropriate and would be arranged by HPBC through established relationships in the area.

(k) Arrangements for the provision of bereavement services.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) states that bereavement services cover a variety of spiritual, emotional, religious, and interpersonal interactions for the purpose of easing grief, sharing with empathy, and assisting the bereaved with coping skills. Further, services may continue up to one year and that clergy may be involved as well as volunteers and staff with training and experience to provide counseling and comfort. AccentCare states having options that include hosting scheduled group meetings for those in grief to talk about their loss, the emotions they experience and the feelings that they have. One-one interactions with trained volunteers or a professional, depending upon the issues that may arise, is another option. AccentCare offers a brief discussion of its Camp Kangaroo and Friendly Visitors Bereavement Programs and assures that it will continue to host virtual and online bereavement support as it did during the pandemic.

Affinity Care of the Treasure Coast, LLC (CON application #10783) states that it will have a social worker and spiritual counselor available to assist families during the emotionally difficult time of loss, as well as provide information on common aspects of anticipatory grief. Affinity states that the patient's registered nurse or social worker completes an initial bereavement assessment of the patient's family focusing on the social, spiritual and cultural factors impacting ability to cope with the patient's death which is then available as an electronic medical record to the bereavement coordinator. The initial assessment includes

grief or loss issues, survivor needs, services to be provided, referrals to be made, grief risk factors, potential for pathological grief reactions, individual counseling, support groups and social, spiritual, and cultural needs.

Affinity confirms that following the patient's death, the bereavement coordinator will complete the bereavement follow-up assessment in which there will be a documented plan developed for intervention. Further, this bereavement coordinator to be responsible for the planning, implementation, and maintenance of the bereavement program and will continue to provide bereavement support to grieving families or primary caregivers for up to 13 months. The reviewer notes the beginning of this response states "Affinity Treasure Coast will continue to provide bereavement support to grieving families for one year."

Affinity Care's bereavement coordinator job description and its policies and procedures on bereavement services are supplied in Supporting Documents.

Charis Healthcare Holdings, LLC (CON application #10784) 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 be provided by personnel to 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). The applicant notes this is 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. Further, 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 Palm Beach County, Inc. (CON application #10785) states that it currently has extensive policies, procedures, services and programs in place for the provision

of bereavement services and will provide a similar range of services as part of the proposed project. HPBC discusses the four types of assessments used followed by the six time intervals after a hospice patient death: one, three, six and nine months, within the one year anniversary of the death and the provision of additional extended periods beyond the 13-month requirement when indicated and requested by the family or affected party. The applicant stresses that hospice families that are interested are referred to the Bereavement Center after initial follow-up contact by the hospice team or social worker and that high-risk referrals are called in to the Bereavement Center immediately.

The following types of assessments are prepared:

- ✓ Nurse Admission Assessment
- ✓ Primary Nurse's, Chaplain's and Social Worker's Initial Assessment
- ✓ Ongoing Assessment with Each Team Member Contact At the Time of Death
- ✓ Upon Referral to the Bereavement Center

Affinity shares the services provided through the HPBC Bereavement Center:

- Individual and family grief support
- Anticipatory grief support for children and teens
- Grief support groups
- "The Nature of Grief workshop series
- School based support groups
- Memorial services
- Coping with the holidays program
- Children's camp programs-Camp Good Grief/ Camp Stingray/ Camp Seahorse
- Pet loss group
- Community outreach
- Resource materials
- Referrals to additional resources and support systems

HPBC indicates that counseling and bereavement services will be provided in its facilities located in St. Lucie and Okeechobee Counties.

(I) Proposed community education activities concerning hospice programs.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) commits to working with local community-based organizations to reach seniors and the disadvantaged throughout the SA and details its proposed community education activities on page 2-53 of the application which includes Table 2-5, Continuing Education Topics on pages 2-55. 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.

Affinity Care of the Treasure Coast, LLC (CON application #10783) indicates it will provide extensive community education activities surrounding the benefits of hospice to increase hospice awareness and utilization. The applicant maintains its Hospice Liaison/Educators will be responsible for specific minority populations, Veteran outreach, the Alzheimer's initiative and all community education activities supported by the Chaplains and social workers among other programming staff. Affinity assures that its Hospice Liaison/Educator will engage in disease focused programming, further developing relationships throughout the community, coordinating educational sessions, presentations, and other outreach activities throughout SA 9B. Additionally, the Hospice Liaison/Educator will educate nursing home and assisted living facility constituents on the myths and benefits of hospice.

Affinity states that it will hire team members who reflect the diversity of the Treasure Coast County that will carry out an array of regularly scheduled community education events

and take every opportunity to educate those who may have a deep-rooted mistrust of health care, and of hospice. Further, the applicant will implement its Continuum Palliative Care Program to first provide patients with relief from symptoms and pain, supporting the best quality of life, before the patient terminates treatment and qualifies for hospice. The applicant ensures that this will significantly improve the perception of hospice, repair the negative image hospice historically has amongst minorities and help to develop an end-of-life care plan designed for the individual.

Affinity again directs particular interest regarding this rule preference toward minorities, Black and Hispanic residents of the area and includes that it will be combined with culturally like personnel.

The applicant notes that it will host two annual symposium events, one for families and the other for providers:

- The annual Remembrance Symposium will be held for bereaved families and caregivers to honor their loved ones and provide ongoing support for families and caregivers.
- The second annual event will be Hospice Awareness Symposium for providers (physicians, nurses, pharmacists, and others) to educate these professionals on hospice services and how they could be incorporated into their medical practices.

Affinity state it has conditioned to establish two Advisory Councils, one for Veterans and one for Minorities:

- As part of its Advisory Council commitment, the Applicant will form a Minority Advisory Council and recruit minority related community organizations and others to be on this Council which will meet quarterly to review the Applicant's programming and develop initiatives to be implemented.
- As part of its Advisory Council commitment, the Applicant will form a Veterans Advisory Council and recruit Veteran related community organizations and others to be on this Council which will meet quarterly to review the Applicant's programming and develop initiatives to be implemented.

The reviewer notes that these populations were discussed in the applicant's response to item E.1.a. of this report.

Charis Healthcare Holdings, LLC (CON application #10784) indicates that upon authorization to serve SA 9B, 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.

The applicant's program summary states that "Charis has met with the Department of Children and Families and has committed to partner with them to support the Hope Florida Initiative, if awarded."

Charis confirms that it intends to donate \$25,000 to the Hope Florida Fund for service area 9B as well as sponsor local events. Additionally, Charis will continue its tradition of employee volunteerism by contributing 75 hours per quarter to join Hope Florida in assisting Hope Florida recipients during outreach events, disaster recovery and support events, and other community events. Charis will also connect with each local workforce boards to offer potential employment opportunities for Hope Florida recipients.

Hospice of Palm Beach County, Inc. (CON application #10785) states that HPBC currently has very active and effective community outreach and education programs in Palm Beach and Broward Counties. The applicant stresses that these effective community outreach education programs and materials will be used in support of the proposed program. HPBC contends that in the past year, Trustbridge staff presented 572 external education CEU presentations for health care providers and 220 community outreach presentations. According to the applicant, group presentations presented by HPBC's Community Relations Representatives were made to the following groups/ organizations:

- Senior Centers
- Businesses
- Health Fairs
- Churches/Synagogues
- Schools

- Chambers of Commerce
- Community Centers
- Libraries/eLibraries
- Hospitals
- Physician Groups
- Town Halls
- Neighborhood Groups
- Sororities
- Skilled Nursing Facilities and Assisted Living Facilities
- Civic Groups
- Non-profit Organizations

HPBC emphasizes targeting groups historically underserved in hospice services – Hispanic, Haitian and African American subgroups. The applicant states that community outreach to these traditionally underserved communities/populations will be extended into the SA 9B population and conditions this application to provide at least two full-time salaried positions, with multi-lingual skills to be responsible for the development, implementation, coordination and evaluation of education and outreach programs.

(m) Fundraising activities.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) 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.) The applicant states that it focuses on developing community relationships that produce and encourage donations without participating in these events.

Affinity Care of the Treasure Coast, LLC (CON application #10783) comments that the Continuum Care Hospice Foundation (the Foundation) is a 501(c)(3) charitable organization, and that the Foundation is run entirely by a team of volunteers and knowledgeable staff. The applicant points out that most funds that the Foundation has is from generous gifts from former patients/families and that the applicant will not actively raise funds from the community but that if an individual

desires to make a charitable donation, the applicant will direct such individuals to the Foundation. The applicant confirms that 100 percent of the funds donated to Continuum Care Hospice Foundation are only used for the care and support of hospice patients and that funds do not cover overhead costs, salaries, or other operating expenses. The applicant adds that these funds will go to end-of-life wishes of the patients and assistance with burials and cremations for indigent patients and will also provide resources to patients with limited means to ensure family has access to medical appointments, coordinating transportation and utilizing these funds to reach appointments as needed.

Charis Healthcare Holdings, LLC (CON application #10784) states that its SA 9B fundraising activities will be orchestrated by its team to provide a wide spectrum of interdisciplinary services and volunteer opportunities for those patients and families seeking hospice care and 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 Palm Beach County, Inc. (CON application #10785) states being supported by an active and effective fundraising organization, the Trustbridge Hospice Foundation (THF). HPBC indicates that THF and its fundraising success provides HPBC and its other Trustbridge affiliates the resources necessary to be able to bring comprehensive hospice services to all members of its community – especially those with limited financial resources.

- b. Rule 59-1.0355(8) Florida Administrative Code: Semi-Annual Utilization Reports. Each hospice program shall report utilization information to the Agency or its designee on or before July 20th of each year and January 20th of the following year.**

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) states that its existing Florida hospices currently meet the Agency

requirements for reporting services and that AccentCare of the Treasure Coast also commits to meeting those requirements.

Affinity Care of the Treasure Coast, LLC (CON application #10783) responds that it will comply with all reporting requirements and will submit this information to AHCA or its designee by July 20 and January 20 of each year as required. Further, the applicant will also provide data on the number of patients receiving hospice care by location (home, ALF, hospice residence, nursing home or hospital) for the required semi-annual and annual time periods.

Charis Healthcare Holdings, LLC (CON application #10784) indicates it will timely file its Semi-Annual Utilization Reports including all applicable data elements.

Hospice of Palm Beach County, Inc. (CON application #10785) confirms that it will timely file its Semi-Annual Utilization Reports including all of the applicable data elements outlined.

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)(2) and (5), 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) 9B (Martin, Okeechobee, and St. Lucie Counties) for the July 2025 hospice planning horizon.

SA 9B has nine hospitals with 1,513 licensed beds, 17 SNFs with 2,183 beds, 105 ALFs with 3,026 licensed beds, and 51 home health agencies.

SA 9B is currently served by:

- Hospice of Okeechobee Incorporated (22910031)
- Treasure Coast Hospice of Martin (The Hospice of Martin & St Lucie INC) - (22910027)

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- Treasure Coast Hospice of St. Lucie (Hospice of the Treasure Coast Incorporated) - (22910035)
- VITAS Healthcare Corporation of Florida (22960083)

Hospice of Okeechobee Incorporated has two locations with its main office and an inpatient facility in Okeechobee County and one satellite office in St. Lucie County.

Treasure Coast Hospice of Martin which has two locations with its main office and an inpatient facility in Martin County.

Treasure Coast Hospice of St. Lucie has two locations with its main office and an inpatient facility in St. Lucie County.

VITAS Healthcare Corporation of Florida (22960083) has nine locations with its main office in Palm Beach County along with an inpatient facility and four satellite offices in Broward County. Additionally, there is one satellite office (each) in Martin, Okeechobee, and St. Lucie Counties

Agency records indicate that for the three-year period ending April 23, 2024, Hospice of Okeechobee Incorporated (22910031)

Treasure Coast Hospice of Martin (The Hospice of Martin & St Lucie Inc) - (22910027), and Treasure Coast Hospice of St. Lucie (Hospice of the Treasure Coast Incorporated) - (22910035) had no substantiated complaints.

VITAS Healthcare Corporation of Florida had a total of 12 substantiated complaints for the three-year period ending April 23, 2024. Each substantiated complaint can encompass multiple complaint categories. Below is a table to account for the substantiated complaints by the applicable complaint category.

**VITAS Healthcare Corporation of Florida
Substantiated Complaint History by Category
Three-Year Period Ending April 23, 2024**

	Resident/ Patient/ Client Rights	Falsification of Records/ Reports	Quality of Care/ Treatment	State Licensure	Administration/ Personnel
22910014 - Miami Lakes	4	1	2	1	1
2960086 - Melbourne	1				
22960083 - Boynton Beach			3		1
Total	5	1	5	1	2

Source: AHCA Substantiated Complaint History

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**VITAS Healthcare Corporation of Florida
Substantiated Complaint History by Category
Three-Year Period Ending April 23, 2024**

Complaint Category	Number Substantiated
Quality of Care/Treatment	5
Resident/Patient/Client Rights	5
Administration/Personnel	2
Falsification of Records/Reports	1
State Licensure	1

Source: AHCA Substantiated Complaint History

VITAS provides hospice services in SAs 1, 2A, (2B effective 4/17/24,) 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 8C, 9B, 9B, 9B, 9B, 9B, 9B, 9B, 9B, 9B, 9B, 9C, 10 and 11.

For affiliated programs, Agency records indicate that for the three-year period ending April 23, 2024:

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) affiliate AccentCare Hospice & Palliative Care of Broward County (22960112) had a total of one substantiated complaint one in the Quality of Care/Treatment categories.

Affinity Care of the Treasure Coast, LLC (CON application #10783) Affinity Care of Manatee County, LLC (22960134) had a total of one substantiated complaint one in the Quality of Care/Treatment categories.

Continuum Care of Broward LLC (22960124) had a total of two substantiated complaints, one in the Resident/Patient/Client Rights and one in the Quality of Care/Treatment categories.

Charis Healthcare Holdings, LLC (CON application #10784) does not have a licensed Florida hospice program.

Hospice of Palm Beach County, Inc. (CON application #10785) Hospice of Palm Beach County, Inc. (22910033) had no substantiated complaints and Hospice by the Sea Inc. (22910003) had a total of two substantiated complaints in the Resident/Patient/Client Rights categories.

SA 9B utilization is detailed in Item E. 1. a. of this report.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) major need justifications are listed below (item E.1.a. and the Program Summary section of this report has these in more detail).

- 1. Widespread hospice need throughout the service area**
 - Establish a Palliative Care Program
 - Open Access Program
 - Community Education
 - Streamline referrals using website or app
- 2. Low hospice utilization and higher death rates in St. Lucie and Okeechobee Counties and rural areas**
 - Establish locations in St. Lucie and Okeechobee Counties
 - Telehealth
 - 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**
 - Partners in care with Assisted Living and Nursing Home staff
 - Namaste Care for dementia patients
 - African American Advisory Council
 - Haitian Advisory Council
 - Hispanic Advisory Council
 - Minority representation on governing board
 - Chaplain with expertise in African American community
 - Bilingual staff
 - Low literacy outreach campaign
- 4. Under served minorities:**
 - **Veterans**
 - **LGBTQ+**
 - We Honor Veterans program
 - SAGE Platinum Certification (Services & Advocacy for Gay Elders)
- 5. Low income, homeless, near homeless, & food insecure populations**
 - Homeless/ALICE Program (Asset Limited, Income Constrained, Employed), 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

7. Low hospice utilization and higher death rates in Okeechobee County

- Establish a physical location in Okeechobee County

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 conditions the following programs and services:

- Continuing Education Units (CEU) for registered 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.
- Internship experiences for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants.
- 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 facility staff using, for example, e-learning modules, educational videos, protocols, and in-person team building education.

AccentCare notes that it can increase availability through outreach and education and confirms that it will create an African American Advisory Board, a Haitian Advisory Board, and a Hispanic Advisory Board to ensure cultural competence and assist in identifying minority communities with unmet needs. Further it will introduce new innovative programs in SA 9B that will have a positive impact on availability of hospice service to residents of Martin, Okeechobee, and St. Lucie counties.

The applicant provides excerpts to support that SA 9B has very limited access to palliative care programs which it states impacts not only hospice admissions, but quality of life and it commits to establishing a Palliative Care Program, working closely with area oncologists to increase hospice admissions and length of stay to improve quality end-of-life care.

"In my experience in Oncology, I have seen the need for patients to transfer to hospice services. It would greatly benefit our community to see another hospice with specialty programs to raise the bar in hospice care and also give patients and families a choice in the dying process. In our community there is limited access to Palliative Care Programs which makes it difficult to find our patients the care they need in transitioning from aggressive treatment to hospice care....we would be inclined to work with AccentCare to bridge the gap for our patients in their transitions to end-of-life care."

Prashant R. Patel, MD RPH
Stuart Oncology Associates, P.A.

"Having worked closely with VITAS, I've seen firsthand the difference responsive and dedicated care can make... Yet, as we strive for excellence, the absence of services like Music therapy and Namaste Care has been a gap we're eager to fill...AccentCare's vision to introduce more of these moments into our residents' lives is something I can't help but support."

Kevin Williams, Owner
Faith Care Assisted Living Facility

AccentCare reiterates that it will its Namaste Care for patients with Alzheimer's and dementia through its music therapy programs to SA 9B. The applicant notes that its Open Access services fund medical interventions for patients choosing to continue them so long as their prognosis remains six months or less with the medical intervention ongoing which allows these patients to go home with their medical intervention(s) in a more patient-conducive and cost-effective environment. AccentCare notes that this can include palliative cardiac drips, ventilator support, radiation therapy, chemotherapy, dialysis, or other palliative therapeutics. Additionally, the applicant notes that Open Access increases availability of hospice care to patients that have previously been denied care due to their desire to continue these services.

The applicant notes that Accreditation and certifications 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 9 weeks of the patient's death or discharge and assesses the experience of hospice care provided
 - **Hospice Item Set (HIS)** - is a mandatory data set submitted to CMS upon admission and discharge to include pain, shortness of breath, bowel regimen, end-of-life treatment options, and spiritual or existential care.
- Internal, ongoing quality improvement
- Involvement in research efforts in end-of-life care by partnering with local and state colleges and universities to support masters' theses, doctoral dissertations, and faculty-led research initiatives through a National Research Committee
- Education – through the following:
 - Continuing Education Units
 - Internship Programs
 - Leadership Training Program

Other matters of access the applicant reiterates its previous response to financial, geographic, and service (pages 3-5 through 3-8 of the application).

Regarding the extend of utilization, a graph reflecting annual hospice admissions rates for SA 9B 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
 - Hospice of Okeechobee Inc. total service area admissions for 2021 of 220 increased to 353 in 2021 and decreased to 261 admissions for 2023
 - Treasure Coast Hospice of Martin total service area admissions for 2021 of 1,750 has decreased to 1,403 admissions for 2023
 - Treasure Coast Hospice of St. Lucie total service area admissions for 2021 of 1,424 has increased to 1,988 admissions for 2023
 - VITAS Healthcare Corporation of Florida total service area admissions for 2021 of 31,335 has decreased to 1,115 admissions for 2023

- The publication of the fixed need pool shows a gap of 530, 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 9B hospice providers' admission trends and its own ability to improve access and increase utilization of hospice service to area residents. The applicant provides its own 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 3-10 through 3-15 under Tab 3 of this application.

Affinity Care of the Treasure Coast, LLC (CON application #10783) reiterates its E.1.a. response but includes the following summary and information that was not previously provided:

Availability and Accessibility

- Affinity has successful startup experience in contiguous Manatee and Sarasota Counties to the south, and southeastern Florida of Broward and Miami-Dade Counties
 - Its Miami-Dade County admissions for the second year (12 months ending March 31, 2024) generated 322 admissions
- In 2022 there were 7,033 Service Area 9B resident deaths, of which:
 - 79 percent were 65 and older (5,561 senior deaths)
 - approximately 60 percent were St. Lucie County residents, 32.5 percent Martin County residents and 8 percent Okeechobee County residents
 - approximately 20 percent died from cancer and 34 percent from cardiovascular disease
 - 8.4 percent of residents had a cause of respiratory diseases such as COPD
 - there were 224 nervous system deaths amongst seniors representing an estimated four percent of total, of which Alzheimer's and other forms of dementia are a subset
 - 668 of the resident deaths were Black and 475 were Hispanic

- approximately 13 percent of the resident senior deaths were Black and Hispanic
- 60 percent of Black and 65 percent of Hispanic deaths are 65 and older

The applicant responds that it will enhance the availability and accessibility of hospice care through the utilization of Affinity Care's internal process flows which is an internal guide used by the admission nurses for workflows through admissions. Affinity states that this document walks the admission nurse through the admission process and provides them with a checklist of tasks that need to be completed in Home Care Home Base which is a cloud-based automation solution for hospice and home care providers that provides real-time data exchange and communication between field staff, office, and physicians, offering interoperability with the health care community, driven by the Continuity of Care Document specification.

Quality of Care

Affinity begins by reiterating that it is a development stage entity established for the purpose of initiating hospice service in SA 9B. However, Affinity Care comments that Affinity/Continuum, through its existing and past affiliate agencies, has been providing quality hospice care since 2015.

The applicant cites the experience of its Florida hospices - Continuum Care of Broward LLC, Continuum Care of Sarasota LLC, Continuum Care of Miami-Dade, and Affinity Care of Manatee located in Florida. The applicant confirms that each of its programs are CHAP accredited and intends for every Affinity hospice program to become CHAP accredited and has conditioned this application on that provision

Affinity Care of the Treasure Coast, LLC responds to its conformity with the Health Care Access Criteria on pages 3-138 and 139.

Charis Healthcare Holdings, LLC (CON application #10784) states that its application does not propose constructing a new health care facility. Charis confirms that its proposal responds to the Agency's Need publication presenting the opportunity to serve parts of the service area that are presently underserved such as persons with Medicaid, indigent persons, and others who are exposed to barriers of care will be presented with the ability to receive vital hospice services.

Charis Healthcare Holdings, LLC does not respond to its conformity with the Health Care Access Criteria.

Hospice of Palm Beach County, Inc. (CON application #10785)

The applicant reiterates its response to section E.1.a.

Hospice of Palm Beach County, Inc. responds to its conformity with the Health Care Access Criteria on pages 107 through 110.

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

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

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

The timeframes for CAHPS® and for HIS are as follows:

- CAHPS® - April 1, 2021 through March 31, 2023
- April 1, 2022 through March 31, 2023

Below is the publicly available HQRP information, as presented in the referenced website for each of the co-batched applicants (or the parent/manager and corresponding affiliates), with current licensed Florida hospices that had ratings as of March 31, 2023.

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CAHPS Data April 1, 2021 through March 31, 2023 for the Co-Batched Hospice Providers

	Measures								
Co-Batched Applicant Hospice Provider	Comm with family	Getting timely help	Treating patient with respect	Emot. & spiritual support	Help for pain & symptoms	Training family to care for patient	Rating of this hospice	Willing to recommend this hospice	AVG Score
AccentCare (Broward - 22960112)	64.0%	56.0%	79.0%	78.0%	62.0%	60.0%	60.0%	61.0%	65.0%
AccentCare (Hillsborough - 22960114)	67.0%	59.0%	81.0%	82.0%	58.0%	58.0%	63.0%	69.0%	67.1%
AccentCare (Pasco - 22960123)	79.0%	72.0%	93.0%	87.0%	74.0%	73.0%	78.0%	82.0%	79.8%
AccentCare (Pinellas - 22960117)	71%	71%	85%	85%	68%	62%	74%	76%	74%
AccentCare (Southern FL - 22960084)	72%	70%	85%	86%	69%	66%	75%	74%	75%
Affinity Care of Charlotte and Desoto (22960136)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Affinity Care of Manatee County, LLC (22960134)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Continuum Care of Broward LLC (22960124)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Continuum Care of Miami Dade LLC (22960129)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Continuum Care of Sarasota – (22960126)	75%	70%	88%	84%	76%	73%	80%	84%	79%
Hospice by the Sea Inc. (22910003)	68%	64%	79%	81%	62%	56%	72%	77%	70%
Hospice of Palm Beach County, Inc (22910033)	72%	68%	83%	84%	65%	62%	75%	81%	74%
State Average	77%	73%	88%	88%	72%	70%	78%	82%	79%

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The co-batched applicants with licensed Florida 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/SA Facility/City	Patients Who Got an Assessment of All 7 HIS Quality Measures
AccentCare (Broward - 22960112)	95.6%
AccentCare (Hillsborough- 22960114)	99.1%
AccentCare (Pasco - 22960123)	98%
AccentCare (Pinellas - 22960117)	98%
AccentCare (Southern FL - 22960084)	99.5%
Affinity Care of Charlotte and Desoto (22960136)	NA
Affinity Care of Manatee County, LLC (22960134)	NA
Continuum Care of Broward LLC (22960124)	99.5%
Continuum Care of Miami Dade LLC (22960129)	100%
Continuum Care of Sarasota – (22960126)	100%
Hospice by the Sea Inc. (22910003)	90.7%
Hospice of Palm Beach County, Inc (22910033)	85.3%
State Average	97.0%

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

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) states that it is affiliated with AccentCare, Inc., which has over 31,000 highly trained and compassionate home health professionals in over 260 locations in 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's hospice programs have a history of seeking accreditation through Community Health Accreditation Partner (CHAP). The applicant states its SA 9B 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 10 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

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 is 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 12.

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:

- 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 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

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- 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

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

AccentCare concludes its response by reiterating its specialized programs as stated 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 SA 9B.

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 a total of one substantiated complaint one in the Quality of Care/Treatment categories.

Affinity Care of the Treasure Coast, LLC (CON application #10783)

begins by reiterating its response to section 3.a. and E.1.a. and that its SA 9B program will develop and maintain a QAPI program that will be similar to its affiliates.

The applicant discusses that

- The purpose of Affinity/Continuum's QAPI Plan is to provide a strategy for the systematic organization-wide implementation of quality assessment and performance improvement activities
- This ensures that the organization provides appropriate, high-value, effective and efficient services in accordance with its mission and current standards of practice
- Through QAPI activities, Affinity/Continuum provides a mechanism for identification and prioritization of opportunities for problem identification and improvement in care and operations

Affinity Treasure Coast discusses its QAPI Committee noting that it will consist of the following representatives:

- Executive Director will serve as chairperson - will be responsible for creating the QAPI culture, promoting an environment for change and facilitating the quality assessment and performance as well as for selecting and appointing the committee members
- Clinical Manager
- Medical Director
- 3-5 members of Affinity's staff

Further, the QAPI Committee responsibilities include:

- Identifying trends in clinical outcomes
- Evaluating data related to systems and services offered to patients
- Monitoring new systems and services
- Monitoring customer and patient satisfaction

Affinity's QAPI Committee is responsible for evaluating and prioritizing QAPI activities based on results of aggregated, analyzed data which will ensure that the organization is providing appropriate, high-value, effective and efficient services in accordance with its mission and current standards of practice, providing a mechanism for identification and prioritization of opportunities for problem identification and improvement in care and operations.

The applicant lists that the requirements of the QAPI Committee will include:

- The QAPI Committee will meet monthly
- The chairperson will select a co-chair to act in the chairperson's 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
- The committee will track progress of agencies performance improvement plans Confidentiality will be maintained
- Only trended information, no patient specific information, will be communicated outside the QAPI Committee
- The QAPI Committee will track and analyze adverse patient events
- Agency staff will be kept informed of PIPS and involved in QAPI process

The applicant adds that its department managers and supervisors are responsible for providing leadership to ensure the communication and coordination of QAPI activities and its clinical and office personnel are responsible for identifying opportunities for improvement through their daily contact with patients, physicians and other employees.

Affinity provides a proposed QAPI Plan, sample of QAPI activities and agenda items are included in the Supporting Documents of this application.

Quality Scores

Affinity argues that it's operational affiliates demonstrate excellent quality metrics using the HIS Quality Measures and that they contract with data vendor SHP for the collection and submission of their data to CMS.

The applicant contends that the most recent scores for its affiliates, compared to the states within which it operates, and national benchmarks show that in all categories, score 100 percent exceeding the state averages in which it operates as well as national averages.

Licensure and Certificates

The licenses, certifications, and accreditations to be sought by the Applicant include the following:

- State Licensure
- Community Health Accreditation Partner (CHAP) Accreditation
- Medicare Certification

Affinity summarizes its Service Intense Model as it relates to staffing ratios noting it will have a positive effect on quality of care and cost effectiveness as they avoid more costly care:

- Registered Nurse1 for every 10 patients
- Home Health Aides1 for every 6 patients
- Social Workers1 for every 25 patients
- Chaplains1 for every 25 patients
- Music Therapists1 for every 50 patients
- Volunteer Coordinator1 for every 100 patients but will employ 1 at a minimum

The applicant summarizes its conditioned minimum core staffing:

- The Applicant will seek to respond to all referrals within one hour, initiate the assessment process within two hours, and expedite admission to the hospice subject to having a physician order in hand and the patient/family selecting the hospice option.
- The Applicant will provide triage coverage 24 hours a day, 7 days a week, and physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients).
- The Applicant will assure each patient has 5 to 7 Home Health Aide visits per week, 7, provided this is acceptable to the IDT, patient and family.
- The Applicant will assure each patient has a minimum of 2 RN visits per week, provided this is acceptable to the IDT, patient and family.
- Affinity Treasure Coast commits to increasing visit frequency during the final weeks of life to provide support.
- The Applicant will provide a social worker and chaplain (if the patient and family want a chaplain visit) at least weekly, which helps to keep families and loved ones well supported.
- The Applicant will utilize Muse Healthcare Analytics to assist in identifying patients who are entering their final days of life.
- The Applicant will offer a personal emergency response indicator such as Life Alert, to every patient at home.

Unique Programming Enhances Quality of Care

Affinity states that along with the following non-core services it will also offer doulas, massage therapy, reiki, and aroma therapy:

- Virtual Reality Therapy
- Equine Therapy
- Music Therapy

- Staffing levels that exceed NHPCO's guidance for hospice home care teams
- EMS Community Paramedic Program
- Continuum Palliative of Florida
- Veterans Outreach
- Disease Specific Programming

Continuing Education and In-Service Training

The applicant responds that it will provide initial orientation, continuing education and in-service training to its staff via its online education program through Relias Learning. Continuing education/in-service training are described on page 149 of the application.

Agency records indicate that for the three-year period ending April 23, 2024, Affinity Care's affiliated Florida hospices:

- Affinity Care of Manatee County, LLC (22960134) had a total of one substantiated complaint one in the Quality of Care/Treatment categories
- Continuum Care of Broward LLC (22960124) had a total of two substantiated complaints, one in the Resident/Patient/Client Rights and one in the Quality of Care/Treatment categories
- Continuum Care of Sarasota (22960126) and Affinity Care of Charlotte & De Soto (22960136) had no substantiated complaints

Charis Healthcare Holdings, LLC (CON application #10784) confirms that 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 that it has hospices in Arizona and Indiana; and in Florida - Home Health Agencies in Districts 3 and 5-10, Private Duty Nursing registries in Districts 4 and 6-11. The applicant states it does not operate nursing homes.

CON application #10784's 'Project Summary' provides descriptions of its medical director/physician oversight, continuous care services, pharmacy services, rehabilitative and speech therapy and nutritional services, chaplain services, psychosocial services, bereavement, nursing care and volunteer services, 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.

Charis also presents that it will offer:

Nursing program support - Charis commits to offering \$35,000 to a local nursing program within the service area to support the development of a hospice and palliative care training course. In addition, Charis will offer rotational positions in the hospice program to nursing students. Charis has extensive experience supporting nursing programs. We expect to find a nursing school partner within the first two years of the hospice program opening.

The review notes that this is a Condition of this application which reads:

“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 conclude as soon as possible.”

Hospice of Palm Beach County, Inc. (CON application #10785)

Organizational Commitment to Quality and Patient Safety

HPBC/Trustbridge states that it has a long history of providing high-quality hospice care to the residents of Palm Beach and Broward Counties. The applicant reiterates that it has received numerous letters of support from organizations including an existing SA 9B hospice provider as well as three hospitals, the only skilled nursing facility in Okeechobee County, The Alzheimer's Association, and several area physicians and provides excerpts from the following:

- G. Patricia Cantwell, MD, Professor & Chief of Pediatric Critical Care Medicine & Director of Pediatric Palliative Care, University Miami Miller School of Medicine and Holtz Children's Hospital
- Jackie Kendrick, President & Chief Operating Officer, Treasure Coast Hospice

- Steven Seeley, Senior Vice President & Chief Operating Officer, Jupiter Medical Center

HPBC adds that Trustbridge programs have earned The Joint Commission's Gold Seal of Approval for Home Care Accreditation by demonstrating continuous compliance with its performance standards. and is additionally accredited by the National Institute for Jewish Hospices and has received SAGECare platinum level certification. Further, Trustbridge organization has also achieved national recognition by earning four rings in the 2022 and 2023 Quality Connections program of the National Hospice and Palliative Care Organization.

The applicant confirms that it is committed to employing highly qualified staff at every level noting:

100 percent of Trustbridge spiritual care counselors have a master's in divinity

- 68 percent of Registered Nurses have education beyond a nursing certificate or associate's degree
- 100 percent of Trustbridge physicians are certified hospice medical directors and are Board Certified in Hospice and Palliative Care

HPBC/Trustbridge contends that its quality and efficiency is also evidenced by the organization's participation as a preferred provider with local accountable care organizations and is currently a preferred provider with Palm Beach ACO (Accountable Care Options), BAROMA Health Partners, and UNIPHY ACO.

Quality Assessment and Performance Improvement

HPBC/Trustbridge has invested significant financial and manpower resources in establishing, maintaining, and improving its quality assessment and performance improvement initiatives, all of which will be used to support the establishment of a quality hospice operation in Hospice Service Area 9B.

The applicant informs that it utilizes a detailed Quality Assessment & Performance Improvement ("QAPI") Plan which provides a conceptual framework which is grounded in our organizational values of:

- Excellence
- Integrity
- Teamwork
- Compassion
- Accountability
- Pride

HPBC adds that its QAPI plan also provides a mechanism for ongoing monitoring of safety, quality of care, patient experience, and employee satisfaction with the goal accomplished by utilizing Lean Six Sigma (LSS) tools and methodologies to streamline organizational processes by removing waste and identifying value-added activities.

The applicant notes that his collaborative team approach enlists front line staff, customer input and leadership in an ongoing effort of continuous improvement that includes five elements:

1. Plan and Scope
1. Governance and Leadership
2. Feedback, Data Systems and Monitoring
3. Performance Improvement
4. Systematic Analysis and Systemic Action

HPBC states that performance improvement opportunities surface through incidents, customer service complaints, staff feedback, mock survey results, actual survey results or new mandated quality requirements and uses its Lean Six Sigma methodology and tools which allow its staff to take initiative within departments to complete process improvement projects through data analysis, problem solving, root cause analysis, and/or creation of standard work.

The applicant shares that its DMAIC Lean Six Sigma model (Define, Measure, Analyze, Improve and Control) is used as a systematic methodology to remove barriers, eliminate waste, improve efficiency, streamline processes and sustain improvements.

Further, Trustbridge performs several internal activities in an ongoing pursuit of quality and patient safety, including:

- ✓ Internal patient satisfaction calls
- ✓ Digital Care software tool allows Trustbridge to identify the available caregiver who is closest to the patient when emergent care is needed, helping Trustbridge to respond to patient needs more quickly The Emergent Care team provides nursing visits to patients who have an urgent need when their primary case manager nurse is already visiting another patient
- ✓ The Triage service Intellatriage provides a high level of service to our patients and families with fast response times and low abandoned call rates The Operational Excellence Department conducts quarterly mock accreditation surveys to assess the quality of care and safety

The Hospice Care Index and CAHPS Scores Overview

HPBC provides Figure 63 on page 155 showing the Hospice of Palm Beach County's CMS quality scores compared to state and national averages which it states are consistent with or better than state and national averages. The applicant confirms that it will bring its record of and organizational commitment to quality to the residents of Martin, Okeechobee, and St. Lucie Counties adding that there is not an applicable Gold Shield program for hospice providers and there are no affiliated or controlled HPBC hospice programs outside of the State of Florida.

Figure 63 Hospice of Palm Beach County CAHPS Global Measure and Hospice Care Index Scores Compared to Florida and National Averages

Provider	Willingness to Recommend	Hospice Care Index (HCI)
Hospice of Palm Beach County	81	10
Florida	82	9.5
National	84	8.8

Source: CON application #10785, Figure 63, page 155 from CMS Hospice Compare, March 2024. Data collection period: April 1, 2021-March 31, 2023.

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

Applies to all applicants: The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital projects. Our review includes an analysis of the short and long-term position of the applicant, parent, or other related parties who will fund the project. The analysis of the short and long-term position is intended to provide some level of objective assurance on the likelihood that funding will be available. The stronger the short-term position, the more likely cash on hand or cash flows could be used to fund the project. The stronger the long-term position, the more likely that debt financing could be achieved, if necessary, to fund the project. 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 the Treasure Coast (CON application #10782)

10782 - Horizon Acquisition Co, Inc. & Subs		
	Dec-22	Dec-21
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)
Short-Term Analysis		
Current Ratio (CA/CL)	1.1	1.2
Cash Flow to Current Liabilities (CFO/CL)	-13.49%	-1.23%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	236.2%	197.0%
Total Margin (ER/TR)	-0.86%	-3.78%
Measure of Available Funding		
Working Capital	\$30,605,000	\$50,805,000

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$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.

Affinity Care of the Treasure Coast LLC (CON application #10783)

Capital Requirements and Funding:

The applicant is a developmental stage entity and has \$500,000 in cash but no operations.

On Schedule 2, the applicant indicates capital projects totaling \$358,420, which includes this project (\$348,420) and capital expenditures (\$10,000). The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$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.

Charis Healthcare Holdings, LLC (CON application #10784)

10784 - Charis Healthcare Holdings		
	Dec-22	Dec-21
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	\$2,277,602	\$3,762,128
Total Revenues	\$52,767,472	\$39,185,914
Excess of Revenues Over Expenses	\$1,550,290	\$3,362,639
Cash Flow from Operations	(\$2,725,813)	\$3,017,619
Short-Term Analysis		
Current Ratio (CA/CL)	1.5	1.6
Cash Flow to Current Liabilities (CFO/CL)	-43.19%	59.84%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	211.6%	91.3%
Total Margin (ER/TR)	2.94%	8.58%
Measure of Available Funding		
Working Capital	\$3,020,773	\$3,226,890

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

CON Action Numbers: 10782 through 10785

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 \$222,352. However, the applicant has three other CON applications with total project costs of \$723,812 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 3 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.

Conclusion:

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

Hospice of Palm Beach County, Inc. (CON application #10785)

10785 - Trustbridge, Inc. & Affiliates		
	Dec-22	Dec-21
Current Assets	\$20,644,922	\$23,478,051
Total Assets	\$217,374,991	\$247,785,789
Current Liabilities	\$24,700,462	\$22,186,567
Total Liabilities	\$50,263,794	\$43,077,500
Net Assets	\$167,111,197	\$204,708,289
Total Revenues	\$132,834,897	\$148,293,748
Excess of Revenues Over Expenses	(\$11,837,548)	\$4,969,842
Cash Flow from Operations	(\$9,826,177)	\$7,481,250
Short-Term Analysis		
Current Ratio (CA/CL)	0.8	1.1
Cash Flow to Current Liabilities (CFO/CL)	-39.78%	33.72%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	15.3%	10.2%
Total Margin (ER/TR)	-8.91%	3.35%
Measure of Available Funding		
Working Capital	(\$4,055,540)	\$1,291,484

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

Capital Requirements and Funding:

On Schedule 2, the applicant indicates capital projects totaling \$5,737,181, which includes this project (\$834,180) & capital expenditures (\$4,903,001). The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. While the parent has sufficient cash on hand it has a relatively weak financial position and no working capital.

Conclusion:

Funding for this project should be available as needed. Funding for the entire capital budget is in question.

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

The immediate and long-term financial feasibility of the co-batched projects is tied to expected profitability. Profitability for hospice is driven by two factors, volume of patients and length of stay/condition of the patient. A new hospice program in a service area with published need is more likely than not to be financially feasible since patient volume and mix is presumed to be available in sufficient amounts to sustain a new program. The focus of our review will be on the reasonableness of projections, specifically the revenue.

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

CON Action Numbers: 10782 through 10785

AccentCare Hospice & Palliative Care of the Treasure Coast (CON application #10782)

CON 10782	AccentCare Hospice & Palliative Care of Treasure Coast, LLC				
Martin	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.8601	\$123.94	\$74.23	\$198.17
Routine Home Care 61+ days	\$113.75	0.8601	\$97.84	\$58.60	\$156.44
Continuous Home Care	\$1,177.23	0.8601	\$1,012.54	\$388.23	\$1,400.77
Inpatient Respite	\$309.70	0.8601	\$266.37	\$198.01	\$464.38
General Inpatient	\$727.27	0.8601	\$625.52	\$418.04	\$1,043.56
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	\$223.81	\$2,179,807		9,739
Routine Home Care 61+ days	1.129	\$176.68	\$3,923,278		22,206
Continuous Home Care	1.129	\$1,582.01	\$42,741	24	27
Inpatient Respite	1.129	\$524.47	\$108,308		207
General Inpatient	1.129	\$1,178.59	\$1,009,916		857
		Total	\$7,264,050		33,036
			Days from Schedule 7		35,282
			Difference		2,246
			Percentage Difference		6.37%

As such, the applicant's projected patient days are 6.37 percent or 2,246 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 \$630,973 in year one to a net profit of \$508,180 in year two.

Conclusion:

This project appears to be financially feasible.

CON Action Numbers: 10782 through 10785

Affinity Care of the Treasure Coast, LLC (CON application #10783)

CON 10783	Affinity Care of the Treasure Coast, LLC				
Martin	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.8601	\$123.94	\$74.23	\$198.17
Routine Home Care 61+ days	\$113.75	0.8601	\$97.84	\$58.60	\$156.44
Continuous Home Care	\$1,177.23	0.8601	\$1,012.54	\$388.23	\$1,400.77
Inpatient Respite	\$309.70	0.8601	\$266.37	\$198.01	\$464.38
General Inpatient	\$727.27	0.8601	\$625.52	\$418.04	\$1,043.56
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	\$220.72	\$3,708,524		16,802
Routine Home Care 61+ days	1.114	\$174.24	\$1,254,685		7,201
Continuous Home Care	1.114	\$1,560.17	\$47,273	24	30
Inpatient Respite	1.114	\$517.23	\$50,245		97
General Inpatient	1.114	\$1,162.32	\$112,874		97
		Total	\$5,173,602		24,227
			Days from Schedule 7		26,535
			Difference		2,308
			Percentage Difference		8.70%

As such, the applicant's projected patient days are 8.7 percent or 2,308 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 \$628,211 in year one to a net profit of \$180,624 in year two.

Conclusion:

This project appears to be financially feasible.

Charis Healthcare Holdings, LLC (CON application #10784)

CON 10784	Charis Healthcare Holdings				
Martin	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.8601	\$123.94	\$74.23	\$198.17
Routine Home Care 61+ days	\$113.75	0.8601	\$97.84	\$58.60	\$156.44
Continuous Home Care	\$1,177.23	0.8601	\$1,012.54	\$388.23	\$1,400.77
Inpatient Respite	\$309.70	0.8601	\$266.37	\$198.01	\$464.38
General Inpatient	\$727.27	0.8601	\$625.52	\$418.04	\$1,043.56
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	\$220.72	\$2,061,228		9,339
Routine Home Care 61+ days	1.114	\$174.24	\$721,430		4,140
Continuous Home Care	1.114	\$1,560.17	\$0	24	0
Inpatient Respite	1.114	\$517.23	\$0		0
General Inpatient	1.114	\$1,162.32	\$0		0
		Total	\$2,782,658		13,479
			Days from Schedule 7		21,358
			Difference		7,879
			Percentage Difference		36.89%

As such, the applicant's projected patient days are 36.9 percent or 7,879 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

Hospice of Palm Beach County, Inc. (CON application #10785)

CON 10785	Hospice of Palm Beach County, LLC				
Martin	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.8601	\$123.94	\$74.23	\$198.17
Routine Home Care 61+ days	\$113.75	0.8601	\$97.84	\$58.60	\$156.44
Continuous Home Care	\$1,177.23	0.8601	\$1,012.54	\$388.23	\$1,400.77
Inpatient Respite	\$309.70	0.8601	\$266.37	\$198.01	\$464.38
General Inpatient	\$727.27	0.8601	\$625.52	\$418.04	\$1,043.56
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	1.106	\$219.17	\$2,588,101		11,809
Routine Home Care 61+ days	1.106	\$173.01	\$1,208,763		6,987
Continuous Home Care	1.106	\$1,549.17	\$342,908	24	221
Inpatient Respite	1.106	\$513.58	\$100,999		197
General Inpatient	1.106	\$1,154.13	\$454,362		394
		Total	\$4,695,133		19,607
			Days from Schedule 7		20,088
			Difference		481
			Percentage Difference		2.39%

As such, the applicant's projected patient days are 2.39 percent or 481 days more than the number of patient days calculated by staff. Revenues appear to be understated, which is a conservative position. Operating profits from this project are expected to increase from a net loss of \$743,106 in year one to a net profit of \$221,087 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(5) and (7), Florida Statutes.**

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

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 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 is no construction involved in these projects.

- 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.

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782) the applicants Schedule 7A projects 3.0 percent of its SA 9B year one and year two patient days will be Medicaid.

Projected Hospice Patient Days by Payor			
	Year One	Year Two	Percent
Medicare	11,970	32,812	93.0%
Medicaid	386	1,058	3.0%
Insurance	257	706	2.0%
Self-Pay	257	706	2.0%
Total	12,871*	35,282	100.0%

Source: CON application #10782, page 9-1, Table 9-1, and applicant's Schedule 7A.

Note * CON application #10768 Totals for Year 1 is incorrect the total is 12,871.

Affinity Care of the Treasure Coast, LLC (CON application #10783) states "Historically, Affinity on average provided a combined 5.5 percent Medicaid/charity." The applicant states that its Schedule 7 reflects that 6.0 percent of total patient days in both years one and two will be Medicaid payors and 2.0 percent in both years will be provided to charity care patients.

Charis Healthcare Holdings, LLC (CON application #10784) states “Charis will target those underserved populations and ensure that they are being educated, assessed, and provided with necessary care, again regardless of their ability to pay for the care just as Charis has historically done in other jurisdictions around the country.”

The applicant does not provide specific data in reference to its history of providing Medicaid and charity care. 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 Palm Beach County, Inc. (CON application #10785) asserts that HPB has a strong and proven history of providing services to all patients that require hospice care, regardless of age, sexual preference, race, ethnicity, medical condition, financial resources or the ability to pay.

The applicant states that Trustbridge provided over \$1.3 million in charity care (at cost) during 2023, showing that it is clear that this organization is committed to providing hospice care to all segments of the communities it serves. Further, the applicant (Trustbridge) provided \$899,000 in unfunded transportation services for residents of its existing service areas.

The applicant’s Schedule 7A projects 4.0 percent of its SA 9B year one and year two patient days will be Medicaid. The reviewer generates the table below from the applicant’s Schedule 7A.

**Hospice of Palm Beach County, Inc.
Year One and Year Two Projected Number of Patient Days by Payer**

	Medicare	Medicaid	Commercial Insurance	Self-Pay	Total
Year One	7,742	333	167	83	8,325
Year Two	18,682	804	402	201	20,089
Percent of Total: Year One	93.0%	4.0%	2.0%	1.0%	100.0%
Percent of Total: Year Two	93.0%	4.0%	2.0%	1.0%	100.0%

Source: CON application #10785, Schedule 7A

F. SUMMARY

AccentCare Hospice & Palliative Care of the Treasure Coast, LLC (CON application #10782), is an existing for-profit Florida hospice provider affiliated with AccentCare, Inc., whose Florida affiliates provide hospice services in SAs 5A, 5B, 6A, 10 and 11 and an affiliate (Seasons

CON Action Numbers: 10782 through 10785

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, the applicant offers 35 Schedule C conditions.

Affinity Care of the Treasure Coast, LLC (CON application #10783) is a for-profit Florida Limited Liability Company, development stage corporation/affiliate of Continuum Care Hospice and Affinity Health Management which has licensed Florida hospice affiliates serving SAs 6C, 8A, 8D, 10, and 11.

Total project cost is \$348,420 and includes equipment, project development and start-up cost. Affinity Care expects issuance of license in September 2024 and initiation of service in October 2024.

Pursuant to project approval, Affinity Care of the Treasure Coast, LLC offers a total of 21 Schedule C conditions.

Charis Healthcare Holdings, LLC (CON application #10784) is a for-profit, Florida Limited Liability Company proposing to establish a new hospice program in SA 9B.

Total project cost is \$236,541 and includes equipment, project development and start-up cost. Charis expects the issuance of license October 2024, and initiation of service January 2025.

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

Hospice of Palm Beach County, Inc. (CON application #10785) is a not-for-profit, existing entity referenced as HPBC, proposes to establish a new hospice program in SA 9B. HPBC is an affiliate of Trustbridge, Inc., (the parent, also a not-for-profit entity), an existing provider of hospice services in SA 9C and 10.

Total project cost is \$834,180 and includes equipment, project development, and start-up costs. HPBC expects issuance of license and initiation of service in October 2024.

Pursuant to project approval, the applicant offers 17 Schedule C conditions.

Need/Access:

The co-batched applicants' proposed projects are in response to the fixed need pool for a new hospice in SA 9B. **Each** applicant's arguments in support of need for their respective proposal is briefly summarized below.

AccentCare Hospice & Palliative Care of the Treasure Coast (CON application #10782) identifies unmet hospice needs support the need for another provider in the subdistrict include:

- Seniors, age 65 and older, including those in nursing homes and ALFs
- Minorities
 - African Americans
 - Hispanic/Latinx
- Veterans
- Lesbian, Gay, Bisexual, and/or Transgender (LGBT) Community
- Low Income and Homeless Populations
- Residents with Cardiovascular Disease, Pulmonary Disease, and Alzheimer's
- AccentCare proposes to condition CON approval to establish an office location in in St. Lucie County, will establish its primary office in St. Lucie County and to better serve rural areas, will establish a physical presence in Okeechobee County by the end of the second year of licensure.

AccentCare projects 238 admissions (12,870 patient days) in year one (June 30, 2026) and 483 admissions (35,282 patient days) in year two (June 30, 2027).

Affinity Care of the Treasure Coast, LLC (CON application #10783) identifies unmet hospice needs support the need for another provider in the subdistrict include:

- Seniors, age 65 and older
- Minorities
 - Black
 - Hispanic
- Veterans
- Residents with late-stage Alzheimer's or dementia

Affinity projects 154 admissions (6,914 patient days) in year one (October 31, 2025) and 408 admissions (26,535 patient days) in year two (October 31, 2026).

Charis Healthcare Holdings, LLC (CON application #10784)

CHARIS project summary discussion indicates the terminally ill populations that are not being served and at risk include:

- African American and Hispanic populations - especially those suffering from coronary heart disease, cancer, and diabetes
- Lower economic and unemployed populations
- The indigent, food insecure, homeless, and veteran communities
- Patients with diagnosis for coronary heart disease, cancer, diabetes, Alzheimer's and other forms of dementia particularly those in the "end-stage"
- Patients both over and under the age of 65
- Patients who are presently residing in ALFs or Nursing Homes
- Patients who would benefit from early hospice admission
- The undereducated, uninformed, and those experiencing health care barriers for various reasons

Charis projects 975 admissions (17,798 patient days) in year one (ending January 31, 2026) and 1,350 admissions (21,358. patient days) in year two (ending January 31, 2027).

The applicant states it expects the issuance of license October 2024, and initiation of service January 2025 but its Schedule 7 notes that the projected operating year 1 ends 2025 and year 2 2026.

Hospice of Palm Beach County, Inc. (CON application #10785): The applicant states that it has determined the need for SA 9A are supported by the following:

- ✓ The large and growing population in the area
- ✓ The aging population in the area
- ✓ Large and increasing numbers of deaths of three-county area residents
- ✓ The deficit of service to the 65+ cancer and non-cancer populations in AHCA's calculation of need
- ✓ The disproportionately low death service ratio and penetration rate for hospice services in Okeechobee County compared to Martin and St. Lucie Counties, as well as other Florida counties
- ✓ The significant percentage of patients in Okeechobee hospitals who die within six months of an initial acute care hospital discharge but never access hospice services

The applicant projects 5,296 admissions 8,325 patient days) in year one and 5,407 admissions (20,089 patient days) in year two.

Quality of Care:

Each co-batched applicant offered evidence of its ability to provide quality care.

Financial Feasibility/Availability of Funds:

Strictly, from a financial perspective, the proposed SA 9B projects will not have a material impact on price-based competition to promote quality and cost-effectiveness. However, the introduction of a new provider should improve competition to improve services, quality and access.

All applicants are reviewed as being financially feasible but Charis Healthcare Holdings, LLC (CON application #10784)'s projects review notes that the overall level of profitability is likely overstated.

AccentCare Hospice & Palliative Care of the Treasure Coast (CON application #10782) and Affinity Care of the Treasure Coast, LLC (CON application #10783) show that funding for each project and the entire capital budget should be available as needed.

Charis Healthcare Holdings, LLC (CON application #10784) and Hospice of Palm Beach County, Inc. (CON application #10785) show that funding for each project appears achievable. Funding for the entire capital budget is in question.

Medicaid/Indigent/Charity Care:

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

AccentCare Hospice & Palliative Care of the Treasure Coast (CON application #10782) - Schedule 7A projects 3.0 percent of its SA 9B year one and year two patient days will be Medicaid.

Affinity Care of the Treasure Coast, LLC (CON application #10783)

states Affinity on average provided a combined 5.5 percent patient days for Medicaid/charity patients. The applicant states that its Schedule 7 reflects that 6.0 percent of total patient days in both years one and two will be Medicaid payors and 2.0 percent in both years will be provided to charity care patients.

Charis Healthcare Holdings, LLC (CON application #10784)

- Charis states it has a history of service to “those underserved populations and ensure that they are being educated, assessed, and provided with necessary care, again regardless of their ability to pay” but does not provide specific data to support this.
- 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 Palm Beach County, Inc. (CON application #10785)

The applicants Schedule 7A projects 4.0 percent of its SA 9B year one and year two patient days will be Medicaid.

G. RECOMMENDATION

Approve CON #10782 to establish a new hospice program in Service Area 9B. The total project cost is \$476,640.

CONDITIONS:

Special Programs:

CLINICAL CARE PROGRAMS SUPPORTING PATIENTS HAVING LEADING CAUSES OF DEATH:

1. **Cardiac Care and AICD Deactivation Program** is designed to help patients with cardiac disease access hospice in a timely manner, preventing unnecessary hospitalizations and honoring patients' wishes to be at home. High-tech interventions such as cardiac drips and IVs are supported by and paid for by the hospice program when appropriate. Care for complex cardiac conditions include, for example:
 - 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 9B 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 pulmonary 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 9B with pulmonary disease diagnoses 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 9B patients with pulmonary disease diagnoses 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 9B 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 9B 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 facility staff using, for example, e-learning modules, educational videos, protocols, and in-person team building education. AccentCare of the Treasure Coast 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 9B 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 the Treasure Coast 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 **Treasure Coast Homeless Services Council (serving Indian River, Martin, and St Lucie Counties)** and the **Heartland Coalition for the Homeless (serving several counties including Okeechobee)** 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 9B:

8. **The primary office location** is St. Lucie County. To better serve rural areas, AccentCare of the Treasure Coast will establish a physical presence in Okeechobee County by the end of the second year of licensure. **The monitoring report includes a copy of the www.FloridaHealthFinder.gov information identifying office locations or other similar confirmation.**
9. **AccentCare of the Treasure Coast dedicates \$100,000 toward recruitment & retention in Service Area 9B during the first three years.** This additional funding ensures employment of talent in Okeechobee County, a Medically Underserved Area, providing housing/relocation allowance and tuition reimbursement. Staff also benefit from a generous benefit package and the AccentCare National **Employee Council** that meets and provides a direct line of communication to management and others with similar challenges to identify and implement solutions to staffing needs.

The monitoring report includes a notarized statement affirming that at least \$100,000 was spent during the first three years of operations on recruitment efforts in Service Area 9B.

10. 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 the Treasure Coast will host workshops to address these topics. **The annual required monitoring report identifies the number of workshops held throughout the year and location.**
11. **AccentCare of the Treasure Coast dedicates \$100,000** towards supporting the creation of a Palliative Care Program within Service Area 9B by the second year. Palliative Care programming ensures staffing that works closely with local oncologists to identify those in need of palliative care, thereby increasing hospice admissions and length of stay to improve quality end-of-life care. **The monitoring report includes a notarized statement firming a minimum of \$100,000 is spent on supporting the creation of the Palliative Care Program.**
12. AccentCare of the Treasure Coast will offer a **Referral Website or App** or other similar technology to physicians and referral sources throughout Service Area 9B, 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 9B, 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 the Treasure Coast offers **Telehealth** options by providing tablets/devices to terminally ill patients in Hospice Service Area 9B 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 9B patients.**
15. AccentCare of the Treasure Coast 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 9B 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 the Treasure Coast 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 the Treasure Coast commits to forming an **African American Advisory Board, a Haitian Advisory Board, and a Hispanic Advisory Board in Hospice Service Area 9B to serve during the initial three years of operation.** AccentCare facilitates advisory boards to support local minority leaders promoting diversity within their communities. Community leaders ensure cultural competence and evaluate the delivery of hospice care. Hospice leaders provide education and resources to help minority leaders increase public awareness and improve access to hospice and palliative care. Each 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 with include the board members, number of meetings, and location.**

18. AccentCare of the Treasure Coast commits to having a **Chaplain with expertise in the African American community. In addition to serving the spiritual needs of African in hospice care, a minimum of six workshops will be held in African American churches or other community locations within Service Area 9B each year** to increase awareness and expand access to hospice and palliative care through public education by initiating conversations about Advanced Directives and other topics exploring the benefits of hospice care. These **“Church Chats”** will help inform the community of hospice care and increase access to services. AccentCare of the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast 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 the Treasure Coast recognizes the national nursing shortage and will take proactive steps to ensure there are well-qualified nurses in its program. AccentCare of the Treasure Coast 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 the Treasure Coast. **The annual required monitoring report will include the number of employees recruited to AccentCare of the Treasure Coast through this program.**

27. AccentCare of the Treasure Coast offers **internship experiences** within the active workforce for social workers, music therapists, art therapists, bereavement counselors, chaplains, and medical assistants. AccentCare of the Treasure Coast 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 the Treasure Coast conditions this application on its parent company attending the **National Hispanic Nurses Conference** for the first two years of operations. This conference will allow AccentCare to recruit bilingual Spanish-speaking nurses and nurses that reflect the areas AccentCare serves in Florida. **The required monitoring report will reflect the conference date and number of AccentCare attendees.**
29. As a condition of this application, AccentCare of the Treasure Coast will maintain relationships with organizations such as the organizations listed below to **recruit foreign-trained, high quality workforce members** when needed to support staffing efforts. These well-established organizations facilitate a mutually beneficial relationship between foreign-educated health care professionals and health care organizations recruiting additional staff. Recruiting through these organizations also allows AccentCare of the Treasure Coast 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 the Treasure Coast to support recruiting efforts.**
- O'Grady Peyton International
 - MedPro International

SERVICES BEYOND THE HOSPICE BENEFIT:

30. AccentCare of the Treasure Coast 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 9B. **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 9B 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 9B patients that utilized this program.**
33. AccentCare of the Treasure Coast 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.**
34. AccentCare of the Treasure Coast 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 9B 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 9B patients that utilized this program.**

Deny CON #10783, CON #10784 and CON #10785.

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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Certificate of Need



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