

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

**A. PROJECT IDENTIFICATION**

1. Applicant/CON Action Number

**Affinity Care of Hillsborough, LLC/CON application #10774**

8590 Potter Park Drive, Suite B  
Sarasota, Florida 34238

Authorized Representative: Patti Greenberg  
(510) 499-9977

**Arc Hospice of Florida, LLC/CON application #10775**

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

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

**Bristol Hospice - West Florida, LLC/CON application #10776**

206 North 2100 West, Suite 202  
Salt Lake City, Utah 84116

Authorized Representative: Troy Backus  
(801) 325-0149

**Charis Healthcare Holdings, LLC/CON application #10777**

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

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

**Community Hospice of Northeast Florida, Inc./CON application  
#10778**

4266 Sunbeam Road  
Jacksonville, Florida 32257

Authorized Representative: Phillip C. Ward  
(904) 268-5200

**Gulfside Hospice of Hillsborough, LLC/CON application #10779**

2061 Collier Parkway  
Lake O Lakes, Florida 34639

Authorized Representative: Linda L. Ward, CEO  
(813) 501-8201

**VITAS Healthcare Corporation of Florida/CON application #10780**

201 South Biscayne Boulevard, Suite 400  
Miami, Florida 33131

Authorized Representative: William Mark Hayes, II  
(678) 448-7592

2. Service District/Subdistrict

Service Area 6A (Hillsborough County)

**B. PUBLIC HEARING**

No public hearing was requested or held.

**Letters of Support**

**Affinity Care of Hillsborough, LLC (CON #10774)** received numerous letters of support.

**Hospitals, Skilled Nursing, and Assisted Living Facilities**

Advent Health Connerton

- Debora A. Martoccio, RN, BS, BSN, MBA
- Romel Charles, Manager - Pastoral Care

Advent Health Carrollwood

- Romel Charles, Manager - Pastoral Care,

Advent Health Wesley Chapel

- Vladimir Jacinthe, MDN, Staff Chaplain and lead pastor Eden Haitian SDA

Tampa General Hospital

- Kevin Deck, Staff Chaplain
- Lisa Williams, Staff Chaplain
- Joon Park, Staff Chaplain
- LaShawn Smith, Staff Chaplain
- Rev Phyllis Hunt BCC, Outpatient Palliative Clinic

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- Rev. Waleska Alvarado, MDiv, ACPE, ACPE Certified Educator and Ordained Minister, Christian Church (Disciples of Christ)
- Sam Williams, MDiv, Staff Chaplain
- Nicole Blackman, Pool Chaplain

**Assisted Living Facilities, Skilled Nursing Facilities, Home Health Agencies, and Other Healthcare Providers:**

- Desteny Oliver, Executive Director, Aspire at Central Park
- Mildred Burgos, Director of Social Services, Aspire at Oakfield
- Lori Loomis, Administrator, Aston Gardens at the Courtyards
- Cynthia Fitzpatrick, Administrator, Bayshore Pointe Nursing & Rehab Center
- Jessica Lopez, Director and Jenny Parsons, Director of Communication Relations Belvedere Commons of Sun City
- Luz Diaz, Benefit Coordinator, Cano Health
- Cyndy Quinn, Wellness Director, Cloudberry Lodge at Brandon
- Linda Horvath, VP of Quality Assurance, Sunrise Village Senior Assisted Living
- Wanda Blakely, Executive Director and Heather Ortman, Wellness Director, Tessera Brandon ALF
- Ashley Gaarder, Executive Director and Christian Santiago, Director of Nursing, Compass Rose Assisting Senior Living
- Sharon Brown, Executive Director, The Canopy at Walden Woods
- Sherri Lindie, Executive Director, The Crossings at Riverview ALF
- Ashley Hochadel, Executive Director, The Meridian at Brandon Senior Living Community
- Tamisha Derks, Owner/Director, Concierge Healthcare
- Laura Schless, Care Navigator, Stephen Csicsek, Associate VP of Business Development and Jayvee Zarraga, Care Navigator, Covenant Care
- Farnace Roberts, Business Development Manager, Home Instead
- Hilda Rivera, Clinical Administrator, Matrix Home Health Care
- Kelly Irish, Executive Director, Memory Lane Cottage at Tampa Palms
- Hugo M. Santos, Medical Case Manager, Metro Inclusive Health
- Nicole Lawlor, Administrator, Northdale Rehabilitation Center
- Melissa Wilkerson, Social Services Coordinator, Plaza West Health Center at Freedom Plaza
- Moshe Soskin, Total Care Home Health Agency
- Jennifer Smith, Resident Care Director and Jhmena Ramirez, Resident Care Manager, Twin Creeks Assisted Living
- Kimberly Lucadano, Executive Director and Stefanie LeBarre, LCSW Victoria Cross Rehab Facility

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- Arian Larson, VP of Community Partner Services, NovoPharm Pharmacy Services
- Amy Caparratto, MS, BSW, Mental Health Counselor
- Nadine Harris, MSW, PhD Candidate

### **Physicians, Nurses, and Other Healthcare Providers:**

- Steven Lorch, MD, FACS and Associate Medical Director, TGH Trauma and Surgical ICU, USF Health
- Michael Vogelbaum, MD, PhD, Chief of Neurosurgery and Leader of Neuro-Oncology, Moffitt Cancer Center
- Heather Strickland, RN Team Leader, Florida Cancer Specialists & Research Institute
- Alex Guerrero, Director of Operations, Healthy Home Primary Care
- Yoslain Bosch, Office Manager, Humanitary Medical Center
- Stephanie Perez, MA, Physician Partners of America
- Claudia Miranda, My Doctors Medical Group
- Accomplished Home Care
  - Jeremy Martin, Business Development
  - Justine Mitchell, Assistant Business Development Manager

### **Government, Organizations, Business Leaders, Elected Officials :**

- Senator Jim Boyd, 20th District, Florida Senate
- Representative Linda Chaney, District 61, Florida House of Representatives
- Representative Danny Alvarez, District 69, Florida House of Representatives
- Ken Hagan, Chairman/Commissioner and Michael Owen, Vice Chair/Commissioner, Hillsborough County Commission
- Lieutenant Colonel Peter, B. Marks, USMC, Retired
- Stuart Smith, CEO, Florida Association of Veteran-Owned Businesses
- Bijou Ikli, CEO, Florida Assisted Living Association (FALA)
- Norman Cannella, Sr., Esquire, Rywant, Alvarez, Jones, Russo & Guyton
- Mickey Keenan, Esquire, Mickey Keenan, PA, Attorneys at Law
- Joseph P. Uccello, Mickey Keenan, PA, Attorneys at Law
- Scot Seplowe, Esquire, Mickey Keenan, PA, Attorneys at Law

### **Jewish Organizations and Religious Leaders:**

- Rabbi Yossie Dubrowski, Rabbi/Director, Congregation Beis Tefillah of Tampa and Chabad of Tampa Bay
- Rabbi Mendel Rubashkin, Chabad of Brandon and Southshore
- Rabbi Pinny Backman, Rabbi, Chaplain at Moffitt Cancer Center, and at USF Health/Medical School, Chabad of USF

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- Rabbi Mendy Yarush, Executive Director, Chabad at Wiregrass (New Tampa)
- Rabbi Mendy Dubrowski, Rabbi and Chaplain at St. Joseph's Hospital and Tampa General Hospital, Chabad of South Tampa
- Rabbi Andrew Kornworcel, Congregation Rodeph Shalom
- Karen Birmingham, Director, Weinberg Village
- Rabbi Uriel Rivkin. Young Israel of Tampa (Orthodox)
- Rabbi Mendy Dubrowski, Chaplain, St. Josephs Hospital and Tampa General Hospital
- Rabbi Pinny Backman, Chaplain Moffitt Cancer Center
- Hyde Park United Methodist
  - The Rev. Magrey R. deVega, Senior Pastor
  - Justin LaRosa, Minister/Director The Portico
  - Sally Campbell-Evans, Pastor for Congressional Care
- Tris MacWilliam Yates, Christian Organization
- John Smith, Captain, USAR Chaplain, Department of the Army, Reserve Center
- Rev Robert Olszewski, Senior Pastor, Army Reserves Chaplain, Gracepoint Plant City
- The Rev. Magrey R. deVega, Senior Pastor, Hyde Park United Methodist
- Tris MacWilliam Yates, Christian Organization
- Justin LaRosa, Minister/Director, The Portico and Sally Campbell-Evans, Pastor for Congressional Care, Hyde Park United Methodist Church

**Arc Hospice of Florida, LLC (CON application #10775)** includes 49 letters of support:

**Government & Community Leaders:**

- Senator Jay Collins, Florida Senate, District 14
- Danny Alvarez, State Representative, District 69
- Ken Hagan, Chairman, Hillsborough County Commission
- Michael Owen, Hillsborough County Commissioner, District 4, Vice Chair
- Jane Castor, Mayor, City of Tampa
- Bill McDaniel, City Manager, Plant City
- Chad Chronister, Sheriff, Hillsborough County
- Gary Gould, Chief Executive Officer, Tampa Jewish Community Centers & Federation
- Yvette Lewis, President, NAACP Hillsborough County

**Healthcare:**

- Ari Katz, LNHA, Lion Care Services (looking forward to partnering with Arc)

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- Robert S. Bennett, MGA, Founder – Angels Senior Living
- Jack Ross, Chief Impact Officer and Marketing Consultant, Weinberg Village Assisted Living Facility
- Michael N. Newton, MD, Immediate Past President and Chair of Government Affairs, Hillsborough County Medical Association
- Michael Cromer, MD, President, Hillsborough County Medical Association
- Angela Durland, DON, (Unspecified ALF)

**Businesses:**

- Julio Fuentes, President, Florida State Hispanic Chamber of Commerce
- Christine Miller, MPA, FCCP, President & CEO, Plant City Chamber (Unsigned)
- Veneka A. Williams, City Girl Florist & Co
- James H. Shimberg, Shubin Law Group

**Individuals:**

- 33 letters from Hillsborough County Residents

**Bristol Hospice - West Florida, LLC (CON application #10776)**

includes 22 letters of support:

**Healthcare:**

- Anu Chapalamadugu, Administrator, Aguila Enterprises, Inc., d/b/a Aguila Adult Care Center, Aguila Adult Center II, Aguila Assisted Living Facility
- Louie G. Macacina, President, Heritage ALF of Plant City, Inc.
- Desteny Oliver, Executive Director, Central Park Healthcare and Rehab Center
- Jennifer Rotunda, Executive Director, Allegro Hyde Park
- Melissa Trapp RN, GSN, Resident Services Director, Allegro Hyde Park
- Salvador Hernandez Gomez, RN Assistant Resident Services Director, Allegro Hyde Park
- Amanda Moor, Admissions Director/Clinical Care Liaison, The Bristol at Tampa
- Juanita Arocho, Admissions Coordinator, The Bristol at Tampa
- Jennifer Jackson, Senior Manager of Ancillary Strategy and Contracting for Clover Health
- Maryvale De Leon, Administrative Assistant, Hyde Park ALF
- Josh D. McGilliard, Executive Director of Provider Strategy and Network Management InnovAge
- Anthony Rodgers, Resident Care Coordinator, Savannah Court of Brandon
- Betty Muellen, RN, Plant City Community Care Center

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- Rebecca Gorski, Social Director, Tampa Lakes Health & Rehabilitation Center
- Chris Conn, Chief Financial Officer, HCA Florida Healthcare (Unsigned)

**Clergy:**

- Raymond F. James, Senior Pastor, East Phelsor Baptist
- Connie Robinson, Pastor Chaplin, The Open Door to Christ Church

**Businesses:**

- Keith E. Gibson, Florida's Diversity, Equity and Inclusion Director, Alzheimer's Association
- Kurt A. Kazanowski, MS RN CHE, Managing Partner, Hospice Advisors
- Gregory Grabowski, Hospice Advisors Partner

**Individuals:**

- Michael M. Weston, MS Disaster Coordinator, CRAS U.S. AOA /FEMA (Retired)
- RADM Michael R. Milner, DHSc, PA-C USPHS (Retired)

**Charis Healthcare Holdings, LLC (CON application #10777)**

submitted 54 letters of support:

• **Healthcare**

- Beth Domino, APRN-C, Coastal Senior Healthcare, Inc.
- Dany Barrak, MD, MPH, Watson Clinic LLP
- Catherine Ackling, MA, Haven Home Health
- Chris M. Nussbaum, MD, FHM, Medical Director, Insight Life Care (Unsigned)
- Haley Gill-Pressley, BSN, RN, Haven Home Health
- Maria A. Gallo, Administrator, Magnolia on the Avenue
- Tayor Himes, RN
- Deanna Poitras, BSW, Lutheran Haven
- Danielle DaVault, Regional Director of Nursing, Haven Home Health (Unsigned)
- Dr. Karly Zengel, Physical therapist, Haven Home Health (Unsigned)
- Lamen Masholder, Medical Receptionist, Haven Home Health
- Turea Sheppard, Administrative Assistant, Tampa Bay Health & Medical Preparedness Coalition
- Niki Cannyn, M.S., CCC\_SLP, CFNIP, Speech Care at Home
- Angela Johnson, VP, Co-founder, Small ALF

• **Businesses**

- Thomas Sedgwjck, Supply Chain Manager, OPSWAT Inc.
- Michelle Pressley, Office Manager, Sleuth Inc.

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- Andrzej Strzalkowski, Alternative Therapy
- Renata Strzalkowski, Alternative Therapy
- Dave Diffendal, Owner, Garfield Drive Investments, LLC
- **Individuals**
  - 34 identical letters
  - Jan H. Landsberg, Ph.D.

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** includes 24 letters of support:

**Healthcare:**

- David Fitts, Administrator, Lakes at Lutz Health & Rehabilitation Center
- Jim Towey, Founder & CEO, Aging with Dignity
- Charlotte McHenry, President & CEO, Senior Connection Center, Inc.
- Robert L. Glueckauf, Ph.D. Professor, Director, African American Alzheimer's Caregiver and Support Project 2 (ACTS2)
- Tessa Wigger, MD, Primary Care Provider, Millennium Physician Group
- David Fitts, Administrator, Lakes at Lutz Health and Rehabilitation Center
- Joan McGauley, Sr. Director of Payer Strategy & Contracting, Florida Cancer Specialists
- Jeremy Powell, Chief Executive Officer, Acclivity Health Solutions
- Angela Snyder, RN, MSN, MHA, Executive Director, Opus Peace
- Nicole Juan, Director (SCF), BAYADA Home Health Care
- Adrianz Gorgaly Panehs, Psychiatrist Nurse Practitioner
- Alexa Pedicuzia, Health Care Worker, Tampa Bay Area
- Gloria Forman, Resident Care Coordinator, Elysian Gardens Assisted Living
- Nae Sheard, Office Manager and Community Liaison, Elysian Gardens Assisted Living
- Susan M. Santiago, MBA, Health Center Manager DMC, Cano Health, LLC
- Ayelis Acanda Santana, Medical Assistant, DMC, Cano Health, LLC

**Government & Community Leaders:**

- Janet Cruz, Honorable Senator
- Candace Mabry, President, First Coast Honor Flight
- DJ Reyes, Colonel US Army (Retired), President, Mentors for Hillsborough County Veterans



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**Businesses:**

- Phillip Lee, Market President West Florida, Florida Blue
- Yani Fernandez, Great Florida Insurance
- Jerry Russler, Owner of Tampa Cremation and Burial Service

**Clergy:**

- Dr. Rodney Howard-Browne, Pastor, The River at Tampa Bay Church

**Individuals:**

- Dale O. Knee, PhD

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)**

includes 56 letters of support/testimonials with eight SA facilities (three hospitals and five nursing homes) indicating a willingness to contract with Gulfside for inpatient services. These include:

- HCA Florida, Brandon, Tripp Owings, CEO
- St Joseph's Hospital North, Lutz, Sara Dodd, President
- St Joseph's Hospital South, Riverview, Patrick Downes, President and Dr. Brendan Malik, Chief Medical Officer
- Gandy Crossing Post Acute Rehabilitation Center, Tampa, Genesis Alvarez, Business Development Officer
- Rehabilitation & Healthcare Center of Tampa, Gabriella Diaz, NHA
- Solaris Healthcare – Plant City, Patricia Baker, Regional Admissions
- The Bristol at Tampa Rehabilitation & Nursing Center, Jessica Pent, External Marketer and Admissions Director
- Aston – Fairway Oaks Center, Andre Mervil, NHA

Gulfside also has general support letters from

- Danny Alvarez, Florida House of Representatives, District 69
- Soniz I Wellman, CEO – HCA Florida South Tampa Hospital
- Bernedette Silverstein, VP of Operations – Advent Health Medical Group
- John “Doc” Cameron, Commander of AMVETS Post 44 (unsigned)
- Roberto Borrero, COO – Tampa Bay Latin Chamber in Hillsborough County
- John “Jack” Steel MD, F.A.C.R.O., Tampa Bay Radiation Oncology
- Ray Ekbatani, CEO, Florida Medical Transport
- Jaime Goddard-Stern, RN BSN, CEO & Co-Owner – Jaime's Adult Day Centers
- Brian Savage, COO, Integra Healthcare Equipment
- John Hughes, Vice President, Aon Insurance Service & Hillsborough resident
- Dave Krishna, DeliverCareRx Pharmacy, President & CEO
- Katie Conway, Regional VP - Mobile Dermatology Solutions

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- Franklin Riddle, FPEM-HC, Executive Director – Tampa Bay Health & Medical Preparedness Coalition
- Richard Glass, President, Ribo & Associates, Inc. d/b/a Visiting Angels of Tampa Bay
- David Robertson, Director of end of life care, MyCare Medical Group
- Cindia J. Reyes, Nurse Case Manager – Optum Bloomingdale
- Jordan Schacht, Regional Vice President – Concierge Care
- Alex Froloff, National Case Manager – Crawford Thomas Recruiting (LPN, CNA, RN staffing)
- Anastasia Muino, Director of Network Development & Operations – Qualex Healthcare
- Kerry Conboy MBA, Director of Outreach & Development – South University
- Gregory Lewis, Safety Compliance Manager/Fire Safety – University of South Florida
- Aniefiok Bassey, Esq. Attorney & Counselor at Law
- Samson Koyonda, Esq. Tampa Immigration Law Center LLC
- Ricardeau Luceus, Esq. Attorney At Law (Tampa)
- Jaime R. Maier, Esq. (Hillsborough County)
- Tom Mahoney, Club President – Bay Area Bassmasters
- John Maglott, Club President – Golden Eagles Motorcycle Club, Tampa
- William Collins, Captain/President – Krewe of Sea SaveYours (Brandon)
- Elizabeth Frazier, Executive Director, Lightning Foundation & EVP, Community Development & Social Impact - VSG (Tampa)
- Juan E. de Choudens, LaCar SalesMarketing (Tampa)
- Sarah ME Simkins, Funeral Director in Charge – Coast Cremation and Funeral Care (Lutz)
- Jeffrey J. Wilcox, Esq. Hill Ward Henderson
- David Austin, Hillsborough County resident
- Joesph Alexandrou, Client Relations Manager Hiregy (staffing)
- Seven letters from Pasco County officials/residents.

**VITAS Healthcare Corporation of Florida (CON application #10780)** provides 40 letters of support:

**Healthcare**

- Patrick Downes, President, St. Joseph's Hospital-South (Ready to contract)
- Atza Acosta Feliciano, MD, PCP Lead, Dedicated Senior Medical Center
- Nelson Mañe, MD, MAR Primary Care/Spectrum Hospitalist
- Jeannette Figueroa-Gordian, MD, MaxHealth Primary Care Clinic
- Constance Cox, Brookdale District Director of Sales, Brookdale Senior Living

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- Scott Sears, MD, MBA, FACP, FHM, CPE, Chief Medical Officer, IMA Medical Group
- Kevin Lacatena, Division Director, Bayada Home Health Care
- Sharon Nisbet, RN, BSN, CPHQ, Chief Nursing Officer, IMA Medical Group
- Nadeem Qazi, MD, Conviva Care Center Ybor
- Dr. Nkume Sobe, Jr, DPT, CEO, Sobe Rehab ALF
- David Roberson, Director of end of life care, MyCare Medical
- Ray Sleszynski Jr., MD, HCA Florida Central Tampa Emergency
- Greg Disla, APRN, FNP-C, MAR Primary Care
- Krystle Jaynes, MSN, APRN, FNP-C, Owner, Enhanced Healthcare
- Marcellina Adonis, Executive Director, Calvary Community Clinic
- Driaa Banks, Hawthorne Rehab Center
- Michael Lamkin, Dedicated Senior Medical Center
- Dr. Yash Shravah, Dedicated Senior Medical Center
- Dr. Brendan Malik, Chief Medical Officer, St. Joseph's Hospital-South
- Sangeeta Hans, MD, Chief Quality Officer Better Health Group, VIPcare
- Linda Dunn, Marketing Director, Evergreen Assisted Living Facility (Unsigned)
- Bernadette Homan, BSW, Life Care Manager, Advanced Senior Solutions
- Jerilyn Botwink, APRN-BC, Nurse Practitioner on the GO
- Niki Cannyn, Speech Language Pathologist, Speech Care at Home
- Katie Beattie, Community Sales Director, Abor Terrace Citrus Park
- Teresa Harbour, RN, MBGA, MHA, Chief Operating Officer, Community Health accreditation Partner (CHAP)
- Julie Shatzer, MSW, LCSW, Vice President of Programs, Alzheimer's Association
- Rosa McKinzy Cambridge, MMIN, BSN, RN, CM, President, Tampa Bay Black Nurses Association
- Ottamissiah Moore, BSN, RN, WCC, DWC, CHPN, Board President, National Alliance of Wound Care
- Anna Clark, CEO & Founder, Energizers Love & Care Foundation, Inc.
- Stephen Lononico, President, Thrive Behavioral Science
- Tina Simmons, Social Worker, James A. Haley Veterans Hospital
- Chavelk Collado, Senior Retail Manager, Florida Blue
- Christopher Mañe, Office Manager, MAR Primary Care
- Brenda Greenway, Director-Founder, Greenway Family Outreach, Inc.
- Ashley Trinklein, COTA/L, CPT, In Home Senior Fitness, LLC

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- Renee B. Holt, RN, BSN, CMC, JD, President of Aging Life Solutions
- Courtney Burt, Vice President of Community Impact, American Heart Association of Tampa Bay

**Government and Community Leaders**

- Darryl Ervin Rouson, Florida Senator District 16 (Hillsborough County)
- Danny Burgess, Florida Senator District 23 (Hillsborough County)
- Fentrice Driskell, Florida House Representative Democratic Leader (North Hillsborough County)
- Traci Koster, Florida House Representative District 66 (Tampa)
- Lawrence McClure, Florida House Representative District 68 (Plant City)
- Danny Alvarez, Florida House Representative District 69 (Hillsborough County)
- Michael Owen, County Commissioner, District 4, Vice Chair (Tampa)

**Clergy**

- Dr. Brett Snowden, Pastor, Greater Bethel Missionary Baptist Church, Inc.

**Individuals**

- Amy Gonzalez, Hillsborough County Resident
- Kathy Lott, Hillsborough County Resident

**C. PROJECT SUMMARY**

The applicants propose to establish a new hospice program in Service Area (SA) 6A in response to the published need.

**Affinity Care of Hillsborough, LLC (CON application #10774),** referenced as Affinity Care of Hillsborough, Affinity Hillsborough, 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 three Florida licensed hospice affiliates – Continuum Care of Broward LLC (SA 10), Continuum Care of Sarasota LLC (SA 8),

Continuum Care of Miami Dade LLC (SA 11), Affinity Care of Manatee LLC (SA 6), and an approved program in SA 8A, Affinity Care of Charlotte and Desoto LLC.

Affinity expects issuance of license September 2024, and initiation of service October 2024.

Total project cost is \$386,010 and includes equipment, project development, and start-up costs.

Pursuant to project approval, Affinity Care of Hillsborough, 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. Jewish Hospice Care Initiative**

- The Applicant will provide a Jewish Hospice Care Initiative to Jewish patients in a manner that recognizes Jewish heritage, history and traditions.
- The Applicant will seek accreditation for its Jewish Hospice Services through the National Institute for Jewish Hospice (NIJH). NIJH provides staff training on the cultural beliefs and sensitivities so that the hospice provider can better serve the Jewish terminally ill.
- The Applicant will ascribe to Chayim Aruchim, incorporating their information into its program.
- The Applicant will employ a rabbi to serve as a chaplain on the hospice team.
- The Applicant will work with the various Chabad and other Jewish organizations to sponsor quarterly community education events and workshops at various locations throughout Hillsborough County regarding the benefits of hospice services, including an explanation of the hospice benefit available under Medicare, the interdisciplinary team approach to care for patients in hospice, and the ways in which hospice can meet the physical, emotional, and spiritual needs of Jewish patient and the patient's family at the end of life.
- The Applicant will establish specific protocols for meeting the special needs of the Jewish population including having a focus on the needs and providing recognition and support for holocaust survivors; addressing pain control measures, and providing life sustaining measures in accordance with religious observances; coordinating with and having available support from local Rabbis for spiritual care, guidance and consultation; coordinating with its partners to ensure patient plans of care include recognition of Kosher diet requirements of patients.
- The Applicant will have a Jewish services coordinator on its staff available to respond to needs of Jewish patients, and to be available to respond to any requests from Jewish community organizations for assistance and evaluation of patients, including but not limited to 24/7 triage coverage,

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

- The Applicant will develop a bereavement program specifically designed to address the needs of the Jewish patients, families, caregivers and those who are in need of grief support regardless if they are associated with hospice services.
- The Applicant will work with Rendever, its Virtual Reality designer, to coordinate inclusion of the Hillsborough County patients into the specialized virtual reality platform for the Jewish population that honors the history and plight of the Jewish experience and provides "travel" to religiously significant sites and experiences throughout the world.
- The Applicant will collaborate with the local Jewish organizations to identify additional opportunities to improve the delivery of hospice and palliative care to the Jewish population in Hillsborough County.

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 Hillsborough County, including but not limited to VFW Posts, American Legion Posts, MacDill AFB Retired Services, the Hillsborough County Veterans Resource Center, and the Tampa Vet Center (VA).
- 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 Hillsborough County.
- 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 processional with the covered body at its removal from the home.

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- The Applicant will designate one of its hospice liaisons to carry out all Veterans outreach initiatives.
- 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.
- The Applicant will assure its social workers are well trained in the assessment and ongoing interaction with the Veteran.
- 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 will coordinate with Honor Flight West Central Florida to encourage hospice patients to participate in the Honor Flight program for patients physically capable of participating in this important one day event. This community program is described as follows:  
*Honor Flight West Central Florida (HFWCF) is a Tampa, FL based non-profit organization, Our goal is to transport America's Veterans to Washington, D.C. at NO COST, to visit the memorials dedicated to honor their service and sacrifices. Priority is currently given to WWII and Korean Veterans, along with those other Veterans who may be terminally ill. Departure for this one-day trip to Washington, D.C is from the St. Petersburg - Clearwater International Airport (PIE).*
- 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. 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.
- 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 Hillsborough. This should optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary rehospitalizations.
- The Applicant will partner with existing community organizations and resources that service 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.<sup>1</sup>

- 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).

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 Hillsborough County 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 University of South Florida, Byrd Alzheimer's Center and Research Institute; Florida Alzheimer's Association, Florida Gulf Coast Chapter (Tampa Bay Region); Dementia Redefined (Apollo Beach); Caregiver Sanctuary at Hyde Park United Methodist Church (Tampa). 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

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

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 6A 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 6A on the importance of hospice care for patients confronted with end stage cardiac disease.

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- All Affinity Hillsborough 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. EMS Community Paramedic Program**

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

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

**9. 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**

- 10.** 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.
- 11.** 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.
- 12.** 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.
- 13.** 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.
- 14.** 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.

- 15.** The Applicant will introduce its Wound Care Program to Hillsborough County. 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.
- 16.** The Applicant will implement its Virtual Reality Program upon licensure of its program. It will be made available to all eligible Affinity Hillsborough patients. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- 17.** 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 Hillsborough patients. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- 18.** The Applicant will implement its Equine Therapy Program upon Medicare certification of its program. It will be made available to all eligible Affinity Hillsborough 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.
- 19.** 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.
- 20.** 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.

- 21.** 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.
- 22.** 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.
- 23.** With its focus on spiritual engagement, the Applicant will ensure that it has contractual arrangements with specific denominations to assure that patients requiring specific end of life rituals will have their needs appropriately met. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

**Arc Hospice of Florida, LLC (CON application #10775)**, also referenced as Arc Hospice, Arc or the applicant, is a for-profit, Florida Limited Liability Company established on February 21, 2023. Arc states that its parent company, American Hospice Systems (AHS) owns and operates Arcturus Hospice and Palliative Care in Norcross, Georgia. Arc Hospice of Florida, LLC has an approved CON (#10740) to establish a new hospice program in SA 3E (Lake and Sumter Counties).

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

**CON Action Numbers: 10774 through 10780**

Total project cost is \$378,445 and includes equipment, project development, start-up and equipment costs.

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

**General**

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

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

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

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

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

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

- Arc Hospice will allocate \$10,000 annually for five years to organizations in the Service Area which supports unfunded and undocumented community members by providing an array of medical records.

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

**Cultural, Ethnic and Racial**

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

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



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

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

- Arc Hospice commits \$20,000 annually for a period of five years for programming specifically for the Jewish community. Additionally, Arc Hospice will seek accreditation with the National Institute for Jewish Hospice within 18 months of initial licensure.

*Proposed Measure: This will be measured by reporting the expenditures of the funds to AHCA and submitting certification for accreditation documentation upon receipt.*

**Education**

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

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

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

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

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

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

**Transportation**

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

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

**Bristol Hospice - West Florida, LLC (CON application #10776)**

referenced as Bristol Hospice or the applicant, is a newly formed for profit entity established in Florida on February 12, 2024 that it is a wholly owned by Bristol Hospice Holdings, Inc. which is wholly owned by Bristol Hospice Topco, Inc. which is wholly owned by Bristol Ultimate Holdco, L.P. national hospice provider in 17 states, including across 17 states, including Arizona, California, Colorado, Florida, Georgia, Hawaii, Illinois, Louisiana, Massachusetts, Missouri, Oklahoma, Oregon, Texas, Utah, Virginia, Washington, and Wisconsin. Its Florida hospice affiliate is Bristol Hospice – South Florida, LLC (Miami-Dade County).

The applicant expects issuance of license on December 31, 2024, and initiation of service January 1, 2025.

The applicant proposes \$314,656 in total project costs, including equipment, project development, and start-up costs.

Pursuant to project approval, Bristol Hospice - West Florida, LLC offers the following Schedule C conditions:

**Condition 1: High Intensity Nursing and Aide Care.** Bristol commits to high intensities of care provided through nurses and hospice aides. Each patient will have an individual plan of care which allows for 5 to 7 Home Health Aide visits per week and a minimum of 2 RN visits per week as determined by patient need.

*Proposed measure: This will be measured by annual reporting to AHCA of visit-to-patient ratios for nursing and aide services.*

**Condition 2: Community Support from the Bristol Foundation.**

Bristol Hospice will provide support to the community through its national Foundation upon licensure of the program. This includes education, community outreach, and financial assistance for

Hillsborough families, as well as aid and support for events and community organizations in Hillsborough County to promote hospice access.

*Proposed measure: This will be measured by annual reports presented to AHCA outlining the community members and community organizations supported by the Bristol Foundation.*

**Condition 3: Dedicated Community Liaison.** Bristol will staff a dedicated Community Liaison position which will provide outreach to underserved communities in Hillsborough County.

*Proposed measure: This will be measured by annual reports presented to AHCA outlining the outreach activities and communities engaged by the Hospice Community Liaison.*

**Condition 4: Dedicated Mobile Outreach Unit.** Bristol commits to developing and deploying a dedicated mobile outreach unit to engage with low-income and ethnically diverse populations within the service area. This will be operated through Bristol's palliative care program, Advanced Illness Management ("AIM"), and the commitment includes:

- **Funding:** Bristol AIM will allocate \$400,000 starting in the second year of operation to purchase, equip, and operate the mobile outreach unit. This investment will cover the costs of the vehicle, outreach and educational equipment, and initial operational expenses.
- **Staffing:** the mobile unit will be staffed by a team of professionals, including at least one bilingual nurse and one bilingual social worker, to ensure effective communication with diverse populations. The staff will be trained in cultural competency, hospice and palliative care awareness, and community education.
- **Services Offered:** the unit will focus on education about hospice and palliative care options and advance care planning. It aims to increase awareness and understanding of hospice and palliative care, facilitate early identification of hospice-eligible patients, and support for caregivers.
- **Partnerships:** Bristol will establish relationships with local health centers, community organizations, and social services to integrate the mobile unit's outreach efforts with existing healthcare infrastructure.
- **Outreach and Education:** through regular visits to underserved areas, the mobile unit will provide education on the benefits and availability of hospice and palliative care and engage with the community to address cultural barriers.

*Proposed measure: This will be measured by semiannual reports presented to AHCA detailing the progress of the program development through its completion.*

**Condition 5: Transportation Support.** Bristol commits to funding patient and family transportation needs for its hospice patients, especially for those in rural areas with limited public transportation. Bristol will provide up to \$25,000 annually for bus vouchers and other transportation assistance for patient and family transportation to and from medical appointments, support groups, and other hospice related activities.

*Proposed measure: This will be measured by annual reports presented to AHCA outlining the bus vouchers provided and transportation activities.*

**Condition 6: Financial Assistance for Indigent Patients.** Bristol will provide free or discounted care to patients in need of hospice care and without financial resources. Patients with an income level of 100% of the Federal Poverty Level will be eligible for full financial assistance. Patients with an income level between 100% and 200% of the Federal Poverty Level will be eligible for 50% financial assistance.

*Proposed measure: This will be measured by annual reports presented to AHCA detailing the level of financial assistance provided to community members in need.*

**Condition 7: Veteran Specific Programming.** Bristol will develop a specialized Veteran program, including honors ceremonies, life review projects, special events, and Veteran volunteers to visit Veteran patients to provide camaraderie and companionship. Patient military history and preferences will be integrated into the individualized care plans, and Bristol engages in ongoing education of staff and volunteers to provide veteran-centric care. Bristol will pursue We Honor Veterans Level 4 Partnership Certification within the first two years following licensure.

*Proposed measure: This Will be measured by semiannual reports presented to AHCA detailing the progress of the program development through its completion.*

**Condition 8: Specialized Cancer Care Program.** Bristol will implement a cancer care program, including specialized yearly training for its nurses, social workers, chaplains and HHAs.

*Proposed measure: This will be measured by semiannual reports presented to AHCA detailing the progress of the program development through its completion.*

**Condition 9: Cancer Patient Outreach.** Bristol will retain the services of oncology specialized ARNPs or physicians to conduct education and outreach to oncology officers and physicians. Service area oncology offices will receive direct outreach and education.

*Proposed measure: This will be measured by semiannual reports presented to AHCA detailing the progress of the program development through its completion.*

**Condition 10: Bright Moments for Patients with Alzheimer's, Dementia, and other Neurological Conditions.** Bristol will implement its Bright Moments program, for specialized care related to Alzheimer's, Dementia, and other Neurological conditions. Bright Moments' 'Point of Light' kit includes:

- Music Device with Headphones
- Weighted Blanket
- Chart-A-Life for special moments and preservation of patient memories
- Hand-held Distraction Device
- Memory-Enhancing Aromatherapies
- Therapeutic Companion Bear
- Specialized Utensils
- Specialized Care Products

*Proposed measure: This will be measured by annual reports presented to AHCA detailing the number of Hillsborough patients served by Bright Moments.*

**Condition 11 : Sweet Dreams Program for Better Hospice Patient Outcomes.** Bristol's Sweet Dreams Service will be an included part of its hospice services. Sweet Dreams includes creation and delivery of a personalized care plan and services related to Aromatherapy, Sound and/or Music Therapy, PM Care (face wash, foot soak, nail care, mouth care, etc.), and a Gentle Spa Approach (Low lights, spa music, fountains, soft words, slow approach). The Sweet Dreams program is an innovative & non-pharmacological approach supported by research, which shows these types of therapy methods effective to promote better hospice patient outcomes.

*Proposed measure: This will be measured by annual reports presented to AHCA detailing the number of Hillsborough patients served by Sweet Dreams.*

**Condition 12: Palliative Care Provided through Bristol's Advanced Illness Management Program ("AIM").** Bristol's AIM provides palliative care services to patients with a serious illness. The Bristol team of physicians, nurse practitioners and social workers work with the patient's existing healthcare team to provide continuity and management of care wherever the patient lives. Palliative care services can be provided at any stage of advanced or serious illness and would be provided along with other medical services such as cardiac, cancer care, home health and therapies.

*Proposed measure: This will be measured by annual reports presented to AHCA detailing the number of Hillsborough patients served by AIM.*

**Condition 13: CHAP Accreditation.** Bristol Hospice will become accredited by CHAP within six months of licensure of the program.

*Proposed measure: This will be measured by semiannual reports presented to AHCA detailing the progress of the accreditation process through its completion.*

**Condition 14: Proximity of Bristol's Hillsborough County Office to Underserved Populations.** Bristol will establish a physical presence in Tampa within Hillsborough County to better serve county residents we have identified as underserved and improve the efficiency of its caregivers in serving these populations.

*Proposed measure: This will be measured by a statement to AHCA confining Bristol's office in Tampa following licensure.*

**Condition 15: Forgoing of Donations.** Bristol commits to not doing any fundraising activities or events within Hillsborough County for the first two years.

*Proposed Measure: This will be measured by annual reports presented to AHCA detailing funds raised in Hillsborough County.*

**Condition 16: Virtual Reality Program.** Bristol commits to purchasing Virtual Reality equipment and the development of patient-specific platforms which honor the patient's culture and provide experiences not otherwise possible. For example, Veterans unable to participate in the Veteran Honor Flight will be offered a virtual experience, and patients will be offered virtual experiences which honor their cultural history and "travel" to significant sites and experiences throughout the world.

*Proposed measure: This will be measured by semiannual reports presented to AHCA detailing the development of the program through its completion.*

**Charis Healthcare Holdings, LLC (CON application #10777)**, also referenced as Charis or the applicant, is a for-profit, Florida Limited Liability Company. The applicant states it is a provider of Medicare-Certified Hospice and Home Health Care that provides a variety of clinical services and related products and supplies to patients in their place of residence throughout Florida, Illinois, Washington, New Mexico, Nevada, Colorado, Oregon, Utah, and Arizona. Charis states it has 33 locations with more than 700 employees and its headquarters is located in Boca Raton, Florida. Charis' location overview section locations map indicates it has hospice programs in Arizona (4) and Indiana (2).

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

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

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

Pursuant to project approval, 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 |
| - Overcoming a Patient Saying "NO"   | - Comfort Care - What is it?                         |
| - Hospice 101                        | - When to Call Hospice?                              |
| - Palliative Care vs. Hospice Care   | - Handwashing – 101                                  |
| - Pain Control - another medication? | - Dealing With Death                                 |

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- Infection Control
- Preventing Wounds
- HIPPA
- Distracting Techniques
- Grief - It doesn't have to be a lonely journey

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

**Community Hospice of Northeast Florida, Inc. (CON application #10778)**, also referenced as Community Hospice, Community or the applicant, is a Florida Not for Profit Corporation, and a licensed hospice serving SAs 3A and 4A.

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

Total project costs are projected to be \$884,683 and include building, equipment, project development and start-up costs.

Pursuant to project approval, Community Hospice of Northeast Florida, Inc., proposes the following Schedule C conditions:

Pursuant to project approval, Community Hospice of Northeast Florida, Inc. proposes the following Schedule C conditions:

Community Hospice and Palliative Care will condition the approval of its proposed Hospice program in Service Area 6A on the provision of the following special programs and services.

1. Establish Advanced Cardiac Care Program and Advanced Lung Care Programs in Service Area 6A including provider resources, caregiver guides, and specialized care through hospice and palliative programs to serve clinically underserved patients.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of these programs after the first year of operations.

2. Establish specialty care program for dementia patients by extending Centers for Medicare and Medicaid Innovation (CMMI) GUIDE Model (Guiding Improved Dementia Experience) through affiliation with Parent organization, Alivia Care.

Compliance with this condition Will be documented by submission of annual reports to AHCA identifying activities and outcomes of these programs after the first year of operations.

3. Initiate a comprehensive campaign to increase awareness and utilization of hospice care using a multichannel strategy of Healthcare Relations Representatives, Community Outreach Coordinators, clinical educators, with marketing and communications resources communicate value of hospice care to address unmet need in Hillsborough County.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of Campaign after the first year of operations.

4. Provide a minimum of 3 percent of patient service revenue, projected \$1.2 Million over first five years, for charity care, unfunded programs, and community benefit initiatives to provide services to Service Area 6A not covered by reimbursement.

Compliance with this Condition Will be documented by submission of annual reports to AHCA identifying activities and outcomes of these investments after the first year of operations.

5. Establish bereavement support to include individual counseling, group sessions, and memorial events for the caregivers, families, and friends of patients in our program and initiate Community Grief and Loss collaborative for those who did not access hospice care.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of this initiative after the first year of operations.

6. Introduce Camp Healing Powers pediatric grief camp to provide support for children and teens suffering from grief and loss.

Compliance With this condition Will be documented by submission of annual reports to AHCA identifying activities and outcomes of this initiative after the first year of operations.

7. Establish comprehensive palliative care program including in-person and virtual visits using palliatively trained medical professionals to support patients and caregivers living with advanced illness.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of palliative services after the first year of operations.

8. Establish outreach, education, and support focused on underserved diverse populations including the Black community and the initiation of an African American Advisory Council to provide oversight of efforts to increase equitable access.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of these programs after the first year of operations.

9. Sponsor up to four Caregiver Conferences focused on Alzheimer's and dementia care in African American faith community in partnership with Florida State University School of Medicine's ACTS2 program.

Compliance With this condition Will be documented by submission of annual reports to AHCA identifying activities and outcomes of Caregiver Conferences after the first year of operations.

10. Provide specialized services and support to Military Veterans and establish Community Hospice Veterans Partnership in Hillsborough County following the model established in Duval County with a group of military leaders and advocates to provide oversight of Veteran's programs, support, education, and outreach.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of outreach and services to Veterans after the first year of operations.

11. Introduce Community Cares Long Term Care Partnership initiative to address unmet need in facilities with improved integration, collaboration, and coordination of care.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of outreach and services to Veterans after the first year of operations.

12. Perform community assessment to evaluate the need and partnership opportunities to expand Community PedsCare, pediatric palliative care, and apply to be PIC provider in Hillsborough County.

**CON Action Numbers: 10774 through 10780**

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of these programs after the first year of operations.

13. Introduce comprehensive Advanced Care Planning initiative through Honoring Choices Florida and Five Wishes programs to introduce end-of-life issues before medical crisis.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of these programs after the first year of operations.

14. Expand Quality Assurance and Performance Improvement (QAPI) program to ensure historically high-quality services of Community Hospice are extended to Service Area 6A.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of these programs after the first year of operations.

15. Extend our Comfort Care Program to provide a staff member or a volunteer with specialized training at the bedside during imminent death so that no one dies alone-

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of these programs after the first year of operations.

16. Extend Alivia Care Connect Center to ensure patients and families have immediate access to clinical support every hour of every day including the Patient Priority line, Provider Priority Line, Alivia Care Anywhere virtual connections, and Care Navigation services.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of these programs after the first year of operations.

17. Extend programs of The Nevaizer Educational Institute to offer Continuing Education units (CEU) to support outreach efforts and increase awareness of value of hospice care at no cost to clinicians.

Compliance with this condition will be documented by submission of annual reports to AHCA identifying activities and outcomes of these programs after the first year of operations.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** also referenced as Gulfside or the applicant, is a Florida Limited Liability Company whose parent is an existing community-based, 501(c)(3)/not-for-profit Florida entity, who operates a licensed hospice facility in SA 5A (Pasco County). Gulfside is a wholly owned subsidiary of Gulfside Healthcare Services, Inc., which also owns Gulfside Hospice Inc. and has been providing hospice services in SA 5A for more than 35 years. Additionally, Gulfside operates a 14-bed Free -Standing Care Center in Zephyrhills, a six-bed GIP Unit at Heather Hill Skilled Nursing and Rehab Center and has been approved to construct a new 24-bed in southwestern Pasco County.

Gulfside anticipates the issuance of license on December 20, 2024 and initiation of service on January 1, 2025.

Total project cost is \$977,296 and includes building, equipment, project development, start-up and equipment costs.

Gulfside Hospice of Hillsborough, LLC proposes the following conditions to project approval:

- 1. Main Office:** Gulfside Hospice of Hillsborough, Inc. will open its first office on day one of operations in Brandon, Florida. Hillsborough County is a large county, and residents of the southern and eastern sections of the county represent an underserved population. For this reason, Gulfside Hospice intends to establish its main office in Brandon to enhance geographic access to these underserved populations. Lease expense and office start-up costs have been factored into the financial schedules. Gulfside Hospice of Hillsborough County will notify the Agency of the office address.
- 2. Satellite Office:** Six months following the start of operations, Gulfside Hospice Inc. will open its second office in Tampa, Florida. This satellite office is intended to serve residents in central and northern Hillsborough County. Lease expense and office start-up costs have been factored into the financial schedules. Gulfside Hospice of Hillsborough, Inc. will notify the Agency of the office address.
- 3. Disease-Specific Programs for the Underserved:** Hillsborough County has identified underserved populations in need of hospice and palliative care services. These residents are disproportionately found to be of African American or Hispanic descent, or to reside in

rural areas. Gulfside Healthcare Services will take an active role in serving patients with the following diseases specific to the underserved:

- **Cancer** — African Americans and Hispanics have the overall highest death rates from cancer and have a lower 5-year survival rate than their white counterparts. Gulfside Hospice will provide community education, physician roundtables, partnerships with Hillsborough County Medical Association, hold community health fairs, provide pain-management workshops, and Hospice benefits seminars to this population.
- **Cardiac Disease/Congestive Heart Failure** — Cardiac disease is more prevalent in the African American and Hispanic populations, according to the Florida Dept. of Health. Gulfside Hospice intends to partner with the American Heart Association, Provide CPR courses to citizens of underserved communities, promote oxygen safety awareness, provide dietary education for cardiac patients to assist with disease process, provide outreach to primary care physicians and cardiologists to assist with assessment of patients appropriate for hospice, and provide community presentations.
- **Cerebrovascular Disease/Stroke** — According to the Office of Minority Health, African Americans are 50% more likely to have a cerebrovascular accident (stroke) than their adult White counterparts and Black men are 70% more likely to die from a stroke compared to non-Hispanic whites. Gulfside Hospice will partner with the Tampa Bay Stroke Support and Prevention Group to bring education to medical professionals, survivors, and caregivers. Gulfside will also partner with the Stroke Center at the University of South Florida to identify patients in need of Hospice and to educate patients.
- **Diabetes** — Genetic factors make Hispanic population, along with higher rates of obesity, make diabetes more prevalent compared to other non-Hispanic White adults. Likewise, the prevalence of diabetes is also higher in the African American population, compared to Whites. Gulfside Hospice intends to partner with the Florida Department of Health's Diabetes Prevention Program and Partner with the University of South Florida's Diabetes and Endocrinology Center to provide patient and professional education, provide Physician roundtable and community education.

By offering specific services to address the diseases and conditions that effect these citizens at a disproportionate rate, we can provide positive impact to the community promoting screening, prevention, and disease management, while also serving Hillsborough County with compassionate symptom management and end of life care. Gulfside will comply with these initiatives by sending quarterly reports to the Agency on care and service provision to these underserved populations.

**Note: A more detailed description of these disease-specific conditions is listed on pages 31 through 40 of the application.**

- 4. *Arrangements for providing inpatient care:*** Gulfside Hospice intends to provide inpatient care through contractual arrangements with hospitals and skilled nursing facilities in Hillsborough County. Gulfside has received 10 GIP letters of support - 5 hospitals and 5 skilled nursing facilities — who will contract with Gulfside for its GIP patients. Letters of support are provided in the appendix. Gulfside will comply with providing the Agency reports on GIP admissions through hospitals and skilled nursing facilities.

In addition, patients from Hillsborough County hospitals have the opportunity to transfer to Gulfside's free-standing inpatient care center, known as The Rucki Care Center, in Zephyrhills, Florida. This care center is approximately 30 miles from central Hillsborough County. Hillsborough County hospitals routinely transfer Hospice patients to the care center, confirmed by the 119 transfers from Hillsborough County hospitals to the Rucki Care Center over the last three years.

- 5. *Opening of a GIP Unit by the end of Year 2:*** Gulfside Hospice commits to opening its own Medicare certified GIP unit within a skilled nursing facility or hospital by the end of year two. The unit will be fully staffed with Gulfside Hospice clinicians around the clock, and the environment will be homelike. Gulfside has had much success in Pasco County 5A in opening many such units through the years. Gulfside projects \$250,000 in start-up costs that will come from cash through Gulfside's capital reserve fund. Gulfside will comply with providing the Agency reports on GIP admissions, as well as ongoing regulatory compliance and inspections.

- 6. *Apply for Licensure Immediately:*** Gulfside Hospice of Hillsborough County, Inc. will apply for licensure through AHCA within two days of Certificate of Need receipt. Gulfside will comply with AHCA's standard fee schedule for licensure.
- 7. *Providing Free Hospice Care until Medicare Provider Number is Received:*** Given the expressed enthusiasm from our Hillsborough County referral sources, and understanding the urgent Hospice needs, Gulfside Hospice will incur patient costs for patients admitted to Gulfside Hospice while waiting for its Medicare certification. Staffing, patient care and operating expenses for three months are projected at \$931 ,000.00 and will be covered with cash on hand of Gulfside Hospice, Inc. Gulfside will provide detailed reports to the Agency, and all costs will be reflected in our financial audit, cost report and tax returns.
- 8. *Underserved African American Population:*** Because African Americans have special clinical needs based on patterns of illness, Gulfside Hospice commits to providing specialized disease-specific and psycho-social programs to this population. Gulfside Hospice will take an active role in establishing relationships and providing education and outreach to the Hillsborough County NAACP Health Committee, the Hillsborough Medical Association, the Hillsborough Department of Health, African American & Multicultural Outreach. Costs for these programs are factored into the operational costs of outreach. Compliance with this condition will be confirmed by providing the Agency annual reports of this underserved population's participation rate in programs, along with admissions data of this population.
- 9. *Underserved Hispanic Population:*** Outreach, education, patient evaluation platforms, training programs, financial assistance programs, Spanish bereavement programs, Spanish Caregiver Support Groups and patient access will be provided to the Hispanic population in Hillsborough County. Gulfside Hospice will align with The Hispanic Service Council and Brisas del Caribe Assisted Living and Adult Day Care Centers to provide presentations, patient assessments, caregivers assistance and more for this underserved population. Gulfside Clinical Liaisons will work with Hispanic long-term care facilities to be able to educate staff and residents on the benefits of early Hospice referrals and interdisciplinary Hospice care. Costs for these services are factored into the outreach operational costs.



Compliance with this condition will be confirmed by providing the Agency annual reports of this underserved population's participation rate in programs, along with admissions data of this population.

- 10. *Underserved Veterans Population:*** Gulfside Hospice's compassion and care for Veterans spans over 30 years throughout the Tampa Bay area. Accessing the underserved Veterans in Hillsborough to Hospice Care is an effort Gulfside Hospice looks forward to and can do well. Gulfside commits to the Tampa Skyway Bridge Run that supports Veterans. Many Gulfside employees run this event each year, and Gulfside Hospice is proud to support the event yearly. Gulfside will be involved in the Veterans Action Project, aiding disabled and homeless veterans. Costs associated with Veterans programs will be funded through the Gulfside Hospice Foundation, and operating cash. Annual costs are estimated at \$10,000. Gulfside will comply with all Veteran's outreach and programs by providing the agency with reports as needed.
- 11. *Underserved Low-Income Elderly Population:*** Gulfside Hospice community relations personnel and clinical liaisons will visit low-income senior centers, day care centers, and assisted living facilities to educate and access this frail group to Hospice services. Crafts, workshops, Veterans pinnings, health fairs, and support groups will be offered through building relationships and trust with the centers to assist their patrons. Costs for these programs are factored into the operational cost of Gulfside Hospice. \$5,000 for special materials and supplies will be available from operating cash.
- 12. *Medical Fellowship Programs:*** Currently, Gulfside Hospice has physicians with Graduate Medical Education faculty appointments for the Bayonet Point Hospital Hospice and Palliative Medicine Fellowship and the Trinity Hospital Internal Medicine Residency Program. Gulfside serves as the sole hospice experience for the program's Fellows, who do a minimum of 12 weeks rotating with our physicians. Residents are provided with in their 2<sup>nd</sup> and 3<sup>rd</sup> year of residency to allow them to experience the field of Hospice and Palliative Medicine. Gulfside Hospice also has nurse practitioners who serve as clinical preceptors for APRN students from a variety of programs. If granted the CON for Hillsborough County, Gulfside Hospice of Hillsborough will expand the ability to offer rotations and preceptorships to medical and APRN students, residents, and fellows from additional programs, such as

University of South Florida, NOVA Southeastern University, and University of Tampa, in order to expand our efforts to train and prepare medical professionals for the future.

- 13. *Hospice Internship Programs for Social Workers and Chaplains:*** Gulfside Hospice currently has internship agreements with University of South Florida, St. Leo University, Rasmussen College, and Florida State University. The University of South Florida's campus sits in the middle of Hillsborough County, and therefore we will expand Social Work and Chaplain Internships in Hillsborough County through Gulfside Hospice of Hillsborough. All Internships are unpaid, and the only cost associated with this program is mileage reimbursement at the IRS mileage rate. Gulfside Hospice has successfully precepted hundreds of Social Work Interns and Chaplain Interns, many who have become employed by Gulfside Hospice.
- 14. *Create the Gulfside Hospice Foundation:*** Gulfside Hospice commits to creating a Foundation to assist with charity care, emergency relief, education and homeless assistance. In its first year of incorporation, the foundation will support Gulfside Hospice of Hillsborough with \$75,000 dedicated to these programs. The foundation will be positioned as a separate 501 (c) 3, under the parent company Gulfside Healthcare Services, Inc. The Gulfside Hospice Foundation will comply with all regulatory and financial requirements.
- 15. *Open an Outpatient Palliative Care Clinic in Year 1:*** Kindred Hospital of Tampa has committed to lease office space within its hospital to Gulfside Palliative Care for an outpatient Palliative Care Clinic. A Gulfside Board Certified Nurse Practitioner and Board-Certified Physician will provide palliative consultations for Hillsborough County residents living anywhere within the county to be able to visit the clinic for palliative services. The cost for start-up is \$15,000 and estimated lease paid for space is \$12,000 per year. Gulfside will comply with this condition by reporting Palliative Care consults, patient records through the electronic health records and by providing the agency with annual reports as needed.
- 16. *Children's Bereavement Day Camp:*** Gulfside Hospice of Hillsborough County will create and introduce a Children's Bereavement Day Camp to all bereaved children in Hillsborough County, regardless of if their loved ones received Hospice care through Gulfside. Gulfside's Bereavement programs are open to the community because of the important needs and necessary

access to important bereavement during grief and loss of any kind. The annual cost associated with this Children's Bereavement Day Camp is \$10,000 annually and will be funded through operations cash. Gulfside will comply with this condition by documenting bereavement services in patient records, as well as providing the agency with annual reports of participation and program services.

**17. *Technology for Exceptional Patient Care:*** Gulfside Hospice of Hillsborough will implement specialized technology services to advance patient care. Technology programs include:

- Comfort Quest — Virtual Reality for pain and symptom management
- Web Portal for patients and families
- Physician's portal
- Predictive Analytics for Last Days and Clinical AI use
- Patient Home Monitoring

Initial cost of these technologies is \$50,000 and will come from the from Capital Reserve

**18. *Specialty Mental Health Programs:*** The Florida Department of Health notes a significant increase in rates of depression and suicide in seniors. Thus, Hillsborough County's Community Health Improvement Plan for 2020-2025 is supported By Gulfside Hospice. Gulfside will support this focus with expansion and involvement in the Hillsborough organizations, National Alliance on Mental Illness, and American Foundation for Suicide Prevention. Gulfside's Nursing Academy leaders will participate in community education and outreach regarding mental illness. Gulfside Social Work Leaders are currently participating in training called "L.E.T.S. Save Lives" that focuses on suicide education and prevention specifically for the Tampa Bay Black community. Chaplains and Social Workers will continue involvement and expand services in Hillsborough County. Gulfside Hospice of Hillsborough County commits to contracting with a Psychiatrist or Psychiatric Nurse Practitioner for clinical medical consultations for our Hospice patients needing psychiatric care. The cost associated with the contracted staff and program provision is \$50,000 annually. Compliance with this program will be documented in patients' electronic health records and meet all quality and compliance regulations. Reports will be sent to the agency as required.

**19. *Immigration Program for Undocumented, Non-Citizens:*** Gulfside Hospice of Hillsborough will seek guidance from the two

Immigration Law practices that support our CON application to develop programs and assistance for this special population. Access to Hospice care includes this underserved population, and Gulfside Hospice will comply with all requirements to provide Hospice care.

**20. *Community Panel Presentations, Webinars, Caregiver***

***Seminars:*** Gulfside Hospice specializes in providing effective and well-attended community educational programs on various Hospice topics. Professional Panel presentations, community workshops and seminars, webinars and focus groups will be provided throughout Hillsborough County each year, all year long. An average of 60 such programs will be offered annually to build awareness, provide access to Hospice Care, serve the unmet need in Hillsborough and increase utilization throughout Hillsborough County. Costs associated with this outreach is \$30,000 annually through operations cash.

**21. *Gift of Time, Dignified Terminal Extubation Program:***

Collaborating with hospitals to safely transfer intubated patients to the Gulfside Care Center and accommodating families during this difficult stage is an initiative that Gulfside will provide in Hillsborough County. Allowing family members to arrive and stay together to bid farewell when ready has been extremely important and appreciated by patient loved ones and the community. Gulfside currently has contracts with advanced transport companies who partner with our Gulfside Physicians, Respiratory Therapists and Nurse for transport and transition at the care center. When the families are ready, the Gulfside team peacefully removes patients from the ventilator, acknowledging grief and loss and the importance of time. Costs associated with this program include transportation at times. All other costs are factored into daily operations. Compliance with this condition will be done through our compliance and quality initiatives, clinical documentation in the electronic health record, and required agency reporting.

**22. *Joint Commission Accreditation:*** Gulfside Hospice of Hillsborough intends to seek accreditation through the Joint Commission in the first year of operation. The cost of initial accreditation is \$5,000 and will be funded through operations cash.

**VITAS Healthcare Corporation of Florida (CON application #10780)**

referred to as VITAS or the applicant is a for-profit entity whose parent company is CHEMMED Corporation, a publicly traded company. VITAS provides hospice services in SAs 1, 2A (2B pending CHOW as of 4/12/24) 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 8C, 9B, 9C, 10 and 11. In this batching cycle, VITAS also proposes to establish a new hospice program in SA 5A.

The applicant expects issuance of license on September 1, 2024, and initiation of service on October 1, 2024.

Total project cost is \$1,146,736 and includes equipment, project development, and start-up costs.

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

As it relates to the conditions of this application, VITAS has not listed services and procedures required by state and federal law because VITAS understands the conditions in a CON application are intended to be actions that the applicant commits to voluntarily. VITAS will comply with all state and federal laws and with all the reporting requirements and time frames in Chapters 59C-1.013 and 59C-1.021, F.A.C. Additionally, VITAS commits to delivering the following services to meet operational/programmatic conditions described below.

**Special Programs:**

**VITAS Cardiac Care Program**

The age-adjusted death rate from heart disease is the leading cause of death for residents of Hillsborough County. Additionally, at least two hospitals in Service Area 6A have a hospice utilization rate for cardiac patients that is less than the state average. At least two Service Area 6A hospitals have a hospice average length of stay that is shorter than the statewide average. These statistics are indicators of late referrals and a need for education. These metrics can be improved by targeted, diagnosis-specific outreach to area practitioners, improved care for cardiac patients, and community education through the VITAS Cardiac Care program.

VITAS makes it a condition of this application to implement this program in Service Area 6A. The program will include the following elements:

- **Staff Training:** All nurses, social workers, and chaplains will complete the training modules in the VITAS Cardiac Program Resource Manual (or its successor) within three months of their

start date. Compliance with this condition will be shown by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.

- **Provider Input:** VITAS will publicize and offer semi-annual meetings open to area cardiologists and their support staff, for the first three years of operation. These meetings will be a forum to discuss VITAS' cardiac program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs. As part of the first three annual conditions compliance reports, compliance with this condition will be supported by attestation from the General Manager that the meetings were offered.
- **Healthcare Provider Education:** VITAS will offer semi-annual cardiac-related continuing education to area healthcare providers for the first three years of operation. The education will focus on end-of-life care for patients with cardiac diagnoses. Compliance with this condition will be supported by an attestation from the General Manager, as part of the first three annual CON condition compliance reports, that continuing education was offered.
- **Community Education:** VITAS will publicize and offer annual "Ask the Doctor and/or Clinician" events open to the public, for the first three years of operation. These events will be a forum for area residents to ask hospice physicians and/or other VITAS clinicians about hospice care, cardiac disease, caregiving, and support for individuals with cardiac disease. Compliance with this condition will be supported by an attestation from the General Manager, as part of the first three annual CON condition compliance reports, that continuing education was offered.
- **American Heart Association Certification:** VITAS will obtain certification within two years of the start of operations in Service Area 6A from the American Heart Association's Palliative/Hospice Heart Failure Program. Compliance with this condition will be supported by an attestation from the General Manager as part of the first two annual CON condition compliance reports.

### **VITAS Pulmonary Care Program**

At least four hospitals in Service Area 6A utilized hospice for respiratory patients at a rate less than the statewide average, and at least five hospitals had shorter average length of stays than the state average. These metrics can be indicators of late referrals and a need for patient and staff education. VITAS proposes to improve these metrics in Service Area 6A with targeted, diagnosis specific outreach to area practitioners, improved care for pulmonary patients, and community education through its Pulmonary Care program.

The Pulmonary Care program is described in detail in Schedule B and has three primary goals: 1) improving end-of-life care for patients with pulmonary diagnoses; 2) increasing area healthcare providers' awareness of hospice care for patients with respiratory diagnoses, and 3) increasing area residents' awareness of hospice care for patients with respiratory diagnoses. The program will include the following elements:

- **Staff Training:** All nurses, physicians, social workers, and chaplains will complete training regarding care for patients with pulmonary diagnoses and their families within the first three months of their start date. Training will include at least three elements: 1) Education on Chronic Obstructive Pulmonary Disease; 2) Education on End-Stage Pulmonary Disease, and 3) Training on removal from mechanical ventilation. Compliance with this condition will be shown by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- **Provider Input:** VITAS will publicize and offer annual meetings open to area pulmonologists, their support staff, and other physician stakeholders, for the first three years of operation. These meetings will be a forum to discuss VITAS' Pulmonary Care program and obtain feedback from physicians and other clinicians on patients' needs and how the program can best address them. As part of the first three annual conditions compliance reports, compliance with this condition will be supported by attestation from the General Manager that the meetings were offered.
- **Healthcare Provider Education:** VITAS will offer COPD-related continuing education to area healthcare providers, for the first three years of operation. The education will focus on end-of-life and palliative care. VITAS will offer two programs to area providers. The two programs will be "Palliative Care for End-Stage COPD Patients" and "COPD: The Disease." Compliance with this condition will be supported by an attestation from the General Manager, as part of the first three annual CON condition compliance reports, that continuing education was offered.
- **Community Education:** VITAS will publicize and offer annual "Ask the Doctor and/or Clinician" events open to the public for the first three years of operation. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice care, end-stage pulmonary disease, and caregiving and support for individuals with respiratory disease. Compliance with this condition will be supported by an attestation from the General Manager, as part of the first three

annual CON condition compliance reports, that continuing education was offered.

- **Respiratory Therapist:** VITAS will include a respiratory therapist in its staffing plan for Service Area 6A. The respiratory therapist will provide patient care and serve as an educational resource to other hospice staff. Compliance with this condition will be documented by providing the name and start date of the respiratory therapist in the annual CON condition compliance report.

### **VITAS Sepsis Care Program**

VITAS' Sepsis and Post-Sepsis Syndrome Program will benefit Service Area 6A. Seven hospitals in Hillsborough County had lower utilization of hospice for sepsis patients than the statewide average. Six hospitals had shorter average lengths of stay than the statewide average, and two hospitals had higher readmission rates than the statewide average.

The Sepsis Care program is described in detail in Schedule B and has three primary goals: 1) improving end-of-life care for patients with sepsis diagnoses; 2) increasing area healthcare providers' awareness of hospice care for patients with sepsis diagnoses, and 3) increasing area residents' awareness of hospice care for patients with sepsis diagnoses. The program will include the following elements:

- **Staff Training:** All nurses, physicians, social workers, and chaplains will complete training modules in the VITAS Sepsis Program Resource Manual within three months of their start date. Compliance with this condition will be shown by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- **Provider Input:** For the first three years of operation, VITAS will publicize and host annual meetings with hospital staff and physicians to serve as a forum to discuss VITAS' sepsis program and obtain feedback from physicians and other clinicians on how VITAS can address their patients' needs. As part of the first three annual conditions compliance reports, compliance with this condition will be supported by attestation from the General Manager that the meetings were offered.
- **Healthcare Provider Education:** VITAS will offer an annual sepsis-related continuing education to area healthcare providers for at least the first three years of operation. The education will focus on end of life care for patients with sepsis diagnoses. As part of the first three annual conditions compliance reports,



compliance with this condition will be supported by attestation from the General Manager that continuing education was offered.

- **Community Education:** VITAS will publicize and offer annual "Ask the Doctor and/or Clinician" events open to the public for the first three years of operation. These events will be a forum for area residents to ask a hospice physician and other VITAS clinicians about hospice care, sepsis, and support for individuals with sepsis diagnoses. As part of the first three annual conditions compliance reports, compliance with this condition will be supported by attestation from the General Manager that the events were offered.

### **VITAS Alzheimer's and Dementia Care Program**

In Hillsborough County, in 2022, the percentage of Probable Alzheimer's cases of residents age 65 and older was 10.7, compared to the statewide average of 11.4 percent. As a chronic and incurable disease, patients with Alzheimer's and dementia represent a fast-growing group of hospice patients. VITAS is committed to bringing the latest innovations to end-of-life care to patients and their caregivers. VITAS' approach to caring for patients with Alzheimer's and dementia is threefold: 1) reducing inappropriate psychotropic use and enhance other non-pharmacological interventions; 2) educating hospice staff, caregivers, and area healthcare providers; and 3) conducting ongoing research on hospice care for these patients.

VITAS conditions this application on implementing its Alzheimer's and Dementia Care Program that will include the following elements:

- **Staff Training:** All nurses, physicians, social workers, and chaplains will complete training modules in the VITAS Alzheimer's and Dementia Care program within three months of their start date. VITAS' Alzheimer's and Dementia Care program includes 2.5 hours of CEUs covering evidenced-based protocols for behavioral symptoms. Compliance with this condition will be shown by a log of employees' start dates and dates of training completion. The log will come with an attestation statement from the General Manager in the annual CON condition compliance report.
- **Healthcare Provider Education:** For the first three years of operation, VITAS will offer annual Alzheimer's and dementia disease-related continuing education to area healthcare providers. The education will focus on end-of-life care for patients with Alzheimer's and dementia diagnoses. As part of the first three annual conditions compliance reports, compliance with this condition will be supported by attestation from the General Manager that continuing education was offered.
- **Music Therapy:** Multiple studies have shown that Alzheimer's and dementia patients benefit from music therapy. VITAS conditions

this application on providing music therapy to these patients. Compliance with this condition will be supported by an attestation statement from the General Manager, for the first three years of operation, that music therapy was offered.

- **VIP Program:** Research demonstrates that Alzheimer's and dementia patients benefit from individualized care plans. The VIP Program leverages a brief informational interview with the primary caregiver to understand the patient's likes and dislikes to develop a whole-person-centered care plan. VITAS will offer its VIP Program to these patients. As part of the first three annual conditions compliance reports, compliance with this condition will be supported by an attestation from the General Manager that this program was offered.

### **Palliative Care Resources**

VITAS offers all of its patients options for palliative care, as its care is a vital component of high-quality, comprehensive hospice care. The palliative care services offered by VITAS are described in detail in Schedule B. It is important to note that not all patients who could benefit from palliative care are eligible for hospice care. In order to determine what services are appropriate for patients seeking hospice care, it is important to have a detailed, open discussion with the patient and his or her family concerning end-of-life goals and advanced care planning. To ensure Service Area 6A patients who would benefit from palliative care receive the services they need, VITAS conditions this application on:

- **Engaging area residents with serious illness in goals of care conversations:** VITAS conditions this application on providing easy-to-understand documents and aides to facilitate patient decisions on care for serious illness. VITAS will use the Five Wishes document and a wishes and values guide during the goals of care conversations. For the first three years of operation, compliance with this condition will be documented by an attestation statement from the General Manager.
- **Providing Palliative Services to Hospice Patients with Cancer:** Some cancer patients can only access hospice services if the hospice can provide or arrange for treatments that are more palliative in nature, including such treatment as chemotherapy and radiation to manage pain. Not all hospice programs provide such services even if medically necessary. VITAS will provide palliative chemotherapy, radiation, and pain pumps to manage patients' pain and symptoms, as appropriate. Compliance with this condition will be documented by attestation from the General manager, for the first three years of operation, that these services were offered and/or provided to patients in the service area.

### **Community Outreach Programs for Minority Populations**

Service Area 6A is a very diverse area that is growing more diverse every year. There are several minority populations that are historically underserved with regard to hospice care. VITAS conditions this application on implementing several culturally-sensitive outreach initiatives to better serve them. VITAS conditions this application creating a multi-cultural advisory committee to advise VITAS on how to best meet the needs of these communities. VITAS also conditions this application on providing a Community Healthcare Worker and a dedicated VITAS representative (who is fluent in Spanish), to provide education and outreach in Service Area 6A, for at least the first three years of operation. VITAS will also provide hospice educational materials in multiple languages when required. Compliance with the community outreach conditions listed above will be supported by an attestation from the General Manager. VITAS will further support the minority population in Service Area 6A by implementing the following community initiatives:

- **Hispanic Community:** VITAS will donate \$80,000 to the Hispanic Services Council (or a similar organization that provides outreach to this community) within the first two years of operations. Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the first two annual condition compliance reports.
  - VITAS will coordinate with the grantee's Community Health Worker to facilitate outreach to the community and provide hospice education for the first three years of operation. Compliance with this condition will be supported by an attestation from the General Manager in the first three annual conditions compliance reports.
- **African American Community:** VITAS will donate \$80,000 to the Calgary Community Clinic (or a similar organization that provides outreach to this community) within the first two years of operations. Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the first two annual condition compliance reports.
  - VITAS will collaborate with this community partner to provide educational materials and information about hospice care and eligibility, for the first three years of operation. Compliance with this condition will be supported by an attestation from the General Manager in the first three annual conditions compliance reports.

- **LGBTQ+ Community:** VITAS, as a condition of this application, will donate \$80,000 to Metro Inclusive Health (or a similar organization that provides outreach to this community). Compliance with this condition will be documented by providing AHCA with copies of the checks and the name of the grantee as part of the first two annual compliance reports.
  - VITAS will collaborate with this organization to provide culturally sensitive education on hospice care, for the first three years of operation. Compliance with this condition will be supported by an attestation from the General Manager in the first three annual conditions compliance reports.
- **Bridging the Gap Training/Discussion/Toolkit:** VITAS has created a Bridging the Gap training and panel discussion for healthcare professionals and spiritual leaders on the needs of African American and Hispanic communities at the end of life and how to engage families in end-of-life discussions. The Bridging the Gap Toolkit will also be offered to spiritual leaders to review evidence about preferences on end-of-life care and provide resources for end-of-life conversations, including how to address a patient's faith and how to engage a terminally ill patient's family to provide support. VITAS conditions this application on offering the Bridging the Gap program in the service area for the first three years of operation. Compliance with this condition will be supported by attestation from the General Manager in the first three annual conditions compliance reports.

### **Veterans Program**

Veterans have unique end-of-life care needs and benefit from specialized programming and care. There is a large military presence and veteran population in Service Area 6A. To meet the needs of this special population, VITAS will ensure programming and recognition for veterans at the end of life.

- **Honor Flight Network:** VITAS conditions this application on offering the virtual reality, "flightless" Honor Flight Visits Program to veterans who cannot participate in the Honor Flight Network trips to Washington D.C. This program is described in detail in Schedule B. For the first three years of operation, compliance with this condition will be supported by an attestation from the General Manager.
- **Veterans Walls:** VITAS also conditions this application on offering to install a Veterans Wall in at least two area assisted living facilities or nursing homes within the first

two years of operation. The walls will showcase a VITAS-provided photo plaque for each veteran resident, engraved with the individual's name and branch of service. The wall serves as a resource for the community and a location for veteran-specific events. Compliance with this condition will be supported by an attestation from the General Manager, in the first two annual condition compliance reports, that VITAS offered to sponsor and create the walls.

- **We Honor Veterans:** VITAS conditions this application on the Service Area 6A program entering the We Honor Veteran program and achieving Level 4 commitment to the program within the first three years of operation. VITAS regularly participates in the We Honor Veterans Program, which is described in detail in Schedule B. Compliance will be documented in the first three annual CON condition compliance reports, by attestation from the General Manager, of the program's We Honor Veterans Level and the date the program achieves Level 4 status.
- **Veteran Representative:** VITAS will provide a veteran representative to the Service Area 6A program to assist its veteran hospice patients and their families. The representative will develop solutions that meet the unique needs of veteran hospice patients and as an educational resource to the community and other hospice staff. Compliance with this condition will be documented by an attestation from the General Manager in the first three annual condition compliance reports.
- **Veterans Benefits Assistance Program:** VITAS conditions this application on implementing its Veterans Assistance Program to assist veteran hospice patients and their families. Compliance with this condition will be supported by an attestation from the General Manager in the first three annual conditions compliance reports that this program was offered.
- **ELNEC Training:** For the first two years of operation, VITAS conditions this application on providing the ELNEC End-of-Life Education Training-For Veterans Project to its nurses in order to better educate them on how to provide palliative care to veterans. Compliance with this condition will be supported by an attestation from the General Manager in the first two annual condition compliance reports.

- **Grant to Qualified Organization:**

To further support the veteran population in Service Area 6A, VITAS conditions this application on providing support in the amount of \$20,000 to Veterans Last Patrol (or a similar organization that provides support to the veteran community in the service area) within the first two years of operation. Compliance with this condition will be supported by providing copies of the checks and the name of the grantee as part of the first two annual compliance reports.

**Solo Agers Outreach Program**

As previously mentioned over approximately 225,000 people in Hillsborough County are aged 65 and older. Of that population, it is estimated that over 24% of them live alone. A "solo ager" is defined as an elderly person who lacks caregiver support, either because they either live alone or their primary caregiver is unable to properly care for them. To serve the elderly population in Service Area 6A, particularly the elderly that lack caregiver support, VITAS conditions the following actions:

- **Solo Agers Outreach Program:** VITAS conditions this application on implementing its Solo Agers Outreach Program within the first two years of operation. This program will allow solo agers on service with VITAS to age in place safely with the knowledge that their needs will be met with compassion and kindness. To reach this goal, VITAS will provide a Community Healthcare Worker to assist its solo ager patients by identifying community services that will meet their needs. The Community Healthcare Worker will also collaborate with local qualified agencies to provide care for this group. Compliance with this condition will be supported by an attestation from the General Manager as part of the first three annual conditions compliance reports.
- **Grants to Qualified Organizations:** VITAS conditions this application on providing support in the amount of \$80,000 to Hillsborough County Aging Services (or a similar organization that provides support to the elderly population in the service area), specifically the Senior In-Home Services Program. VITAS also conditions this application on providing support in the amount of \$70,000 to Meals on Wheels Tampa (or a similar organization that provides support to the elderly population in the service area). Compliance with these conditions will be documented by providing copies of the checks and the names

of the grantees as part of the first three annual condition compliance reports.

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

VITAS is committed to caring for all patients, regardless of their socioeconomic status or where they call home. VITAS is also committed to providing resources that will improve quality of life for all residents of the service area. VITAS conditions this application on providing a Community Healthcare Worker to provide outreach and hospice education to impoverished and homeless individuals in the service area. Compliance with this condition will be supported by an attestation from the General Manager.

- **Community Support:** VITAS conditions this application on providing assistance to homeless and impoverished communities in Service Area 6A. Specifically, VITAS conditions this application on providing financial support to the following organizations, within the first two years of operation:
  - **United Way:** A grant of \$90,000 to the United Way Suncoast, Neighborhood Resource Center at Sulphur Springs or other homeless assistance organization that provides support to homeless populations. Compliance with this condition will be documented by providing copies of the checks and the names of the grantees as part of the first three annual condition compliance reports.
    - VITAS will collaborate with this organization to provide educational materials about hospice care (including, but not limited to, its HELLO program), for the first three years of operation. Compliance with this condition will be provided by an attestation from the General Manager, in the first three annual condition compliance reports.
  - **Metropolitan Ministries:** A grant of up to \$90,000 to Metropolitan Ministries, earmarked for its NeighborHOPE project (or similar organization that assists impoverished and homeless individuals), which targets high-need communities in the service area. Compliance with this condition will be documented by providing copies of the checks and the names of the grantee as part of the first three annual condition compliance reports.
    - VITAS will collaborate with this organization to provide educational materials about hospice care

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(including, but not limited to, its HELLO program), for at least first three years of operation.

Compliance with this condition will be provided by an attestation from the General Manager, in the first three annual condition compliance reports.

- **Abe Brown Ministries:** A grant of up to \$80,000 to the Abe Brown Ministries (or similar organization) to assist impoverished and homeless individuals in the service area. Compliance with this condition will be documented by providing copies of the checks and the names of the grantees as part of the first three annual condition compliance reports.
  - VITAS will collaborate with this organization to provide educational materials about hospice care (including, but not limited to, its HELLO program), for at the first three years of operation. Compliance with this condition will be provided by an attestation from the General Manager, in the first three annual condition compliance reports.
- **Feeding Tampa Bay:** A grant of up to \$80,000 to Feeding Tampa Bay (or similar organization) to provide assistance to the food-secure individuals in the service area. Compliance with this condition will be documented by providing copies of the checks and the names of the grantees as part of the first three annual condition compliance reports.

### **Certification by the National Institute for Jewish Hospice**

Service Area 6A has an established and active Jewish population. Many VITAS programs are accredited by the National Institute for Jewish Hospice (NIJH) to ensure that hospice care adheres to Jewish ideals as they care for patients and their families. All VITAS' patient care teams and volunteers are trained in the beliefs, customs, philosophies, and ethics of both practicing and nonpracticing Jews. VITAS' certified Jewish hospice programs train staff and volunteers in these faith-based beliefs and customs, along with Jewish ethics related to medical futility and the care of the terminally ill. VITAS will seek certification by the National Institute for Jewish Hospice to enhance the level of cultural competency of hospice care for the Jewish population in Service Area 6A, within the first three years of operation. Compliance with this condition will be supported by attestation of the General Manager in the first three annual CON condition compliance reports.

### **Provider Education and Training Programs**

VITAS has met with several healthcare providers in the service area who indicate that there is a need for additional end-of-life



care training for physicians, nurses, and social workers. Hospice education programs provide healthcare providers with vital information and tools to help appropriately identify patients that would qualify for and benefit from hospice care, thereby improving access to hospice care.

- VITAS conditions this application on offering its innovative Goals of Care Preceptorship and Certification Program for the first three years of operation. Compliance with this condition will be supported by attestation from the General Manager in the first three annual CON condition compliance reports.
- VITAS will offer an End-of-Life Nursing Education Consortium (ELNEC) training program for nurses for the first two years of operation. VITAS will also offer an Education in Palliative and End-of-Life Care (EPEC) training program for physicians for the first two years of operation. Compliance with this condition will be supported by attestation from the General Manager in the first three annual CON condition compliance reports.
- VITAS conditions this application on hosting annual "Ask the Doctor and/or Clinician" educational events, for the first three years of operation. These events are open to the public and are for residents to ask a hospice physician or other VITAS clinician about hospice care, caregiving, and support for individuals who require hospice care. As part of the first three annual conditions compliance reports, compliance with this condition will be supported by attestation from the General Manager that the events were offered.
- VITAS conditions this application on offering educational webinars, for the first three years of operation, to representatives of Medicaid Managed Care programs, related to hospice eligibility. As part of the first three annual conditions compliance reports, compliance with this condition will be supported by an attestation from the General Manager that the education was offered.

### **Quality and Patient Satisfaction**

On May 18, 2023, VITAS' Florida hospice programs became CHAP accredited. Full accreditation for all VITAS programs nationwide is expected to occur by September 30, 2024. In order to provide high-quality patient care, VITAS is continuously reviewing its performance to evaluate what is working and to identify ways to improve. High-quality hospice providers must incorporate care and support services that not only alleviate painful symptoms of patients but also ease the major physical, spiritual, and emotional burdens of patients and their families during such a difficult time.

- **Accreditation:** VITAS conditions this application on adding this program for Community Health Accreditation Partner (CHAP) Accreditation. This condition will be supported by providing an attestation from the General Manager that it has earned CHAP accreditation within the two years of operation.

### **VITAS Staff Training and Qualification**

Dedicated, experienced, and empathetic hospice staff are an important component to providing high-quality hospice care to patients and their families. VITAS is committed to ensuring all of its staff, including staff in Service Area 6A, are well-trained to provide the best possible care. Accordingly, VITAS conditions this application on:

- The Medical Director covering Service Area 6A will be Board-Certified in Hospice and Palliative Care medicine or obtain certification through the Hospice Medical Director Certification Board.
- VITAS will provide a salary increase and will reimburse any testing fees for RNs, LPNs, home health aides, and social workers who obtain certification in Hospice and Palliative Care.

Compliance with this condition will be shown by attestation from the General Manager in the annual CON condition compliance report.

### **Other Conditions:**

#### **Inpatient Unit**

Through its research, VITAS has identified that the service area is in the lowest third in Florida for the ratio of Medicare hospice ADC relative to dedicated inpatient beds. As such, VITAS is strongly committed to exploring viable dedicated inpatient opportunities in the area whether with a host, or if better suited to the needs of the community, through applying to build a freestanding inpatient unit for approximately 12 beds. Compliance with this condition will be supported by an attestation from the General Manager in the first three annual condition compliance reports.

#### **Hospice Office Locations**

The hospice office locations are important because the location has the potential to facilitate hospice visibility, community awareness, and focused interaction with the community. VITAS is committed to increasing hospice awareness and utilization in Service Area 6A. VITAS conditions this application on having two hospice offices in Service Area 6A within the first two years of operation. Compliance

will be demonstrated by submission of the VITAS license with the office locations in the first three annual condition compliance reports.

**Services Beyond the Traditional Hospice Benefit**

Although the following services are provided by VITAS as a standard part of its care to patients, these services are not typically provided as they are not part of the traditional hospice benefit. VITAS conditions this application on providing these services to its patients, supported by an attestation from the General Manager in the first three annual CON condition compliance reports.

- Providing admissions in the evenings and weekends
- Telecare Program
- Providing services to address medically complex, high-acuity services
- Free prognostication tool through VITAS App
- Comprehensive Pharmacy Program
- Paw Pals Therapy
- Hair Care Volunteers
- Lavender Touch
- Musical Memories
- Memory Bears
- Comprehensive Bereavement Services beyond one year
- Life Bio
- Free Prognostication Tool for area physicians
- Massage Therapy
- Specialty Children's Bereavement Services
- Commitment to providing medically appropriate therapies such as physical and occupational therapies

**VITAS Will Not Solicit Donations**

The primary purpose of this project is to improve patient access to hospice care, not financial benefit. Thus, VITAS will not solicit charitable contributions from patients, family, or friends relating to its services in Service Area 6A nor will VITAS engage in fundraising events for its program. Any unsolicited donations received will be given to VITAS Community Connections, a non-profit organization that uses funds to provide donations and grants to local organizations and families, ensuring that all money goes back into the local community. Compliance will be provided in the annual CON condition compliance report with an attestation from the General Manager confirming any unsolicited amounts were provided to VITAS Community Connections.

*The proposed conditions and measures are as stated by the applicant. Should a project be approved, the applicant's proposed conditions would be reported in the annual condition compliance report as required by Rule 59C-1.013(3), Florida Administrative Code. However, Section 408.043(3)*

*Florida Statutes states that “Accreditation by any private organization may not be a requirement for the issuance or maintenance of a certificate of need under ss. 408.031-408.045, Florida Statutes.” Hospice programs are required by federal and state law to provide services to everyone requesting them and therefore the Agency would not place conditions on a program to provide legally required services such as palliative radiation and chemotherapy and care to the indigent and charity patients.*

*Section 400.606(5), Florida Statutes states that “The agency may deny a license to an applicant that fails to meet any condition for the provision of hospice care or services imposed by the agency on a certificate of need by final agency action, unless the applicant can demonstrate that good cause exists for the applicant’s failure to meet such condition.” Issuance of a CON is required prior to licensure of certain health care facilities and services.*

*The review of a CON application and ultimate approval or denial of a proposed project is based upon the applicable statutory criteria in the Health Facility and Services Development Act (408.031-408.045, Florida Statutes) and criteria in Chapter 59C-1, Florida Administrative Code. An approved CON does not guarantee licensure of the proposed project. Meeting the applicable licensure requirements and licensure of the proposed project is the sole responsibility of the applicant.*

#### **D. REVIEW PROCEDURE**

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

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

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

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

As part of the fact-finding, consultant 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, Florida Statutes, applicable rules of the State of Florida, and Chapter 59C-1, Florida Administrative Code.

**1. Fixed Need Pool**

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

In Volume 50, Number 23 of the Florida Administrative Register, dated February 2, 2024, the Agency published need for a new hospice provider in Service Area 6A (Hillsborough County) for the July 2025 hospice planning horizon. The applicants are applying to establish a hospice program in response to published numeric need.

SA 6A's CYs 2019—2023 hospice admissions by provider are shown in the table below.

<b>Service Area 6A</b>					
<b>Hospice Admissions CY 2019—CY 2023</b>					
<b>Hospice</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>	<b>2020</b>	<b>2019*</b>
AccentCare Hospice of Hillsborough (f/k/a Seasons)	1,436	1,641	1,980	1,530	982
LifePath Hospice	5,649	5,728	6,064	5,992	6,108
Suncoast Hospice of Hillsborough, LLC (Lic. 12/17/21)	951	312	8	0	0
<b>Total</b>	<b>8,036</b>	<b>7,681</b>	<b>8,032</b>	<b>7,522</b>	<b>7,090</b>

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

Note: \*CY 2019 includes 3,754 July-December 2019 admissions which were not published due to the cancellation of the July 2020 batching cycle. LifePath Hospice had 2,916; and AccentCare f/k/a Seasons Hospice, 593 admissions during July-December 2019.

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

**Affinity Care of Hillsborough, LLC (CON #application 10774)** states the following on page 32 its strategic initiatives to be implemented into the proposed project:

1. Meet Patient Needs via Enhanced Patient Touches and Hospice Responsiveness
2. Comprehensive Program and Outreach to the Jewish Community to Meet their Needs and Enhance Hospice Utilization
3. Enhance Spiritual Component of Hospice Services
4. Address Veteran Programming
5. Uplift Hospice Utilization Amongst Minority Groups
6. Detailed Program and Outreach to Enhance Hospice Utilization for Dementia and Alzheimer's Disease
7. Patient and Referral Responsiveness to Enhance Quality Experience
8. Develop and Initiate a Community Paramedic Program with Local EMS to Reduce Unnecessary Trips to the Emergency Room

### **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 Sarasota and Affinity Manatee operate north of the SA and that their proposed expansion “is a natural and most appropriate extension of robust programming and resources, consistent with the orderly development of hospice services.”

### **Awarding the CON to the Applicant**

Affinity Care of Hillsborough contends that it is the most appropriate co-batched applicant in the current batching cycle for a having successful startup experience in both Sarasota and Manatee Counties to the south. The applicant informs that since its late 2021 opening, the Sarasota affiliate now exceeds 600 admissions per year and that the Manatee County opened last summer and is in its initial operating period. Affinity mentions that its affiliates southeast of Hillsborough along the Atlantic Coast in Broward and Miami-Dade have been operational for 4 years and 2 years and have had 322 and 381 admissions respectively for the 12 months ending March 31, 2024.

The applicant states that it has received support from 37 post-acute providers (SNFs, ALFs and home health) as well as integral providers and community leaders in the hospital community, spiritual community and Veteran community. Further, it has the support of the Jewish community represented by synagogues and others to serve this community that need “religiously sensitive hospice care.” Affinity adds that it also has the support of many independent community members

including longtime residents, elected officials and others. 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 1,221 (350 percent), 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 10 percent deficit in the cancer groupings, and approximately 14 percent in the non-cancer groupings with an overall 13 percent shortfall between projected hospice patients and actual hospice patients with 80 percent of the need within the non-cancer cohorts.

*History of the Fixed Need Pool in 6A*

Affinity provides a brief history of hospice operations in Hillsborough County, noting that need has arisen three times in the past ten years. The applicant shares that

- Seasons/Accent Care was licensed in May 2017 when Lifepath was “the existing monopoly provider” and “did not keep penetration pace with other Florida communities” which resulted in a fixed need pool formula “gap” (between expected hospice admissions and actual experienced hospice admissions) that exceeded 1,000. Further, at the time of Seasons licensure (12 months ending June 30, 2017), Lifepath had 5,987 admissions while Seasons had 14 admissions and the aggregate market total was 6,001.
- In 2019, Lifepath had 6,195 admissions and Seasons had 601 and that total admissions were 6,796. The need was determined to be 863 based upon the increasing penetration statewide which showed that Seasons approval did not affect Lifepath allowing for continued growth but the two competitors combined admissions still fell short of the projected number of hospice admissions and fixed need was again published. Affinity notes that Suncoast Hospice, “another legacy non-profit from adjoining Pinellas County and a long time monopoly market” was approved but was not licensed until December 2021 due to litigation. For reference, the applicant adds that at the time it was licensed (CY 2021)
  - Lifepath admissions were 6,046
  - Accent Care / Seasons had 1,980 admissions
  - Suncoast had 6 admissions
  - The aggregate market total was 8,032.

The applicant contends that total SA admission volume has been fairly constant since 2021 with total annual admissions in CY 2023 of 8,036. Affinity argues that the volume has not increased in the two years since Suncoast was licensed and states it has taken volume from the two

existing providers without actually increasing the market. The applicant provides that in CY 2023:

- Lifepath had 5,649 admissions a decrease of 397 admissions
- Accent Care had 1,436 admissions a decrease of 544 admissions

The applicant contends that the two providers similar operating philosophies and target similar patient profiles which led to the current published need just two years after Suncoast's licensure. The applicant provides a table showing the approximate 14-year history of market admissions by provider, published need and defined gap in services discussed on page 27.

Affinity state that SA 6A does not need another “large legacy not for profit program” and assures that its affiliated hospices (including Continuum Care hospices) are all wholly owned by Mr. Samuel Stern or his family trust and are focused only on providing hospice and palliative care through a smaller, privately run and controlled operator.

#### *Deaths by Diagnosis*

The applicant includes Florida Office of Vital Statistics CY 2022 data in three tables on pages 29-31 of the application that address SA 6A resident deaths by cause:

- Ages 65+ and All Ages
  - Percent of Total Deaths
    - Ages 65+ and All Ages
- By cause - 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 three referenced tables of 2022 data:

- SA 6A total resident deaths equaled 12,825 of which 72 percent were 65 and older (9,178 senior deaths)
- SA 6A deaths from cancer totals 19 percent of both senior and total deaths with 81 percent of deaths being non-cancer related



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- More than 30 percent of SA 6A seniors died from cardiovascular related deaths followed by 18.7 percent caused by cancer. Further, 7.4 percent of residents had a cause of respiratory diseases, with that rate at 8.7 percent for seniors
- There were 544 nervous system deaths amongst seniors representing an estimated 4.7 percent of total, of which Alzheimer's and other forms of dementia are a subset
- An estimated 16 percent of the 12,825 total 2022 SA 6A deaths were Black minorities and nearly 19 percent were Hispanic
- Approximately 15 percent of 2022 SA 6A senior deaths were Black and Hispanic and while 80 percent (11,943) of total deaths (14,839) in the county are 65 and older, only 58 percent of Black deaths are 65 and older and 67 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, respiratory diseases and infectious diseases were the top four causes of death in 2022.

### **AFFINITY HILLSBOROUGH'S STRATEGIC INITIATIVES FOR SERVICE AREA 6A**

Affinity Care of Hillsborough strategic initiatives are as follows:

1. Meet Patient Needs via Enhanced Patient Touches and Hospice Responsiveness
2. Comprehensive Program and Outreach to the Jewish Community to Meet their Needs and Enhance Hospice Utilization
3. Enhance Spiritual Component of Hospice Services
4. Address Veteran Programming
5. Uplift Hospice Utilization Amongst Minority Groups
6. Detailed Program and Outreach to Enhance Hospice Utilization for Dementia and Alzheimer's Disease
7. Patient and Referral Responsiveness to Enhance Quality Experience
8. Develop and Initiate a Community Paramedic Program with Local EMS to Reduce Unnecessary Trips to the Emergency Room

These initiatives are described in detail on pages 33 through 88.

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

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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 34 through 39 comparing the three Florida Affinity Care programs to the three SA 6A 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 SA 6A programs are lower than that average noting that data for was not available for 2022.

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 two to three times greater than the most intense (0.54) of the SA 6A providers with its programs ranging from approximately 1 to 1.5 hours per patient day noting that the Miami-Dade program ranks 2<sup>nd</sup> and the other two programs ranking 8<sup>th</sup> and 9<sup>th</sup> (all in the top 10) of having the most hours per patient day of any hospice in the state.

Affinity states that its programs provide between two and nine more hours per patient in their last week of life when compared to Lifepath and Suncoast, adding that compared to Accent Care, it provides between six and 13 more hours in the last week. The

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applicant adds that its Miami-Dade program ranks fourth and Sarasota ninth highest in the state.

The following table provides the hours per patient during the last week of life comparing Affinity and the existing providers.

<b>Applicant vs Existing Providers, Visit-Hours by Discipline in the Last Week of Life</b>				
<b>Agency</b>	<b>Hours in Last Week</b>	<b>RN Hours in Last Week</b>	<b>HHA Hours in Last Week</b>	<b>MSW Hours in Last Week</b>
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
Lifepath Hospice	9.12	6.19	2.34	0.58
Accent Care Hospice - Hillsborough	5.02	3.30	1.05	0.67
Suncoast Hospice	9.24	6.38	1.52	1.32

Source: CON application #10774, page 39, Medicare data, CY 2022, Berg Analytics

Affinity lists the six competing applicants:

- Arc Hospice which operates one hospice in Georgia, Arcturus.
- Bristol Hospice which operates one hospice in Florida (Miami-Dade)
- Charis Healthcare which operates hospices in Indiana, New Mexico and Arizona
- Community Hospice of NE Florida which operates in northern Florida
- Gulfside Hospice which operates in Pasco County
- VITAS operates in most hospice service areas in Florida; its data are composite for the state with individual program data not available.

The applicant states that Arc, Charis, Community Hospice and Gulfside each have an average of less than three quarters of an hour per patient day throughout a patient's hospice experience adding that VITAS is slightly higher at 0.79 hours and Affinity at one to one and a half. Further, Bristol is at 1.12 in Miami-Dade where Affinity is at nearly one and a half hours which is the second highest in the state.

Affinity contends that each Florida provider in this metric greater than Bristol (1.12) is located in Miami-Dade County which it suggests means that Miami-Dade is a highly competitive market for patient visits. The applicant notes that in its findings, VITAS hours are at the bottom with Kindred at 0.76 hours.

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The applicant presents the following to show that Arc, Charis, Community Hospice and Gulfside’s visit hours in the last week of life are lower than the statewide average.

<b>Applicant vs Competing Applicants, Visit-Hours by Discipline in the Last Week of Life</b>				
<b>Agency</b>	<b>Hours in Last Week</b>	<b>RN Hours in Last Week</b>	<b>HHA Hours in Last Week</b>	<b>MSW Hours in Last Week</b>
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
Arcturus (Peachtree Corners, GA)	5.70	4.18	1.44	0.07
Bristol Hospice - Miami Dade, LLC	12.43	8.17	3.48	0.78
Charis aka Haven Hospice	5.68	3.84	1.48	0.35
Community Hospice of Northeast Florida	8.68	6.54	1.19	0.95
Gulfside Hospice, INC	4.80	2.43	2.07	0.31
Vitas Healthcare Corporation of Florida	18.20	14.69	2.29	1.21

Source: CON application #10774, page 36, Medicare data, CY 2022, Berg Analytics

The applicant contends that Bristol performs “subpar” when compared to its Miami-Dade program and argues that although its hours are comparable with VITAS, it should be considered that VITAS operates hospice houses and inpatient units 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. The applicant states because the hospice house RNs are on staff 24/7 their hours are included in the computation and patients in the hospice house that die receive continuous services in the facility, which dramatically skews the data.

Affinity states that it has provided support from SA 6A hospitals, nursing homes, assisted living facilities, clinicians, physicians, businesses and community leaders that include Tampa General Hospital, Advent Health, Moffit Cancer Center, USF Health and Florida Cancer Specialists & Research Institute. The applicant includes sample excerpts from its support letters on pages 40 and 41 with the most notable from:

- Michael Vogelbaum, MD, PhD, Chief of Neurosurgery and Leader of Neuro-Oncology, Moffitt Cancer Center
- Debora A. Martoccio, RN, BS, BSN, MBA, Advent Health Connerton
- Steven Lorch, MD, FACS, USF Health

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- Heather Strickland, RN, Team Leader, Florida Cancer Specialists & Research Institute
- Keven Deck, Staff Chaplain, Tampa General Hospital

Affinity contends that it has networked with SA hospitals in the attempt to serve Manatee county patients.

Affinity provides that it has received support from SA 6A nursing home, assisted living facility, home health operators and clinicians and lists these below:

- Accomplished Home Care
- Aspire at Central Park
- Aspire at Oakfield
- Aston Gardens at the Courtyards
- Bayshore Pointe Nursing and Rehab Center
- Belvedere Commons of Sun City Center
- Cano Health
- Cloudberry Lodge at Brandon    Compass Rose Assisted Living
- Covenant Care Home Health
- Home Instead
- Humanitary Medical Center
- Matrix Home Health
- Memory Lane Cottage at Tampa Palms
- Metro Inclusive Health
- My Doctors Medical Group
- Northdale Rehabilitation Center
- Plaza West Health Center at Freedom Plaza
- Sunrise Village Senior Assisted Living
- Tessera Brandon ALF
- The Canopy at Walden Woods
- The Crossings at Riverview ALF
- The Meridian at Brandon Senior Living Community
- Total Care Home Health Agency
- Twin Creek Assisted Living Stefanie LeBarre, LCSW    Victoria Crossing Rehabilitation Center
- Amy Caparratto, MS, BSW, Mental Health Counselor
- Nadine Harris, MSW, PhD Candidate
- NovoPharm Pharmacy Services
- 02 Solutions

Affinity states that its letters of support are summarized beginning on page 108 and are provided in Tab 5.

Affinity Care of Hillsborough notes that its commitment to provide a service intense program to the residents of SA 6A is reflected in the following conditions:

- 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 Hillsborough 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 adds that its admission checklist is included in the Supporting Documents section of this application.

## **2. Comprehensive Program and Outreach to the Jewish Community to Meet their Needs and Enhance Hospice Utilization**

Affinity provides a detailed discussion regarding SA 6A and its response to the need of the Jewish community on pages 44- 55 of this application. The applicant states that there are approximately 30,000 Jewish residents in Hillsborough County with an estimated 70,000 in the Tampa Bay area. The applicant uses data from a Brandeis University's Steinhardt Social Research Institute study *American Jewish Population Project, Florida Report, February 2021* to support its argument that the Jewish senior population in SA 6A is estimated to be 42 percent when compared to the state at 26 percent and have a greater need for healthcare services, including hospice care and palliative care.

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The applicant notes that there are two Jewish Community Centers (Glazer JCC and Tampa JCC) and a Jewish Federation in Hillsborough County that operate a food bank and counseling service is on the Glazer JCC campus with its main office co-located on the same campus of the Tampa JCC and Jewish Federation.

Affinity contends that this population is growing and lists a summary showing the extent of the Jewish organizations in Hillsborough County on pages 45 and 46:

Chabad of Tampa Bay and Beis Tefillah of Tampa

- Chabad of Brandon and Southshore
- Chabad of USF
- Chabad at Wiregrass (New Tampa)
- Chabad of South Tampa
- Congregation Rodeph Shalom (Conservative)
- Congregation Schaarai Zedek (Reform)
- Florida Israel Business Accelerator
- Tampa Jewish Family Services
- Tampa Jewish Federation
- Weinberg Village
- Young Israel of Tampa (Orthodox)
- Congregation Beth Am (Reform)
- Congregation Kol Ami (Conservative)
- Shanna & Bryan Glazer Jewish Community Center, home to:
  - Fitness and Aquatics Center
  - Visual Arts Center operated by the City of Tampa
  - Senior Center for Active Living Florida-Israel Business Accelerator
  - Area for teens and 'tweens
  - Premier Event Venue spaces
  - Tampa Jewish Family Services (food bank and counseling offices)
  - Community spaces
- Maureen and Douglas Cohn JCC Campus, home to:
  - Tampa Jewish Community Center & Federation
  - Preschool North
  - Tampa Jewish Family Services
  - Tampa Orlando Pinellas Jewish Foundation
  - Weinberg Village Assisted Living Residences

Further, the applicant shares that an assisted living facility Weinberg Village is owned and co-located with the Tampa JCC and the Jewish Federation that partners with the University of South Florida (USF) School of Aging for research and studies aimed at improving care for the elderly. Affinity notes that its campus has an ALF, Memory Care, Extended Congregate Care, JCC, pre-school

and other services. Affinity contends that it has met with the leadership at most of the synagogues listed and Weinberg Village (subsidiary of the JCC and Jewish Federation) and they have provided letters of support for the Affinity Hillsborough project. An excerpt from Ms. Karen Birmingham, Director, Weinberg Village follows, and other excerpt are available on pages 46-50 as well as seven rabbis representing all denominations with Hillsborough County.

The applicant asserts that the Jewish community has not been well served by the existing hospice agencies as evidenced by its letters of support. Affinity confirms that it will address the specific special needs of the Jewish people and personalized care within the framework of Jewish law and ritual.

Affinity assures that it will incorporate its specialized Shalom Hospice programming into its operation providing Jewish hospice care to Jewish patients in a manner that recognizes Jewish heritage, history and traditions. The applicant states that it is unlike the existing providers in that it is “uniquely positioned and qualified to serve the Jewish people” adding that it is led by Mr. Samuel Stern who is an Orthodox Jew and schooled in the associated teachings holds a degree in Talmudic Law.

The applicant’s focus for serving this specific population segment in SA 6A will be on providing recognition and support for holocaust survivors, addressing pain control measures, providing life sustaining measures in accordance with religious observances, coordinating with and having available support from local Rabbis for spiritual care, guidance and consultation, coordinating with the various Chabad organizations, Weinberg Village (owned by the JCC and Jewish Federation) and its partners to ensure patient plans of care include recognition of Kosher diet requirements of patients.

Affinity Hillsborough confirms that it will incorporate its Shalom Hospice programming into its SA 6A operations. The applicant will address the Jewish end of life needs of Jewish patients by incorporating the National Institute for Jewish Hospice training and education in its regular activities and for all staff members assuring that they are properly trained on the cultural beliefs and sensitivities of the Jewish community.

The applicant notes that even Mr. Stern and the rest of the company's officers (Financial, Compliance, Palliative, etc.), the triage team, on call nurses and compliance team have received training and accreditation by NIJH as part of the home office to



enable each of them to be responsive to any patient throughout the Affinity network, including Shalom Hospice once operational.

Affinity includes a detailed description of the Conditions it presents for this application on pages 51-55.

**Conditions: Jewish Outreach and Uniquely Tailored Services**

The specific Jewish related conditions the Applicant will meet or exceed upon CON award include the following initiatives:

- The Applicant will provide a Jewish Hospice Care Initiative to Jewish patients in a manner that recognizes Jewish heritage, history and traditions.
- The Applicant will seek accreditation for its Jewish Hospice Services through the NIJH. NIJH provides staff training on the cultural beliefs and sensitivities so that the hospice provider can better serve the Jewish terminally ill. It will also ascribe to the principals of Chayim Aruchim.
- The Applicant will employ a rabbi to serve as a chaplain on the hospice team.
- The Applicant will work with Weinberg Village and the various synagogues/Chabad to sponsor quarterly community education events and workshops at these locations regarding the benefits of hospice services, including an explanation of the hospice benefit available under Medicare, the interdisciplinary team approach to care for patients in hospice, and the ways in which hospice can meet the physical, emotional, and spiritual needs of Jewish patient and the patient's family at the end of life.
- The Applicant will establish specific protocols for meeting the special needs of the Jewish population including having a focus on the needs and providing recognition and support for holocaust survivors; addressing pain control measures, and providing life sustaining measures in accordance with religious observances; coordinating with and having available support from local Rabbis for spiritual care, guidance and consultation; coordinating with the Rabbis and others to ensure patient plans of care include recognition of Kosher diet requirements of patients.
- The Applicant will have a Jewish services coordinator on its staff available to respond to needs of Jewish patients, and to be available to respond to any requests from Weinberg Village, JCC, Jewish Federation, synagogues/Chabad or other Jewish community organizations for assistance and evaluation of patients, including but not limited to 24/7

triage coverage, physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients); and availability of palliative care programs for Jewish patients that are in need of support but do not presently meet the requirements for admission to hospice care.

- The Applicant will develop a bereavement program specifically designed to address the needs of the Jewish patients, families, caregivers and those who are in need of grief support regardless if they are associated with hospice services.
- The Applicant will work with Rendever, its Virtual Reality designer, to coordinate inclusion of the Hillsborough County patients into the specialized virtual reality platform for the Jewish population that honors the history and plight of the Jewish experience and provides "travel" to religiously significant sites and experiences throughout the world.
- The Applicant will collaborate with Jewish organizations such as the synagogues, Weinberg Village, Jewish Family Services and Jewish Federation, among others, to identify additional opportunities to improve the delivery of hospice and palliative care to the Jewish population in Hillsborough County.

### **3. Enhance Spiritual Component of Hospice Care**

Affinity reiterates in detail the Shalom Hospice program it will implement in SA 6A on pages 56 and 57 noting that it has received many letters from SA spiritual leaders which are included in Tab 5 application. The applicant provides a list of the sponsors of these letters, their position and the organization they represent:

- Tampa General Hospital, Kevin Deck, Staff Chaplain
- Advent Health Carrollwood, Romel Charles, Manager - Pastoral Care
- St. Josephs Hospital and Tampa General Hospital, Rabbi Mendy Dubrowski, Chaplain
- Moffitt Cancer Center, Rabbi Pinny Backman, Chaplain
- Advent Health Wesley Chapel, Vladimir Jacinthe, MDN, Staff Chaplain and lead pastor Eden Haitian SDA
- Tampa General Hospital, Lisa Williams, Staff Chaplain
- Hyde Park United Methodist, The Rev. Magrey R. deVega, Senior Pastor
- Tampa General Hospital, Joon Park, Staff Chaplain
- Christian Organization, Tris MacWilliam Yates,
- Tampa General Hospital, LaShawn Smith, Staff Chaplain

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- Hyde Park United Methodist Church, Justin LaRosa, Minister/Director The Portico
- Outpatient Palliative Clinic, Tampa General Hospital, Rev Phyllis Hunt BCC
- Hyde Park United Methodist Church, Sally Campbell-Evans, Pastor for Congressional
- Care
- Clinical Pastoral Educator, Tampa General Hospital, Rev. Waleska Alvarado, MDiv, ACPE, ACPE Certified Educator and Ordained Minister, Christian Church (Disciples of Christ)
- Tampa General Hospital, Sam Williams, MDiv, Staff Chaplain
- Tampa General Hospital, Nicole Blackman, Pool Chaplain

Affinity adds that it will be working with these chaplains through their local churches to share information about Affinity Hillsborough with their congregants.

Veterans programming is discussed in detail on the application's pages 58 through 65. Affinity provides a table on page 58 showing that Hillsborough County has a Veteran population of 95,285 which does not reflect active-duty servicemen and servicewomen who may also live in the service area. Affinity reports that Hillsborough County has 12,342 veteran deaths in the five-year period CY 2018-CY 2022. The applicant presents excerpts from on page 61 and 62 from

- Department of the Army, Reserve Center, Chaplain John Smith, Captain, US Army Reserve
- Lieutenant Colonel Peter B. Marks, USMC, Retired
- Stuart Smith, CEO, Florida Association of Veteran-Owned Businesses
- Rev. Robert Olszewski, Gracepoint Plant City

Affinity 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 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 Hillsborough County.

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2. The Applicant will designate one of its hospice liaisons to carry out all Veterans outreach initiatives.
3. 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.
4. The Applicant will assure its social workers are well trained in the assessment and ongoing interaction with the Veteran.
5. 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 processional with the covered body at its removal from the home.
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. 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.
8. The Applicant will coordinate with Honor Flight West Central Florida to encourage hospice patients to participate in the Honor Flight program for patients physically capable of participating in this important one day event. This community program is described as follows:

*Honor Flight West Central Florida (HFWCF) is a Tampa, FL based nonprofit organization. Our goal is to transport America's Veterans to Washington, D.C. at NO COST, to visit the memorials dedicated to honor their service and sacrifices. Priority is currently given to WWII and Korean Veterans, along with those other Veterans who may be terminally ill. Departure for this one-day trip to Washington, DC. is from the St. Petersburg — Clearwater International Airport (PIE).*
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.

## **5. 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 65 through 69). The applicant states that from its research there are five primary reasons why African Americans are less likely to choose hospice:

1. *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.
2. *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.
3. *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.
4. *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.
5. *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 6A 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 6A: page 60

- There are 260,000 Black residents representing 17 percent of total population
- By 2029 it is estimated that there will be 288,000 Black residents in Service Area 6A representing a 10.5 percent growth
- Has over 29,000 Black seniors, increasing 26 percent to over 37,000 in the next five years
- In 2022, there were 2,039 Black deaths of which 1,174 were seniors

The applicant provides a table on page 70 which depicts SA 6A county's black penetration rate compared to total County, and non-black populations and concludes that Black penetration rate in 2021 was nearly 14 percent, increasing to more than 17 percent in 2022.

Affinity states had each county achieved the overall non-black penetration rate as opposed to actual, there would have been 243 additional black admissions in Hillsborough County. Further, had Hillsborough County achieved the SA penetration of 20 to 25 points higher, there would have been between 243 and 320 additional admissions within the county. The applicant states that that this data confirms the Black population continues to be underserved.

	<b>Hillsborough County</b>	
<b>Race</b>	<b>2021</b>	<b>2022</b>
Black Population	49.6%	51.5%
Total Population	61.5%	66.4%
Total Population, excluding Black	63.5%	68.9%
Disparity:		
Black vs Total	-11.9%	-14.9%
Black vs All Other	-13.9%	-17.4%

Source: CON application #10774, page 71

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.

<b>Hillsborough County Med-Surg Percent Discharges to Hospice by Race 12 Months Ending June 30, 2023</b>			
	<b>Black</b>	<b>All Other</b>	<b>Overall</b>
Percent of D/C to Hospice	2.1%	3.4%	3.2%

Source: CON application #10774, page 71, 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 62 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 320 additional Black discharges to hospice.

The applicant concludes that this data suggests that the black population is underserved by between 243 and 320 annual admissions, representing 20 to 25 percent of the overall published need in the July 2025 planning horizon.

Affinity states the 2021 penetration rate of Hispanic patients to was 57.4 percent which was 4.4 percent less than the non-Hispanic penetration rate and greater than the Black penetration rate of 49.6 percent. The applicant adds that although there was a 13 percent decline in Hispanic deaths there was an increase of 72 percent penetration rate.

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 71-73 the applicant provides a summary of its affiliate programs regarding the enhancement of hospice penetration amongst various minority groups in other communities.

- 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.

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- 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.
- In analyzing this data, it is important to note that the norm in hospice care is that hospices typically do not serve the Black and Hispanic communities proportional to their percentage of total death population. Affinity does provide proportional access in Broward through implementing its minority outreach efforts.
- 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 8 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 7 percentage points. By the 3<sup>rd</sup> 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 Hillsborough 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 healthcare, and of hospice. Affinity notes it received a letter of support addressing minorities that include:

- USF Health, Steven Lorch, MD, FACS, and Associate Medical Director, TGH Trauma and Surgical ICU
- Tampa General Hospital, Kevin Deck, Staff Chaplain
- Advent Health Carrollwood, Romel Charles

- Advent Health Wesley Chapel, Vladimir Jacinthe, MDiv  
Tampa General Hospital, Lisa Williams, Staff Chaplain
- Tampa General Hospital, Joon Park, Staff Chaplain

The applicant states that its letters of support are included in Tab 5 and presents two excerpts from Ms. Martoccio of Advent Health and Dr. Steven Lorch USF on page 74:

***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 will hire team members who reflect the diversity of the minority population groups. This team will include, at a minimum, a nurse, social worker and chaplain.
- Affinity's care team 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 Hillsborough. 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.

**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 76 through 78 data and conclusions that do not appear to be necessarily specific to SA 6A area residents, per se, but broadly address Alzheimer's in Florida and nationally.

In Service Area 6A, there were 309 related deaths in 2022. The crude death rate for Alzheimer's in SA 6A is 20.2 per 100,000 population which decreased from 26.9 in 2021.

The applicant provides the estimate of Alzheimer's population within Hillsborough County as of 2024 noting that more than 10,800 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.

<b>Estimates of Persons Afflicted with Alzheimer's Dementia Hospice Service Area 6A</b>			
	<b>Population</b>	<b>Prevalence</b>	<b>Alzheimer's Estimate</b>
<b>Age 65 to 74</b>	149,692	4%	57
<b>Age 75 to 84</b>	81,126	7%	395
<b>Age 85+</b>	27,289	8%	76
<b>Total</b>	258,107	6.6%	529

Source: CON application #10774, page 79, Population estimates Claritas, 2024; prevalence 2023 Facts and Figures

Affinity provides that the estimated Alzheimer's patients in SA 6A data shows only 500 plus hospice patients with Alzheimer's disease of the estimated 10,800 in severe stage of Alzheimer's equals a five percent utilization rate (529/10,800).

<b>Agency</b>	<b>2023 Admits</b>	<b>Alzheimer Rate</b>	<b>Estimated Alzheimer's Patients</b>
Accentcare (f/k/a Seasons) of Hillsborough	1,436	4%	57
Lifepath	5,649	7%	395
Suncoast of Hillsborough	951	8%	76
<b>Total</b>	<b>8,036</b>	<b>6.6%</b>	<b>529</b>

Source: CON application #10774, page 79, 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 6.6 percent in the above chart. Affinity states it will expand the Alzheimer's service level by 89 admissions in year two.

### **Racial and Ethnic Disparities in Alzheimer's and Dementia Care**

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:

- 36 percent of Black Americans and 18 percent of Hispanic Americans believe discrimination would be a barrier to receiving Alzheimer's care
- 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
- Caregivers see discrimination as a top barrier of receiving care

- Minorities feel they not being listened to and also felt that providers acted like they were not smart because of their race/ethnicity

Affinity Hillsborough confirms that as part of its commitment to serving minority groups, it will ensure equal access to hospice and availability of services.

***Conditions: Alzheimer's and Dementia Initiatives***

Alzheimer's/dementia initiatives in hospice care in its Schedule C conditions cited on the application's page 81 include:

- The Applicant will coordinate with Hillsborough County 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 University of South Florida, Byrd Alzheimer's Center and Research Institute; Florida Alzheimer's Association, Florida Gulf Coast Chapter (Tampa Bay Region), Dementia Redefined (Apollo Beach); Caregiver Sanctuary at Hyde Park United Methodist Church (Tampa) 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.
- The Applicant will implement the Affinity Alzheimer's and Dementia Care program which was designed to bring the latest innovations in end-of-life care to Alzheimer's and dementia patients and their caregivers.
- All staff will be required to complete 2.5 hours of Continuing Education Units (CEU's) covering evidence-based protocols for behavioral symptoms, in addition to Florida's minimum CEU requirements.
- All patients in this program will be provided with music therapy and a tactile box, fidget box, or similar stimulation tools used with Alzheimer's patients.
- 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.

**7. 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:

- 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.
- 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.
- 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.

**8. 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 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, to be initiated mid-year one.

- The Applicant will provide funding to local EMS providers for community paramedic training, beginning in mid-year one.
- The Applicant will provide education and training of community paramedics on the program and criteria.

Affinity states that it has budgeted \$10,000 for community paramedic training in year one focused on the latter part of the year and an additional \$10,000 in year two and that these costs are included in Line 17, Schedule 8 of the financial schedules behind Tab 3.

### **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 6A residents upon approval.

Affinity Care of Hillsborough 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 SA 6A 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 6A accounting 28 percent (3,586) of all deaths in 2022 and 31 percent (2,855) in seniors over the age of 65 in 2022.

Further, approximately one in five Medicare patients with heart failure discharged from SA 6A hospitals are readmitted to the hospital within 30 days.

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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 6A is being underserved. Affinity notes that with an estimated count of 1,252 relative to the 3,586 deaths, cardiac penetration is only 34.9 percent.

Estimated Cardiac Admissions at Existing Providers			
Agency	% Cardiac	Admits	Estimate
Accentcare (f/k/a Seasons) of Hillsborough	15%	1,436	215
Lifepath	16%	5, 649	904
Suncoast of Hillsborough	14%	951	133
Total	16%	8,036	1,252

Source: CON application #10774, page 90, 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	28.0%	3,586	1,252	34.9%

Affinity states that it will admit 108 patients with end stage heart disease in year two 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 SA 6A 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 6A is being underserved. Affinity notes that with an estimated count of 449 relative to the 9541 deaths, cardiac penetration is 47 percent.



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<b>COPD Admissions at Existing Providers</b>			
<b>Agency</b>	<b>% COPD</b>	<b>Admits</b>	<b>Estimate</b>
Accentcare (f/k/a Seasons)	5%	1,436	72
Lifepath	6%	5,649	339
Suncoast of Hillsborough	4%	951	38
Total	5.6%	8,036	449

CON application #10774, page 91, Health Pivots for 12 months ending September 2023 for COPD percent; AHCA Utilization Book for admissions.

<b>Respiratory</b>	<b>Percent of Deaths</b>	<b>Deaths</b>	<b>Estimated Admits</b>	<b>Respiratory Penetration</b>
All Ages	7.4%	954	449	47%

Affinity Hillsborough forecasts it will admit 64 respiratory cases in its second year of operation 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 92 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 6A.

### **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 Rendever 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 5 of the application’s Supporting Documents.

### **Equine Therapy**

Affinity Care 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 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 58-65. Affinity indicates it will serve and support the Veterans in SA 6A 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

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disease (COPD). The applicant contends its palliative care program will greatly benefit SA 6A citing the four area hospitals 30-day readmission rates compared to the national averages.

<b>Hillsborough County Hospitals - 30-Day Readmission Rates And Continuum Palliative of Florida' Readmission Rate Total Unplanned Readmissions, COPD and Heart Failure</b>			
<b>Hospital</b>	<b>Hospital Wide</b>	<b>COPD</b>	<b>Heart Failure</b>
<b>Continuum Palliative Experience</b>	<b>2.9%</b>		
ADVENTHEALTH CARROLLWOOD	14.6%	19.9%	19.9%
ADVENTHEALTH TAMPA	14.6%	18.5%	19.9%
HCA FLORIDA BRANDON HOSPITAL	15.4%	18.4%	23.2%
HCA FLORIDA SOUTH SHORE HOSPITAL	17.1%	19.1%	21.5%
HCA FLORIDA SOUTH TAMPA HOSPITAL	15.9%	19.5%	21.0%
SOUTH FLORIDA BAPTIST HOSPITAL	14.2%	18.1%	18.0%
ST JOSEPHS HOSPITAL	14.9%	17.8%	19.2%
TAMPA GENERAL HOSPITAL	15.3%	18.8%	22.4%
National Experience	14.6%	19.3%	20.2%

Source: CON application #10774, page 98, 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 6A. 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.

Affinity notes:

- It will make the appropriate efforts to enhance hospice utilization amongst the Black demographic in Hillsborough County
- 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 employ active members of the local community to support the multi-generational home environment
- 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:

- 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, 7 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.

- **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 106 of this application.

**Conditions Involving IDT Members and Ongoing Recruitment and Education**

Affinity includes a discussion of its recruitment and retention process, asserting that it actively engages in training up and coming professionals through internship and other site training programs and providing education reimbursement. The applicant adds that it will condition this application with the following:

- 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 Affinity Hillsborough staff will be provided specialized education on the management of end stage cardiac patients.
- 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.
- 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.

**SUPPORT FOR THE PROJECT**

Affinity Hillsborough contends that it has garnered support from 21 SA 6A nursing homes and assisted living facilities as well leaders in the hospital community, spiritual/Jewish community and Veteran community, home health agencies, ancillary providers, independent community members including longtime residents, and elected officials.

Of note, Affinity Care of Hillsborough states it has support Moffitt Cancer Center, Tampa General, Advent Health, USF Health and Florida Cancer Specialists. The applicant provides a list of sponsors of letters of support, followed by excerpts of letters by the respective sponsors on pages 108 through 121 of this application. The applicant includes its letters in their entirety Tab 5 of this application.

## **SUMMARY AND CONCLUSION**

Affinity concludes its discussion summarizing that the underserved groups within SA 6A including the generally underserved as they do not receive as intense hospice services as could be provided under the Medicare benefit, underserved religious minorities (Jewish persons and those who want more spiritual encounters with their hospice program), 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 Hillsborough 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 122 and 123):

<b>Affinity Care of Hillsborough Projected Admissions by Quarter Years One &amp; Two</b>			
<b>Year One</b>		<b>Year Two</b>	
<b>Quarter</b>	<b>Admissions</b>	<b>Quarter</b>	<b>Admissions</b>
<b>1</b>	10	<b>5</b>	132
<b>2</b>	36	<b>6</b>	150
<b>3</b>	72	<b>7</b>	168
<b>4</b>	108	<b>8</b>	186
<b>Year 1</b>	<b>226</b>	<b>Year 2</b>	<b>636</b>

<b>Affinity Care of Hillsborough Projected Admissions by Terminal Illness Years One &amp; Two</b>		
<b>Disease</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>
Cancer	45	127
Cardiac	38	108
Respiratory	23	64
Stroke / Coma	27	76
Alzheimer's' / Dementia	32	89
Other MND	34	95
HIV/AIDS	1	3
Other	26	73
<b>Total</b>	<b>226</b>	<b>*636</b>
Under 65	23	76
Over 65	203	560

Source: CON application #10774, page 123

Note: \* Total for year is incorrect, correct total is 635.



Affinity states that of the 226 admissions in year one, the absorption period is also reasonable as only 10 admissions (4.4 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 12:88 and is based on the estimated gap or shortfall in the under 65 being approximately 12 percent. Further, the mix of cancer to non-cancer programs is projected at a ratio of 20:80 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 HILLSBOROUGH FROM THE CO-BATCHED APPLICANTS**

Affinity Hillsborough provides that it is a distinguishable type of provider from the existing providers that in this competitive batch, in which there are seven competing applicants. The applicant contends that two of the existing providers, Lifepath and Suncoast are legacy not-for profits, the third is Accent Care (f/k/a Seasons) which is owned by a private equity firm. 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.”

When evaluating the co-batched applicants for the proposed new provider for Service Area 6A 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
- 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”:

- Gulfside Hospice is another legacy not-for-profit hospice like Lifepath and Suncoast.
- VITAS Healthcare is a publicly traded corporation on the NYSE; like private equity firms, such as Accent Care and Bristol Hospice, they are interested in shareholder/investor returns as one of their missions.
- Affinity is a privately owned company, with a flat organization investing its reimbursements into 'boots at the bedside' rather than layers of middle and upper management. This 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.
- One of the underserved populations identified is the Jewish population; Affinity is uniquely positioned to address this underserved group in a meaningful way.
- 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 terms of service intensity, Affinity's experience in each of its programs surpasses that of these two other providers as documented by visit hours per patient day for the entire duration of a hospice admission:
  - Affinity: 0.97 to 1.46 hours per patient day
  - Gulfside Hospice: 0.37 hours per patient day
  - VITAS Healthcare: 0.79 hours per patient day
- In terms of total visits during the last 7 days of life, as follows:
  - Affinity: 11.09 to 18.14 total hours
  - Gulfside Hospice: 4.80 total hours
  - VITAS Healthcare: 18.20 total hours but includes 24/7 RN staff at hospice houses and inpatient units.

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.

Visit hours per patient day throughout the hospice service:

- Arcturus Hospice: 0.45

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- Bristol Hospice: 1.12
- Charis Hospice: 0.45
- Community Hospice of NE Florida: 0.49

Total hours in the last week of life:

- Arcturus Hospice: 5.80
- Bristol Hospice: 12.43
- Charis Hospice: 5.68
- Community Hospice of NE Florida: 8.68

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
Bristol Hospice - Miami Dade, LLC	9.0	3 of 51
Continuum Care of Sarasota LLC	7.0	7 of 51
Continuum Care of Broward LLC	6.3	10 of 51
Vitas Healthcare Corporation of Florida	4.7	15 of 51
Community Hospice of Northeast Florida Inc	3.0	37 of 51
Gulfside Hospice, Inc	2.7	46 of 51

Source: CON application #10774, page 126

Affinity argues that:

- Affinity visits per week are 10 versus Bristol of 9
- Each of the Florida Affinity programs are greater than VITAS, Community Hospice of Northeast Florida and Gulfside
- Affinity's Miami program is more than double VITAS, triple Community Hospice of NE Florida and quadruple Gulfside
- Sarasota program which has extended into Manatee and will move contiguous to Hillsborough County, exceeds VITAS by 47 percent, and is more than double Community Hospice of NE Florida and nearly triple Gulfside
- Notably, while Bristol's rate across the entire admission above exceeds 1.0, Bristol's operation is at 98 percent of cap. In comparison, Affinity achieves this intensive level of service (or higher) utilizing between 40 and 60 percent of cap suggesting Bristol's expenses include the levels of management and other overhead driving up its cost to the Medicare limit
- Additionally, private equity funded Bristol's 30 day hospital readmission is at 7.6 percent, the second highest in the state. Affinity's rates are 2.3 percent or less, while statewide average is 2.1 percent

- Publicly traded VITAS is also at 86 percent of cap. And, it has a 4.1 percent 30-day hospital readmission rate, which is the 8th highest in the state
- Community Hospice of NE Florida's median length of stay is just 12 days. That means 50 percent of their patients are admitted in the final 12 days of life. This suggests very late hospice admissions during the disease process, and not developing the patients earlier to enable them and their families to maximize the hospital benefit. Gulfside's median is almost as low at 17 days
- When considering these four competing applicants not contiguous, two have no Florida hospice experience although Arc was recently approved to operate in Lake/Sumter Counties. Therefore, if Arc is seeking a contiguous service area, Hospice Service Area 3A has published need for which Arc is applying.

**Arc Hospice of Florida, LLC (CON application #10775)** argues that with its years of experience and a proven track record in providing quality hospice care, it is well positioned to bring its expertise and resources to the residents of SA 6A. Further, it has a wealth of resources that it will leverage to ensure a successful expansion into Florida along with having developed relationships throughout the continuum of care in SA 6A and is best suited to meet the needs identified by both the data and Arc's knowledge gained from meeting with members of the community.

Figure 5 (CON application #10775, page 39) includes a map of Florida hospice SA's with 6A circled. The applicant notes that Hillsborough County is Florida's fourth most populous county, and its largest city is Tampa.

Figure 6 (CON application #10775, page 39) depicts the SA's total population growth by county from 2024 to 2029. SA 6A's population increases by approximately 1.1 million residents, almost eight percent compared to the State's six percent by 2029.

Figure 7 (CON application #10775, page 40) depicts the SA's 65 and over population to support Arc's argument that the large and growing population base of elderly residents (65 and over) will continue to be a key component in the need for additional end-of-life care resources, including hospice care. Arc notes that the elderly resident population will increase by approximately 17 percent annually to over 280,000 by 2029 and is higher than the statewide average. Arc assures that it will prioritize community outreach and education and provide specialized services for common issues faced by elderly patients, such as mobility issues, dementia, and chronic health conditions.

Figure 8 (CON application #10775, page 40) shows SA 6A hospice CY 2023 admissions by provider in the FNP categories, total and percentage of admissions. Arc's Figure 9 (CON application #10775, page 41) shows the FNP projections for the July 2025 planning horizon. Arc notes that all three 6A providers serve only SA 6A with Lifepath Hospice having inpatient beds in two cities, Temple Terrace and Ruskin, each with 24 beds.

The applicant contends that SA 6A hospital discharges referred to hospice represent less than two percent of total discharges with 4,341 hospital discharges referred to hospice in 2022, as shown in Figure 10 adding that the penetration rate for SA 6A is .34, which is in-line with Florida's hospice penetration. Arc argues that the SA's penetration rate is the 12th highest when compared to other SAs (Figure 11, page 42) demonstrating a growing demand.

Arc Hospice contends that it is experienced in enhancing penetration rates by using specialized strategies and will employ care coordinators that will work with the hospice team to develop and implement care plans that address the unique needs and challenges of individual patients and act as a liaison between the hospice team, patients, families, and community resources. Further the care coordinator will be responsible for participating in interdisciplinary team meetings and providing updates, collaborating with other agencies and organizations to improve access to care for patients from different areas, assisting with the coordination of medical equipment, medications, and supplies needed for patient care, connecting patients and families with local community resources and services, and facilitating communication between patients, families, and community resources.

Arc provides that it will have specialized training that includes the following:

- **Cultural Competency:** This emphasizes cultural sensitivity and awareness, as rural communities may have distinct cultural practices, beliefs, and values related to end-of-life care. It includes understanding and respecting local customs, traditions, and communication styles.
- **Telehealth and Remote Care:** This will focus on the effective use of telehealth and remote care technologies, enabling hospice team members to provide support via phone, video calls, and other remote communication methods when necessary.
- **Collaboration with local healthcare providers:** Training will include strategies for effective communication with these local partners.

- Transportation and Logistics: Training will include coordinating medical supplies, patient transportation, and home visits.
- Emergency Preparedness and Response: Due to geographical isolation, rural hospice care teams may need to be self-sufficient in emergencies. Training will encompass emergency preparedness and response, including basic life support and crisis management.
- Mental Health and Social Support: Rural patients may face unique stressors, such as isolation or limited social support. Training will address strategies for providing support specific to those unique stressors as well as connecting patients with available resources.

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

- Technology integration (i.e., remote patient monitoring, electronic health record, video conferencing and GPS)
- Emergency preparedness
- Clear communication protocols for responding to patients and family concerns 24 hours a day
- After-Hours Support/Triage requiring that calls must be returned within 15 minutes of receipt
- Response time standards regarding the expectations for staff response to patient/family phone calls, both during and after normal business hours
- Call prioritization, a crucial process that determines the urgency of each incoming call and assigns it to the appropriate staff member for handling. The call prioritization process typically involves several steps:
  - Initial Triage: the first person to answer the call, often a receptionist or on-call nurse, will collect basic information about the patient and the reason for the call.
  - Categorization: based on the information collected during the initial triage, the call will be assigned a priority level.
  - Assignment: the call will then be routed to the appropriate staff member based on the priority level and the staff member's expertise.
  - Follow-up: After the call has been handled, the staff member will document the details of the call and any actions taken in the patient's electronic medical record. They may also follow up with the patient or family.
- A team of on-call nurses for backup support to respond to patient and family needs outside of regular business hours. During each on-call shift, there will be a minimum of two nurses assigned: one as primary and one as backup so that if one nurse is addressing a

## **CON Action Numbers: 10774 through 10780**

patient or family need, there is another available to address any additional calls. Arc will establish a team of management staff to serve as administrator on call to be available to assist the on-call nursing team with any nonclinical issues or concerns.

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

Arc offers how it will address the barriers of care in SA 6A:

- Arc will deploy efforts to improve communications between providers and patients, and between facilities and hospice providers and health care facilities. Communication gaps between providers and patients can lead to suboptimal outcomes,

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

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

Arc Hospice offers that it has identified and developed a plan and programs to increase access to these underserved communities, including the following:

1. Increasing knowledge and awareness of hospice care and its benefits is the first step in expanding outreach. Strategies to increase awareness include:
  - Educational campaigns: Arc will collaborate with community organizations to develop educational campaigns that target the groups within the communities (for example, churches within the African American communities). These campaigns will address misconceptions and emphasize the benefits of hospice care
  - Community engagement: Arc will participate in community events, health fairs, and religious gatherings to build relationships and promote services
  - Provider knowledge: Arc will educate area health care providers, including primary care physicians, about the benefits of hospice care and how Arc can best serve their patients in need. As part of this education, seminars such as "Death, Dying, and Bereavement," "Hospice 101," and "Hospice Eligibility Requirements." will be offered to help providers more effectively communicate with their patients regarding hospice topics



2. Reducing Disparities - To address disparities in hospice utilization, Arc will improve accessibility of hospice by engaging with those most in need of hospice by having a visible presence in these communities. In addition to offering education in the community, the hospice's presence in underserved areas will be expanded by establishing a workforce of people who live in and reflect the communities served. Arc will develop a robust recruiting campaign to attract staff from rural areas and cultural groups that reflect these areas. Strategies include:
  - Host and participate in job fairs
  - Offer incentives including flexible scheduling and travel differential
  - Advertise open positions with local organizations including churches, nursing schools, and other health training programs that will identify quality staff to provide hospice services
3. Arc states it has already begun to establish partnerships with key community stakeholders to help build trust and credibility within the groups most in need of improved access to hospice services in the community. These relationships will serve as the foundation for the Rural Community Advisory Board. By meeting with these organizations in developing this application, Arc is ready to quickly mobilize to improve access by leveraging its partnerships with:
  - Faith-based organizations: Churches, mosques, and other religious institutions play a vital role in the lives of many individuals. Arc will collaborate with faith-based organizations to provide education, support, and hospice care services
  - Community organizations: Arc will partner with local community organizations, such as chambers of commerce, professional groups, and diversity councils to engage with the community and promote services
4. Providing culturally sensitive care addressing the unique needs of the groups within the community, such as Hispanic and African American populations. Arc will:
  - Train staff: All staff will participate in and complete cultural competency training to better understand and respect the cultural beliefs, values, and practices of the community groups (for example, African Americans and Hispanics)
  - Diversify staff: Hiring a diverse workforce that includes professionals within the community groups that will create a more inclusive environment and improve the overall quality of care

- Cultural liaisons: Arc will employ a team of cultural liaisons whose role will be to provide cultural competency support and guidance to staff, patients, and families. The cultural Liaisons help to bridge the gap between Arc Hospice's care providers and the patient's culture, beliefs, values, and traditions. The Cultural liaisons' role is to facilitate communication, understanding, and trust between the patient's culture and the hospice team. These individuals may provide training, education, and resources to staff, as well as advocate for the patient's cultural needs. Cultural liaisons may provide cultural support to the patient and their family, such as language translation or help with navigating cultural differences
- Arc commits to developing a formalized internship program with a local educational institution specifically to provide internship opportunities within Arc Hospice for Hispanic and African American communities. This program will be supplemented with a \$5,000 annual funding commitment for, at a minimum, the first five years of operation

Arc presents three tables on pages 46 and 47 of the application using data from the Agency's Florida Hospice Need Projections for Hospice Programs and the Florida Department of Health, Bureau of Vital Statistics to support Arc's argument that there is a foreseeable need for the non-cancer, age 65 and older SA 6A patients.

The applicant asserts this will continue to increase in the future as the population grows and resident deaths increase and ensures that it is prepared to serve the needs of these non-cancer patients.

Arc shows that between 2017 and 2022:

- SA 6A had a 20 percent increase in resident deaths and currently ranks 5<sup>th</sup> highest of any county in the state at 12,826 deaths
- SA 6A deaths in the non-cancer category in the age 65-plus cohort showed an increase of almost 7,500 raw deaths, or approximately 25 percent

Further, Arc provides that its analysis of SA 6A top 11 causes of death in 2022 shows that the number one cause of death in the county is heart disease, which includes heart failure and other progressive end-stage heart diseases with the numbers two, five, seven, nine and eleven causes of death are cancer, cerebrovascular diseases, chronic lower respiratory disease, Alzheimer's disease, and chronic liver disease and cirrhosis, respectively.

The applicant confirms that its proposed hospice program will not be “a generic, one-size fits all hospice program” and will implement several targeted programs to meet these residents' needs.

#### Home or Inpatient Hospice

Arc Hospice uses data from the Agency’s Hospital Discharge Database; Florida Department of Health, Bureau of Vital Statistics (Figure 15, page 48), a study “Expect the Best: How to Get the Most Out of Your Hospice Care” and a survey by the Kaiser Family Foundation (Exhibit D) to support that inpatient hospice remains a popular option for residents of SA 6A that most Americans prefer to die at home and the ability to do so is not reflected in the hospice care currently available in the service area.

The applicant states that there are three licensed hospice programs in Service Area 6A: Accentcare Hospice & Palliative Care of Hillsborough County, Lifepath Hospice, and Suncoast Hospice of Hillsborough, LLC and each serves only Hillsborough County. Further, Lifepath Hospice has inpatient beds in two cities, Temple Terrace and Ruskin, each with 24 beds and presents Figure 15 on page 48 to show that in SA 6A approximately 17 and 16 percent of resident deaths were discharged to inpatient and home hospice, respectively.

Arc Hospice contends that through its SA analysis it has learned that it can be difficult for patients to receive hospice services in the home, and that hospices are often only able to provide service in an inpatient unit or at a skilled nursing facility in the area. The applicant provides excerpts pages 48-51 (Exhibit C) from sample letters of support describing the challenges faced with patients receiving home hospice care, demonstrating the need for a hospice such as Arc Hospice to serve these patients.

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

1. Comprehensive assessments to help identify the specific resources and services required to meet the patient's unique needs while they receive care at home.
2. Coordination of care to ensure that each patient's care plan is tailored to their individual needs to manage symptoms and reduces the likelihood they will need to be moved to an institutional setting.
3. Training and support for family caregivers on symptom management, medication administration, and emotional support

- techniques, as well as connecting them to resources and respite services to help reduce caregiver stress.
4. Utilize technology including remote monitoring, virtual consultations, symptom management guidance, and regular check-ins with the care team.
  5. Occupational and Physical Therapy for patients who qualify, referrals may be made for these additional services.
  6. Specialized equipment and supplies to ensure access to necessary medical equipment enables patients to receive the appropriate level of care in the comfort of their homes.
  7. 24/7 Availability on-call support system to provide immediate assistance and guidance in managing emergencies or addressing concerns. Robust on-call is often the most important determinant in keeping patients at home.
  8. Community partnerships: Establishing partnerships with local organizations and support groups may include volunteer organizations, respite care providers, and caregiver support groups.
  9. Continuous quality improvement: This involves regularly evaluating and improving care delivery models by gathering feedback from patients and families and implementing evidence-based practices. The feedback is incorporated to continually improve care competencies.
  10. Emphasis on hiring throughout the area: Arc Hospice will advertise throughout the service area and seek caregivers who will be local. The organization will work directly with community leaders to identify individuals who will be positive employees. When local employees are not available, Arc Hospice will institute thoughtful reimbursement programs to incentivize local care and therefore remove this barrier to home-based hospice.

Arc presents five tables on pages 51 – 57 of the application that use data from the Agency's Florida Hospice Need Projections for Hospice Programs and the Florida Department of Health, Bureau of Vital Statistics to support Arc's argument that there is a foreseeable need for the non-cancer, age 65 and older SA 6A patients. Arc asserts this will continue to increase in the future as the population grows and resident deaths increase and ensures that it is prepared to serve the needs of these non-cancer patients.

Arc addresses in detail the underserved population groups including those with advanced heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, chronic liver disease and cirrhosis, and dementia/Alzheimer's disease. Arc confirms that it has experience with implementing protocols it will implement in SA 6A, which include consulting with cardiac experts and training hospice providers to care for

these populations. Further, Arc will provide the patient with the best quality of life, comfort measures, and ensure the patient is safe and pain-free. Each patient is assessed, and Arc will implement protocols that have been developed and will consult with experts in hospice care to provide services as needed to reduce emergency department visits and hospital readmissions.

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

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

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

Arc states it targets patients who are in late stages of disease and in need of hospice care, aiming to reduce crisis situations and improve symptom management. Arc reiterates that it has already begun to develop relationships with SA 6A cardiologists, family physicians, and hospitals to increase awareness and educate them about the benefits of hospice care for patients with advanced cardiac disease and contends it will be well equipped to rapidly grow these relationships upon licensure.

Arc provides its analysis on pages 51 through 65 of its argument for the need to treat specific disease categories using data from the Florida Department of Health, Bureau of Vital Statistics. Figure 21, page 61 provides a table showing the top 11 causes of death for SA 6A residents in CY 2022. Arc states that heart disease was the number one cause of

death followed by the numbers two, five, seven, nine and eleven causes of death are cancer, cerebrovascular diseases, chronic lower respiratory disease, Alzheimer's disease, and chronic liver disease and cirrhosis respectively.

Figure 22, page 56 shows heart disease accounted for 2,624 (20 percent) SA deaths. Arc's Figures 23-24 are based on the Agency's CY 2022 inpatient database showing that 429 patients with cardiovascular disease were discharged to hospice, or approximately 10 percent of the total patients discharged (4,341) to hospice in 2022. Further, while cardiovascular disease patients discharged to hospice increased by approximately five percent in SA 6A between 2020 to 2022, total cardiovascular disease patient discharges increased by approximately 14 percent over that same period, which was almost 200 percent higher with only three percent of total cardiovascular disease patients being represented in that total.

Figure 24 shows that SA 6A had 170 End Stage Heart Disease discharges in CY 2022. Arc states that the total number of patients with end stage heart disease increased by approximately 12 percent between 2020-2022 while end stage heart disease patients discharged to hospice decreased by approximately 12 percent in SA 6A. Further, the total end stage heart disease patient discharges were over 200 percent higher compared to end stage heart disease patient discharges to hospice in SA 6A and represent only four percent of this total. Arc contends that it has identified the gap in end-of-life care for residents suffering from cardiac disease through statistical data and community needs assessments.

Arc discusses Cancer, Chronic Lower Respiratory, Cerebrovascular, Chronic Liver Disease and Cirrhosis and Dementia/Alzheimer's Disease and its programs on pages 57-61 of the application. The need for disease-specific care of other diseases is addressed with Arc stating that cancer (2,400 deaths) was the leading cause of death in SA 6A in 2022 and over time hospice has evolved to include non-traditional diagnosis such as heart disease, chronic lower respiratory disease, cerebrovascular disease, chronic liver disease, and Alzheimer's disease.

Arc notes that less than 600 patients with pulmonary disease were approximately 13 percent of the 4,341 SA 6A patients discharged to hospice in 2022. However, the percent growth for SA 6A pulmonary disease patients discharged to hospice was approximately seven percent lower than in 2020 representing only four percent of the 2020 total discharges.

Arc shares that the same is true for cerebrovascular deaths in that 32 patients with ischemic stroke and nonspecific cerebrovascular disorders were discharged to hospice, or less than one percent of the 4,341 patients discharged to hospice in 2022. The percent growth for SA 6A cerebrovascular disease patients discharged to hospice increased by approximately three percent between 2020 to 2022 while those discharged to hospice decreased by approximately 20 percent over that same period.

Chronic liver disease and cirrhosis are discussed, and Arc indicates that less than 90 such SA 6A patients were discharged to hospice, which is only two percent of the total discharges to hospice in 2022. These 67 patients represent only six percent of the total discharges for liver disorder patients. Arc's Figure 29 shows 2022's 90 discharges were 25 percent greater than CY 2020 when 72 liver disorder patients were discharged to hospice.

Arc's Figures 29 and 30 show Alzheimer's disease is the ninth leading cause of death for SA 6A residents. The applicant states Florida has the "second highest prevalence of individuals aged 65-plus" and "is projected to experience the ninth highest percent increase of individuals aged 65 and older with Alzheimer's compared to other states". From 2020 to 2025, this number is projected to increase by 24.1 percent from 580,000 - 720,000.

Arc offers on pages 65-68 excerpts of its letters of support for its disease-specific care from

- Lorenzo Carswell, Consultant, Carswell Connection Consults
- Kimberly Montgomery, Pastor and Teacher, First Victory Cathedral Scholars Christian Academy
- Otha Lockett, Pastor, Resurrection Temple House of Prayer

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

Arc states that from its research, it developed a plan to increase access to these underserved communities, which is detailed on pages 69- 72 includes:

1. **Increasing knowledge** and awareness through education, community engagement and provider knowledge.
2. **Reducing disparities** by increasing access to culturally competent care for African American and Hispanic communities.
3. **Partnering with Community Stakeholders** by establishing partnerships with key community (faith based and other community) stakeholders to help build trust and credibility within the groups in the community.
4. **Culturally Sensitive Care** is essential to addressing the unique needs of the groups within the community through training staff, hiring a diverse workforce, having cultural liaisons and providing relevant information and education to patients and families about end-of-life care and advance planning.

With respect to the specific care for the Hispanic community, Arc discusses the barriers often met with this population and uses data (Figure 31 on page 73) from the Office of Economic & Demographic Research, Florida Legislature for CYs 2025 and 2030. As of 2025, SA 6A has 540,308 Hispanic residents, 51,106 of whom are aged 65 and over. The applicant states that Hispanics are projected by 2030 to have a growth rate of approximately 11 percent which includes a 25 percent for the elderly age cohort. Further, Hispanics are projected to account for approximately 33 percent of SA 6A's total and 21 percent of the SA's age 65 and older population in 2025.

The applicant states that in 2022 only 759 Hispanic patients (approximately 18 percent) were discharged to hospice despite accounting for approximately for less than two percent of all discharges in 2022.

Arc next uses Office of Economic & Demographic Research, Florida Legislature projections for CY 2025 and 2030 to show that SA 6A's projected growth of Black/African American residents is particularly strong in the elderly age cohort at over 23 percent which is approximately 13 percent higher than the percentage growth for Florida. The applicant states that there are over 320,000 Black/African American residents in SA 6A of which over 32,000 of these residents fall into the elderly age cohort (ages 65 and over).

Using Agency data, the applicant notes that 562 Black or African American patients were discharged to hospice, or approximately 13 percent of the 4,341 hospice patients in 2022. Further, Arc states that despite accounting for approximately 20 percent of all discharges in 2022, notably less patients were discharged to hospice (over 30 percent less patients were discharges to hospice in comparison to the 20



percent); this is in comparison to the White cohort which accounted for approximately 63 percent of all discharges but approximately 74 percent of patients discharged to hospice.

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

- Julio Fuentes, President, Florida State Hispanic Chamber of Commerce
- Gary Gould, Chief Executive Officer, Tampa Jewish Community Centers and Federation
- Bill McDaniel, City Manager, Plant City
- Michael E. Griffin, Executive Managing Director, Savills Vice Chair, Board USF, Past Director, Chamber of Commerce
- Jack Ross, Chief Impact Officer and Marketing Consultant, Weinberg Village Assisted Living Facility

Arc presents data from the Florida Council on Homelessness 2023 Annual Report and the Tampa Hillsborough Homeless Initiative, 2023 Point-In-Time Count Homeless Summary in Figures 35-37, pages 80-81 to support its contention that there is a need for focus on the SA 6A homeless population. The applicant argues that there is a diverse mix of male/female, Hispanic/Latino, Black/African American, elderly, and veteran residents in this population which equals a wide range of care is required for a cohort that has little access to hospice.

Arc states that in 2023, Hillsborough County had the fourth highest homeless population in the state of Florida, with over 2,000 homeless persons of which approximately 44 percent (approximately 900 people) were considered "sheltered". Arc Hospice confirms that because of this status it could provide "home" hospice care.

The applicant addresses the barrier related to the homeless population using the 2022 Florida Health Community Social and Economic Factors presented by the Florida Department of Health's Bureau of Community Health Assessment's Division of Public Health Statistics and Performance Management noting that 13.7 percent of the county's individuals and 9.9 percent of families live below the poverty line compared to 12.9 and 9.1 percent for the state, respectively.

The applicant argues that these individuals in poverty are at increased risk for chronic disease, higher mortality, and lower life expectancy and that access to healthcare is a key concern for the homeless population in

Hillsborough County. Further, a full continuum of care is often inaccessible for this population particularly when a health crisis strikes, whether it be chronic/terminal illness or catastrophic injury, the homeless population does not have coordinated continuum of end-of-life services to access.

Excerpts confirming support of the need for Arc Hospice to develop hospice programs for the for the socioeconomically disadvantaged populations in the area are located in Exhibit C and are listed below:

- James Shimberg, Attorney, Shubin Law Group, Board President, Tampa Hillsborough Homeless Initiative
- Representative Danny Alvarez, State Representative, District 69
- Michael J. Owen, Vice Chair County Commissioner, District 4, Hillsborough, Florida
- Yvette Lewis, President, NAACP, Hillsborough County Branch

SA 6A's veteran population is discussed and Arc states it will develop a specialized veteran's program in SA 6A and collaborate with area veterans' organizations. Arc contends there is an inherent need for many palliative care and hospice resources to provide care and support for SA 6A veterans and their families/caregivers and its specialized veteran's programs will ensure that the ongoing needs of the veterans are met. U.S. Department of Veterans Affairs data indicates that in 2024 there are approximately 95,000 SA 6A residents who are veterans. Approximately 39,000 are 65 years or older, which is approximately five percent of the state's total. Arc shares that SA 6A's veteran population is projected to decline from 2023 to 2028, likely due to a variety of factors, including the aging veteran population ultimately increasing deaths. The 2020 United States Department of Veterans Affairs Veteran Population Projection Model shows that in 2024, veterans aged 65 and older in SA 6A account for approximately 40 percent of the total veteran population. Arc concludes that SA 6A's increasingly aging veteran population will result in increased need for hospice.

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

Arc's Figure 42 lists SA 6A's 30 nursing homes with 3,947 licensed beds. A discussion of hospice and nursing home collaboration is provided, with Arc stating it will provide specialized attention to improving the collaboration and communication between nursing home facility caregivers and patients, as this was found to need improvement. Arc's collaboration with nursing home staff topics to ensure quality care include communication, care plan, consistent staffing, bereavement services, a specialized program for Alzheimer's disease/dementia,

education and training, mutual respect, and joint admission and discharge planning.

Arc cites its “established working relationship” with nursing homes and related facilities throughout the service area and provides excerpts on pages 91-93 expressing a willingness to provide inpatient bed as well as general support from:

- Angela Durland, Director of Nursing, The Bristol at Tampa Rehabilitation & Care Center
- Ari Katz, LNHA, CEO/Administrative Consultant, Lion Care Services
- Robert S Bennett, Founder, Angels Senior Living

Arc states that it will develop relationships with local hospitals. Figure 43 lists the SA’s 18 hospitals with 4,902 licensed beds on page 94 of the application.

Arc next discusses the NHPCO report entitled, "Hospital-Hospice Partnerships in Palliative Care: Creating a Continuum of Service" (in the application’s Exhibit D). The application’s Figure 44, “Benefits of Collaboration for Hospice and Hospital Partners” lists benefits for the hospital (eight), for the hospice (eight) and four clinical benefits for the patient of a hospital based palliative care program. The applicant provides a detailed discussion of the “Community Benefits” programs and services that Arc Hospice will provide by developing relationships with area hospitals and nursing homes and integrating hospice into the continuum of care on pages 95-118 followed by excerpts from its letters of support from:

- Senator Jay Collins, Florida Senate, District 14
- Representative Danny Alvarez, State Representative, District 69
- Chad Chronister, Sheriff, Hillsborough County Sheriff’s Office
- Michael J. Owen, Vice Chair County Commissioner, District 4
- Hillsborough, Florida

The applicant provides excerpts of its letters of support from the community on pages 118-131 and its response to Health Care Access Criteria is discussed on the application’s pages 131-134.

Arc contends there will be minimal impact on existing providers, projecting it will achieve 295 and 419 admissions and market shares of 2.5 and 3.5 percent in 2025 and 2026, respectively. See the table below.

**Arc Hospice's Projected Utilization  
Service Area 6A 2025 - 2026**

	<b>2025</b>	<b>2026</b>
Projected 6A Hospice Admissions	11,799	11,980
Arc Hospice 6A Projected Market Share	2.5%	3.5%
Arc Hospice 6A Projected Hospice (Admissions)	294	419

Source: CON application #10775, page 134, Figure 47( partially recreated).

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

**Bristol Hospice – West Florida, LLC (CON application #10776)** states that in addition to the Agency’s published need it has identified the following gaps in SA 6A:

- A large, growing senior population which will affect both the rate of use of hospice services, as well as the type of hospice services required
- Facility-based patients in need of hospice services
- Disease-specific need for patents diagnosed with Alzheimer's, Parkinson's, and other neurological diseases, as well as Cancer and Heart Disease
- Low use rates of Black, Hispanic, and persons at or near the poverty line
- A large Veteran population

The applicant states that in addition to the Agency’s published need it has identified the following gaps in SA 6A:

- A large, growing senior population which will affect both the rate of use of hospice services, as well as the type of hospice services required
- Facility-based patients in need of hospice services
- Disease-specific need for patents diagnosed with Alzheimer's, Parkinson's, and other neurological diseases, as well as Cancer and Heart Disease
- Low use rates of Black, Hispanic, and persons at or near the poverty line
- A large Veteran population.

Bristol Hospice provides a demographic overview of SA 6A using data from the Agency’s Need Projections for Hospice Programs, February 2024 noting that Hillsborough County is Florida's fourth most populous county, and its largest city is Tampa. University of Florida Population Studies Program data and in Table 5 and Figure 6 on page 23 to support

that the senior population in SA 6A is expected to increase will affect hospice use within the county.

The applicant uses National Center for Health Statistics (NCHS) data and its own assessment to project the likely distribution of hospice patients in Hillsborough County in 2025, 2030, and 2035 and concludes that the number of hospice patients over the age of 85 is expected to be about 43 percent of hospice patients in 2025, growing to nearly half of all hospice patients by 2035.

The applicant points out that hospice services tailored towards elderly individuals, especially those over the age of 75 will be critical and it will provide targeted services and programs to elderly individuals, including care for Alzheimer's, mobility problems, and building improved palliative care programs to fill gaps in delivery. Further, 85 and older year-old persons do not live at home, but in facilities facing several barriers to accessing hospice services, including lack of immediate family support and cognitive and physical deficits. Bristol Hospice confirms that it is focused on providing access to hospice care in these skilled nursing facilities and has already begun outreach and has received letters of support (Exhibit 2) and provides excerpts on page 25 from Juanita Arucito, Admissions Coordinator, The Bristol Care Center and Rebecca Gorski, Social Services Director, Tampa Lakes Health and Rehabilitation Center.

Bristol will work with SNFs, ALFs, Adult Family Care Homes, and other facilities with residents who require hospice services to improve hospice access for their residents as well as provide in-home hospice care.

The applicant lists its approach to quality to include:

- High intensities of care provided through nurses and hospice aides (Condition 1)
- Funding patient and family transportation needs for its hospice patients, especially for those in rural areas with limited public transportation (Condition 5)
- Sweet Dreams program for better hospice patient outcomes (Condition 11)
- Palliative Care provided through Bristol's Advanced Illness Management Program ("AIM") (Condition 12)
- Virtual Reality Program (Condition 16)

Bristol Hospice presents 2022 CMS data showing that distribution of Hillsborough County hospice Medicare patients by diagnosis in Table 8 on page 26 and concludes that the largest group of hospice patients in Hillsborough County are those with Alzheimer's, Parkinsons or other neurological diagnoses accounting for nearly 30 percent of Hillsborough

County hospice patients in 2022 followed by cancer (21.9 percent), circulatory/heart disease (16.7 percent) respiratory disease about (11.3 percent), stroke/cerebrovascular (10.9 percent) and COVID-19 (about 1.1 percent). The applicant states that need for disease-specific programing is supported by the primary causes of death for SA 6A residents and provides Table 9.

The applicant confirms that the largest cause of death for residents under the age of 65 was with the "Other" category (deaths from accidental drug and alcohol poisoning and other unintentional injury) at 35.9 percent followed by cancer (20 percent), heart disease and other circulatory diseases (18 percent), and early onset Alzheimer's and other neurological diseases (2.4percent).

Further, the 65 and older category had Heart Disease and Other Circulatory Diseases as the primary cause of death, responsible for nearly a quarter of all deaths. (24.7 percent) followed by cancer (19.2 percent), Alzheimer's, Parkinson's, and other nervous system diseases (10.7 percent), respiratory diseases (8.7 percent ), and "Other," (10.6 percent) stating that the principal cause is from "Unintentional Injury from Falls."

Bristol Hospice argues that data on diagnoses at hospice admission is generally not comparable to the listed cause of death, it is not possible to construct reliable penetration rates with the exception of the cancer diagnose and presents Table 10 on page 27 in which it uses Agency 2022 Needs projections to show that hospice admissions to cancer patients represented over 90 percent of cancer deaths noting that the use rates for non-cancer patients, including circulatory/heart disease patients and patients with nervous system diseases such as Alzheimer's were lower in comparison.

The applicant presents Table 11 to show the forecast for cancer diagnosed patients in SA 6A from July 2025 to June 2026 are expected to require nearly 250 additional hospice admissions, comprising about 20 percent of overall net hospice need and concludes that from this analysis that patients within the diagnoses of Cancer, and Alzheimer's, Parkinson's, & Other Nervous System Diseases, and Circulatory/Heart Disease to comprise the majority of the Hillsborough hospice patient population.

Regarding ALOS the applicant presents Table 12 on page 27 showing that cancer patients (16) had the shortest ALOS followed heart/circulatory diseases(18) adding that this category often have shorter stays but receive hospice services for long lengths of time and

that patients with neurological conditions, such as Alzheimer's, have the longest length of stay.

Bristol Hospice lists the programs that it is committed to providing in SA 6A as:

- Specialized Cancer Care Program, including specialized yearly training for its nurses, social workers, chaplains and HHAs (Condition 8)
- Cancer patient outreach using oncology specialized ARNPs or physicians (Condition 9) Bristol's Bright Moments for patients with Alzheimer's, Dementia, and other Neurological Conditions (Condition 10)
- Bristol's Cardiac Protocol for patients with end-stage heart disease (Exhibit 10)

Bristol contends that it will support patients with Alzheimer's, Dementia, and other Neurological Conditions through its Bright Moments program and ensure appropriate care through its partnership with Purple Flag and will implement its Cancer Care program for specialized training of its nurses, social workers, chaplains, and aides, as well as retain the services of oncology specialized ARNPs or physicians to conduct education and outreach to oncology officers and physicians to support the area's cancer patients. For SA 6a circulatory/heart disease patients it will employ its Cardiac Protocol to determine hospice eligibility and develop an individualized plan of care for its patients adding that these guidelines will help support physician clinical judgements for hospice eligibility and assist the hospice team in assessing the patient's physical needs for hospice care.

#### Hospice Access and the Social Determinants of Health in Hillsborough County

Bristol Hospice uses 2024 US Census and CMS data in Tables 13-15 on pages 30-32 to support that regarding hospice use "poverty and race intersect". The applicant discusses that these social barriers such as a person's circumstances are shaped by the distribution of resources, and poverty limits access to health services, transportation, education, safe neighborhoods, and other resources and vary by race and ethnicity resulting in difference regarding use.

The applicant shows in Table 13 Hillsborough County's racial diversity compared to Florida noting that SA 6A residents identify as African American (18.5 percent versus 17 percent), Asian (4.8 percent versus 3.1 percent), and Hispanic or Latino (30.5 percent versus 27.1 percent) and are concentrated in a few geographic areas within the SA:

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- Hispanic - predominantly located in Northeast Town N' Country and the SA's more rural areas in the South and East
- Black or African American tend to reside in the East Tampa and University areas
- The poorest areas in Hillsborough County are in and around Downtown Tampa and the University of South Florida

Bristol Hospice details the differing SA 6A environmental and social conditions for minority communities citing a 2019 Community Health Needs Survey noting that Black and Hispanic communities have greater access to public transportation, but higher rates of food insecurity, lower rates of educational attainment, lower rates of neighborhood environmental quality, and lower access to healthcare and experience higher poverty rates.

The applicant's Table 14, page 31 shows that the proportion of persons below the poverty line SA 6A is about 13 percent, and about 30 percent for persons below 200 percent of the poverty line and is in line with the State level. Further, 15 percent of Black and 20 percent of Hispanic residents are estimated to fall below the poverty line in SA 6A, at rates 1.5 to 2 times that of White persons.

The applicant cites a study from the 2024 University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps program ("County Health Rankings") that show a disproportionate impact on the Black and Hispanic communities in SA 6A noting that Black life expectancy is 74 years in comparison to the county average of 78 years. Further, the rate of preventable hospitalizations per 100,000 Medicare enrollees among the black population is 167 percent and the Hispanic is 118 percent of the county average and uses as example that the percentage of Black female Medicare enrollees having an annual mammogram (age 65-74) is 90 percent of the county average, and the rate of the Hispanic Medicare community is 83 percent of the County average to indicate there is a relative lack of access to needed health services

Again, using the Census Bureau's American Community Survey (ACS) Public Use Microdata Sample (PUMS) for 2018-2022, the applicant provides a comparison of Hillsborough County senior (65 and older) Medicare beneficiaries and the county average showing

- 21.5 percent of Hispanic and 20.8 percent of Black beneficiaries are at or below the poverty line compared to the county average of 12.3 percent
- 34.6 percent of Black Medicare beneficiaries in Hillsborough lived alone in comparison to the 27.0 percent county average



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- 11.3 percent of Hispanic and 9.9 percent of Black Medicare beneficiaries 65 years and older in Hillsborough do not have access to a vehicle in comparison to the 6.9 percent county average

The applicant present 2022 deaths and deaths in hospice by dual eligibility and race and ethnicity for Medicare beneficiaries with a Hillsborough residence in Table 15 on page 32 showing that:

- 5,670 deaths of Medicare beneficiaries within Hillsborough County who both identified as White and were not dually eligible for Medicare and Medicaid of which 3,112 (about 55 percent) died while receiving hospice care
- 53 percent Dual-Eligible White persons died while in hospice compared to 38 percent Black, 47 percent Asian/Pacific Islanders, and 48 percent Hispanic

Bristol Hospice contends that had Dual Eligible and identifiable non-White persons used hospice services at the same rate as non-Dual Eligible White persons, the result would indicate an additional 317 hospice admissions for SA 6A - 41 hospice patients for White Dual Eligible persons, an additional 232 from Black persons, an additional 10 from Asian and Pacific Islander persons, and an additional 34 from Hispanic persons which shows a lack of access to hospice services.

Plan for Outreach and Engagement

Bristol confirms that it will focus on Northeast Town N' Country, Hillsborough's more rural areas in the South and East, and in East Tampa and University areas to increase access to and use of hospice services by leveraging its relationships with SNFs, ALFs, and other senior care providers in Tampa and other areas in Hillsborough County, as well as engage with community organizations and other representatives of these underserved communities. Further, it will hire a Hospice Community Liaison and develop a Mobile Outreach Unit dedicated to outreach and educational activities that will follow the National Outreach Guidelines for Underserved Populations in SA 6A.

The applicant states that its Hospice Community Liaison will engage and coordinate with Community Partners to increase culturally competent care to the minority and lower income underserved populations and provide targeted outreach efforts to those patients and/or caregivers who might want to make a direct referral from the community to hospice services which may include patients currently receiving Home Health Services, Personal Care Services and/or family care support and will be focused on eliminating additional income and/or sexual orientation barriers.

The applicant states that it conditions that Bristol AIM will allocate \$400,000 to purchase, equip, and operate the mobile outreach unit, which will be staffed by a team of professionals, including at least one bilingual nurse and one bilingual social worker, to ensure effective communication with diverse populations. Bristol states that this will complement the activities of the Hospice Community Liaison and will that its staff will be trained in cultural competency, hospice and palliative care awareness, and community education about hospice and palliative care options and advance care planning to increase awareness and understanding of hospice, facilitate early identification of hospice-eligible patients, and support for caregivers.

Indigent individuals constitute a significant source of need in Hillsborough, both as their own demographic and within the traditionally underserved minority populations.

Regarding SA 6A's indigent population, Bristol confirms that it will provide free or discounted care to patients in need of hospice care and without financial resources, ensuring access to hospice services and refers to its Charity Care policy in Exhibit 4.

Bristol commits to providing for patient and family transportation needs for its hospice patients, especially for those in rural areas with limited public transportation. Bristol will provide up to \$25,000 annually for bus vouchers and other transportation assistance for patient and family transportation to and from medical appointments, support groups, and other hospice related activities.

Additionally, it has committed to several actions to ensure the SA 6A residents have access to hospice services including:

- Community support from The Bristol Foundation. (Condition 2)
- Staffing a dedicated Community Liaison to provide outreach to underserved communities (Condition 3)
- Developing and deploying a dedicated mobile outreach unit to engage with low-income and ethnically diverse populations within the service area (Condition 4)
- Funding patient and family transportation needs for its hospice patients, especially for those in rural areas with limited public transportation (Condition 5)
- Provision of free or discounted care to patients in need of hospice care and without financial resources (Condition 6)
- Purchase of Virtual Reality equipment and development of patient-specific platforms which honor their culture and provide cultural experiences not otherwise possible (Condition 16)

The applicant ensures that it has begun outreach and discussions with providers from the community to gauge support and solicit feedback on the proposed project, as well as strengthen its relationships as it becomes a provider of hospice services in Hillsborough County and refers to its Exhibit 2 for its letters of support. The applicant provides excerpts on pages 34 and 35 from:

- Keith Gibson, Florida's Diversity, Equity, and Inclusion Director, Alzheimer's Association
- Betty Mallick, RN DON, Plant City Community Care Center
- Connie Robinson, Pastor, The Open Door to Christ Church
- Michael R. Milner, DHSc, PA-C, Rear Admiral, Assistant US Surgeon General, USPHS (Retired)

Hillsborough Veteran Population and Hospice Needs

The applicant presents Table 16 on page 35 to support that the SA 6A Veteran population is home to nearly 100,000 military veterans, about 40,000 of which are aged 65 representing the largest population of Veterans of any Florida county.

Bristol confirms it will develop a specialized Veteran program, including honors ceremonies, life review projects, special events, and Veteran volunteers to visit Veteran patients to provide camaraderie and companionship and will develop individualized care plans to include patient military history and preferences. Bristol confirms that it will engage in ongoing education of staff and volunteers to provide veteran-centric care as well as pursue a We Honor Veterans Level 4 Partnership Certification within the first two years following licensure and refers to its brochure in Exhibit 12.

The applicant lists that it has conditioned its commitment to ensure SA 6A Veterans have access to Veteran-specific care which include:

- Veteran Specific Programming (Condition 7)
- Virtual Reality Program (Condition 16)

**Charis Healthcare Holdings, LLC (CON application #10777)** direct response states “Yes, the project is in line with the AHCA fixed need pool projection of need for subdistrict 6A.”

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** responds that through its SA 6A needs assessment it confirmed the need for an additional hospice provider and identified recurring themes with potential negative impacts on access to hospice care, gaps in current services, and opportunities to develop and deliver

innovative solutions with its data analysis indicating a significant need because of the low death service ratio and the rate of growth in Hillsborough County.

The applicant provides the following unmet needs which are detailed within its Project Summary:

1. There is a need for comprehensive education and outreach to increase the percentage Of decedents accessing hospice care.
2. There is a need for conversations around end-of life care to occur prior to a medical emergency.
3. There is a need for comprehensive grief and loss support for the larger community.
4. There is a need for increased access to hospice in long-term care facilities.
5. There is a need for specialized outreach to the African American Community
6. There is a need for specialized outreach and care for Military Veterans.
7. There is a need for disease-specific focused care programs.

Community Hospice uses data from:

- The Agency's February 2024 Hospice Need Projections for the July 2025 Planning Horizon
- The Office of the Governor Florida population (January 2024)
- UF Bureau of Economic and Business Research (2023)
- HealthPivots - Based on Medicare Claims through Sep 2023
- Florida Dept of Health (2022)

The applicant indicates a need for services and unmet gaps for SA 6A elderly (65 and older), the veteran and the minority (Black and Hispanic) populations.

Community Hospice states that the five- year growth projections for SA 6A outpace the state in every demographic but specifically the 65 and 75 and over population.

The applicant cites that the US Department of Veterans Affairs population projections by county, show there will be 94,590 veterans living in Hillsborough County as of September 30, 2025 which is the largest veteran population of any county in Florida and contends that this population warrants attention, implementation of specialized programs, and understanding of the unmet need.

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Community Hospice notes that the racial composition of the two areas is comparable, population percentage and five-year growth estimates for the Black population in SA 6A are greater than the state.

Regarding SA 6A utilization, the applicant states that the based on its review of “Death Service Ratio by Race/Ethnicity” using Medicare Claims data, it concludes that SA 6A “lags significantly behind the overall Florida calculations of the percentage of Medicare decedents receiving hospice care for both the White and Black population”.

According to Florida Health Charts, the applicant confirms that Hillsborough County's death rate per specific disease is significantly higher than that the state in several leading causes of death.

The applicant argues that unmet need is seen in the percentage of deaths in skilled nursing facilities receiving hospice care noting that access to hospice care is seven percent lower than the state average of 61 percent.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)**

responded to License Requirements and Procedures (59A-38). The applicant responded to need throughout the application and has identified important underserved populations in Service Area 6A as:

- Elderly patients with non-cancer diagnoses
- African American Patients
- Hispanic Patients
- Rural Patients

**VITAS Healthcare Corporation of Florida (CON application #10780)**

VITAS is submitting this Certificate of Need application to establish a hospice program in SA 6A in response to the need identified by AHCA in its Florida Need Projections for Hospice Programs. According to AHCA's projections, there is a need for an additional hospice provider in the area.

An analysis of hospice utilization rates in the service area also shows that utilization is below the state average and has been decreasing every year since 2019. In 2019, the hospice utilization rate for all patients in Hillsborough County was 53.5%, which decreased to 48.5% in 2022. This is significantly lower than the statewide average of 56.0%, indicating a need for additional hospice resources to reverse this decline.

The hospice utilization trend for Hillsborough County is illustrated in Exhibit 18, showing a steady decline in utilization rates over the past three years. This decline is concerning and suggests that there is a gap

in hospice services being met in the area. VITAS aims to address this gap by establishing a hospice program that will provide high-quality care to patients and families in need.

The hospice utilization rate is a crucial indicator of the availability and accessibility of hospice services in each area. As shown in Exhibit 19 (page 99), a comparison of the Florida and SA 6A hospice utilization rates from 2019 to 2022 reveals a significant disparity. While the statewide utilization rate experienced a slight increase following the COVID-19 pandemic, SA 6A's rate has failed to rebound to pre-pandemic levels.

In fact, SA 6A's hospice utilization rate has consistently been below the state average for at least four years. VITAS' analysis of available data and discussions with community healthcare providers and residents have identified underserved populations in the county and a lack of education about hospice services. This suggests that there is a need for increased awareness and access to hospice care in the area. By establishing a hospice program, VITAS aims to address this gap and provide high-quality care to patients and families in need.

Currently, SA 6A is home to three licensed hospice providers: Lifepath Hospice, Suncoast Hospice, and AccentCare Hospice. Lifepath Hospice, which is owned by the Chapters Health System, operates two freestanding inpatient units with 24 beds in Hillsborough County. AccentCare Hospice has an inpatient unit located within St. Joseph's Hospital in Tampa, while Suncoast Hospice, owned by Empath Health, also operates in the area.

The average length of stay for patients receiving hospice care in SA 6A is an important indicator of how effectively existing hospice providers are educating healthcare providers and the community about hospice eligibility and coverage. Exhibit 20 provides a comparison of the average length of stay for SA 6A hospice providers versus VITAS' average length of stay.

#### **Average Length of Stay**

Understanding the average length of stay for hospice patients in SA 6A is crucial in evaluating the effectiveness of existing hospice programs in educating healthcare providers and the community about hospice eligibility and coverage. This metric is a key indicator of how well providers are communicating the benefits of hospice care to patients and families.

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<b>Hospice Agency</b>	<b>ALOS (Days)</b>
Life path Hospice	53
AccentCare Hospice of Hillsborough	56
Suncoast Hospice of Hillsborough, LLC	41
VITAS Healthcare — Brevard*	79
VITAS Healthcare — Miami Dade*	67
VITAS Healthcare — Palm Beach*	65
STATE ALOS	56

Source: CON application #10780, page 100, Exhibit 20

The average length of stay for two hospice providers in SA 6A is lower than the state average, suggesting that patient and provider education about hospice care may not be occurring early enough in the patient's care. This could mean that patients are not receiving the full benefits of hospice care due to a lack of understanding about eligibility and coverage. Additionally, it may indicate that providers are not effectively managing patients' pain, leading to hospital readmissions. In contrast, VITAS' longer average length of stay demonstrates its commitment to outreach and education, ensuring that patients, caregivers, and family members can access the resources they need to make the most of hospice care.

Continuous Care, also known by VITAS as Intensive Comfort Care, is one of the four levels of care defined by the Medicare hospice benefit. As a condition of receiving Medicare funding, hospices must offer this level of care when medically necessary. Continuous Care involves providing around-the-clock care at home, with hospice team members working shifts up to 24 hours a day for a limited period to help patients stay at home instead of being admitted to a hospital. This level of care is appropriate when patients have acute symptoms that their primary caregiver cannot manage. The goals of Continuous Care are to minimize suffering and improve quality of life while respecting the patient's wishes. According to Medicare FFS Claims Data collected by Trella Health, two licensed providers in SA 6A offer very little Continuous Care. To address this gap, VITAS will ensure that Continuous Care is readily available to patients in the service area and provide educational materials and resources to patients, their families, and physicians to encourage its use when necessary.

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Hospice Name	% of Continuous Care
Lifepath Hospice	0.42%
AccentCare Hospice of Hillsborough County	0.07%
Suncoast Hospice of Hillsborough County, LLC	0.03%
VITAS Healthcare - Brevard	0.54%
VITAS Healthcare — Miami-Dade	1.96%
VITAS Healthcare — Palm Beach	1.92%

Source: CON application #10780, page 101, Exhibit 21

### Location of Care

Understanding where hospice services are delivered is crucial in determining whether they meet the community's needs. VITAS analyzed the location of care for SA 6A using Medicare Claims Data from Hospice Analytics' Report 16. As shown in Exhibit 22 (page 101), the data reveals that one licensed provider in Hillsborough County had a significantly lower percentage of patients receiving care in their homes compared to the statewide average. Conversely, this same provider had a higher percentage of patients receiving care in facilities, at 75.8 percent, which is significantly above the statewide average of 38.6 percent. This overreliance on institutional care settings can be detrimental to patients who prefer to age in place at home. Interestingly, none of the three existing providers in the area served patients in skilled nursing facilities, while the state average is 1.2 percent.

VITAS' research has shown that Hillsborough County ranks among the lowest in Florida in terms of the ratio of Medicare hospice patient days to dedicated inpatient beds. Given this finding, VITAS is deeply committed to investigating potential opportunities for dedicated inpatient care in the area. This may involve partnering with an existing healthcare facility or, if more suitable for the community's needs, applying to build a freestanding inpatient unit with approximately 12 beds.

### Projected Need for Inpatient Hospice Beds — Hillsborough County

Service Area	85+ Population			Hospice Utilization			Medicare ADC		IPU Beds		Medicare ADC per bed	
	2022	2025*	change	2022	2025*	change	2022	2025*	2022	2025*	2022	2025*
	22,449	26,296	17.1%	48.5%	56.0%	15.5%	1,306	1,755	58	70	22.5%	25.2%

Source: CON application # 10780, page 102, exhibit 23. FLHealthCharts (85+ population data) and Hospice Analytics Report 10 (2022 Medicare ADC) \*estimates Notes: 2025 Estimate for IPU Beds assumes VITAS is operating a 12-bed IPU in Market; assumes Hillsborough hospice utilization increases to 2022 FL Statewide Average upon VITAS licensure in service area



### **Demographic and Socioeconomic Analysis of SA 6A**

As a national provider of hospice care, VITAS recognizes that each community has unique needs and requires a tailored approach to care. To better understand the needs of SA 6A, VITAS conducts thorough demographic and socioeconomic analyses. This research identifies underserved populations and gaps in care that existing providers have not addressed. In Hillsborough County, VITAS has identified several key trends that warrant the need for an additional hospice care provider.

Specifically, the county's minority populations are growing rapidly, with the Black/African American population growing at a rate more than double that of Florida as a whole. However, the Hispanic population is not utilizing hospice services at rates they should be. Additionally, Tampa-St. Petersburg-Clearwater is home to the 18th largest Jewish metropolitan area in the United States, which presents a unique cultural and demographic challenge.

The county is also grappling with growing issues such as homelessness, food insecurity, and poverty, which requires specific outreach efforts to address these needs. Furthermore, Hillsborough County has a significant military veteran population that requires specialized care. Finally, the elderly population is expected to increase significantly in the coming years.

These demographic and socioeconomic factors highlight the need for VITAS' comprehensive and culturally sensitive hospice care in SA 6A, which can address the unique needs of this diverse community.

### **Population by Age Group**

According to the Florida Population Estimates and Projections by AHCA, the population of SA 6A, specifically Hillsborough County, is projected to increase by 10.6 percent from 1,540,897 in 2023 to 1,705,555 by 2030. This growth is driven by an aging population, with the 65+ age group expected to see significant expansion.

In 2023, the 65+ population in Hillsborough County stood at 231,825, but by 2030, this number is projected to rise to 288,949, representing a substantial 24.6 percent growth over the period. By 2030, the elderly population is expected to comprise approximately 16.9 percent of the total population in SA 6A.

As the population ages, it's crucial to ensure that healthcare resources, including hospice services, are readily available to meet their unique needs. The projected growth in the elderly population in SA 6A highlights

the need for expanded access to hospice care and emphasizes VITAS' commitment to providing comprehensive and compassionate care to this demographic.

**Service Area 6A Population Demographic**

Access to and use of hospice services can vary significantly depending on an individual's race, ethnicity, and socioeconomic status. Unfortunately, minority populations often face barriers in accessing hospice care due to a lack of education, outreach, and services tailored to their specific needs. This underservice is particularly concerning for elderly minority individuals, who may have limited access to culturally sensitive and linguistically appropriate care.

A recent study published in *Gerontology and Geriatric Medicine* highlights this issue. The study found that Medicare spends approximately 20 percent more on the last year of life for Black and Hispanic individuals compared to White individuals. This disparity is attributed to the lower hospice utilization rates among Black and Hispanic populations, which means they receive fewer benefits such as symptom relief, bereavement support, and improved quality of life.

This lack of access to hospice care can have serious consequences, including reduced quality of life, unmanaged symptoms, and increased healthcare costs. As VITAS serves the diverse community of SA 6A, it is essential to address these disparities by providing culturally sensitive education, outreach, and services tailored to the unique needs of minority populations.

The reviewer notes that the applicant recognizes the importance of bridging the gap in care for minority patients in SA 6A. To achieve this, VITAS proposes prioritizing outreach programming and building relationships within minority communities by analyzing the demographics of the service area to identify which communities may require targeted outreach programs. The goal is to reduce patient suffering and alleviate the burdens on family members caring for a dying loved one.

VITAS conditions this application on providing a Community Healthcare Worker to work with minority populations in SA 6A, who will distribute culturally sensitive educational materials in multiple languages to the community. Additionally, VITAS plans to establish a multicultural advisory committee to advise on the community's needs and assist with outreach efforts to underserved populations. The committee's objective is to help rebuild trust in healthcare systems and provide guidance to VITAS on how best to serve these groups.

**Population by Race**

The reviewer notes that Exhibit 25 presents the SA 6A population by race for 2023 and 2028, as reported for Hillsborough County. According to the exhibit, as of 2023, Whites comprise 49.9 percent of the population, with the remaining population consisting of American Indian/Alaskan Native 0.4 percent, Asian 6.5 percent, Black/African American 4.3 percent, Native Hawaiian/Pacific Islander 0.1 percent, Some Other Race 5.4 percent, and Two or more Races 13.2 percent. The Black/African American population in Hillsborough County exceeds the state average of 15.0 percent, indicating a larger minority presence.

Furthermore, the "Some Other Race" and "Two or More Races" categories are higher than the state averages of 8.0 percent and 17.8 percent, respectively, indicating that Hillsborough County is more racially diverse than Florida. The reviewer also notes that Hillsborough County's minority populations are growing rapidly, with the percentages of change in population for Asians 7.8 percent, Black/African Americans 10.2 percent, Some Other Race 21.2 percent, and Two or More Races 17.6 percent increasing at a higher rate than that of Florida.

VITAS further analyzed SA 6A neighborhoods to determine where the minority populations are living and to understand where to provide resources to meet the needs of these traditionally underserved populations. Exhibits 26 and 27 show that SA 6A's minority populations are concentrated in the following neighborhoods.

**2023 Population by Race by Zip Code and Neighborhood — SA 6A**

<b>Zip Code</b>	<b>Neighborhoods</b>	<b>Percent Minority Population</b>
33610	Tampa, East Lake-Orient Park, Mango	77.8%
33605	Tampa, East Ybor	75.6%
33614	Tampa, Egypt Lake-Leto	67.6%
33619	Tampa, Palm River-Chair Mel, East Lake-Orient Park, Brandon, Progress Village	66.8%
33612	Tampa, Lake Magdalene, University, Carrollwood	65.7%
33634	Tampa, Egypt Lake-Leto	65.2%
33604	Tampa, Sulphur Springs	62.4%
33615	Tampa, Town 'n' Country	61.5%
33534	Gibsonston, Riverview	61.4%
33637	Tampa, Temple Terrace, East Lake-Orient Park	60.2%

Source: CON application #10780, page 106, Exhibit 27

All neighborhoods listed and shown in Exhibits 26 and 27 are regionally located in Metro Tampa-St. Pete. To better meet the needs of the minority populations in SA 6A, VITAS conditions this application to work with the Calgary Community Clinic (or a similar community partner) to provide educational materials (such as the Bridging the Gap information and toolkit) and information about hospice care and eligibility. Furthermore,

VITAS conditions this application on donating \$80,000 to the Calgary Community Clinic (or similar organization) to further its mission to provide healthcare to the underprivileged, uninsured, unemployed, and underserved populations living in the areas referenced above.

### **Population by Ethnicity**

Exhibit 28 on page 107 of the application provides the 2023 and 2028 population by ethnicity for SA 6A. Compared to the Florida total, Hillsborough County has a larger percentage of Hispanic residents. The Hispanic population in Hillsborough County is growing at a faster rate - 20.7 percent compared to Florida at 17.8 percent. Importantly, the Hispanic population in the SA is underserved and in need of expanded access to hospice services.

Approximately 80 percent of the population in Hillsborough County, aged 65 and older, identifies as non-Hispanic, and approximately 21 percent of the population in that same age group identifies as Hispanic. However, only 6.0 percent of the hospice patients served by existing providers identify as Hispanic. This suggests that the Hispanic population is not utilizing hospice services at levels that align with their demographic representation.

**2023 Population by Ethnicity by Zip Code and Neighborhood — SA6A**

<b>Zip Code</b>	<b>Neighborhoods</b>	<b>Percent Hispanic Population</b>
33614	Tampa, Egypt Lake-Leto	69.8%
33634	Gibsonston, Riverview	61.5%
33615	Tampa, Town 'n' Country	58.5%
33607	Tampa, Town 'n' Country	47.0%
33598	Wimauma, Balm, Sun City Center	44.5%

Source: CON application #10780, page 109, Exhibit 32

To better serve the Hispanic population in SA 6A, VITAS proposes to provide a dedicated representative fluent in Spanish and collaborate with the Hispanic Services Council to educate the community about hospice care and eligibility in Spanish. Additionally, VITAS will donate \$80,000 to the Hispanic Services Council to increase access and opportunities for the Hispanic population in Hillsborough County.

Minority populations often face unique barriers when accessing end-of-life and palliative care, including language, socioeconomic, health literacy, and spiritual factors. These cultural differences can lead to misconceptions and underutilization of hospice services. VITAS has a proven track record of serving all patients regardless of race or ethnicity and attributes its success to its comprehensive outreach programs that address these barriers.

### **Jewish Population**

The Jewish population in Tampa-St. Petersburg-Clearwater is a significant and growing community, with 34 synagogues and various organizations serving the community's needs. Despite Jewish tradition emphasizing the importance of life, hospice care is compatible with Judaism. Two medical professionals, Dr. Joel S. Policzer and Dr. Barry M. Kinzbrunner, have written a manual on Jewish hospice care, highlighting the importance of honoring life while providing end-of-life care.

Jewish leaders have been working to increase understanding of hospice care and dispel misconceptions about its compatibility with Jewish law. Research has shown that there is a growing discussion among Orthodox rabbis about when curative medical treatment can be considered futile or unjustified due to the suffering it causes. Non-Orthodox Jews are more open to hospice care when the difference between religious and spiritual support is explained.

To provide culturally sensitive care to Jewish patients and families, VITAS' hospice programs are accredited by the National Institute for Jewish Hospice and train staff and volunteers in Jewish beliefs, customs, philosophies, and ethics. VITAS also trains staff in Jewish ethics related to medical futility and the care of the terminally ill. By having staff trained in Jewish culture and traditions, VITAS can provide respectful and understanding care to patients and families from all faith traditions within the Jewish community in SA 6A.

### **SA 6A Socioeconomic Information**

In addition to race and ethnicity, socioeconomic status also plays a significant role in determining access to hospice services. Individuals from lower-income backgrounds are less likely to have health insurance, making it more difficult for them to access palliative and end-of-life care. The lack of healthcare services in low-income areas can lead to significant financial burdens for individuals, their families, and the community. Frequently, impoverished individuals and families are forced to make difficult choices between basic needs like housing and food or essential medical treatment, often sacrificing the latter to ensure their survival. As a result, hospice providers must be equipped to reach underserved communities and understand the unique challenges faced by these individuals and their families.

VITAS recognizes the impact of socioeconomic factors on access to care, including limitations in access to stable housing and food.

### **Homelessness**

According to data from FLHealthCharts, Hillsborough County has a relatively low number of homeless individuals compared to other counties in Florida. However, the number of homeless people in the county has been increasing each year since 2021. The Tampa Hillsborough Homeless Initiative reported a 21.8 percent increase in homelessness among individuals aged 62 and older from 2019 to 2023.

While the homeless rate in Hillsborough County is lower than the state average, it still represents a vulnerable population that faces significant barriers to accessing healthcare services, including hospice care. VITAS has experience serving the homeless population in other Florida counties with similar demographics and geographic characteristics and is well-equipped to provide care to this population.

VITAS is committed to providing hospice care to patients in SA 6A, including those who are homeless. To achieve this, VITAS will collaborate with homeless shelters and their staff to provide end-of-life planning and care. The organization will offer a range of hospice services to shelter residents and their caregivers, tailored to each patient's individual needs. This includes:

- Visits from a VITAS Community Health Worker to educate patients about their benefits and connect them with local resources
- Grief support from VITAS chaplains and social workers for shelter residents and staff
- Education for shelter staff on how to contact VITAS if a hospice-enrolled resident experiences an emergency or needs immediate assistance
- Coordination with shelter staff to ensure the safe storage of patients' medication

VITAS is committed to ensuring that homeless individuals in SA 6A have access to appropriate hospice care, regardless of their living situation.

### **Impoverished and Food-Insecure Individuals**

According to Claritas Spotlight data (as shown in Exhibit 34 on page 113 of the application), 147,146 households in Hillsborough County have an income below \$35,000, equating to 25.4 percent of all households. Food insecurity, which is the lack of reliable access to nutritious food, is a common issue among impoverished populations. In Hillsborough County, the rate of food insecurity is slightly lower than the statewide average. However, those who experience food insecurity often have poorer health outcomes than those who are food-secure. This can be exacerbated by chronic health conditions that require expensive medications, forcing families to choose between filling prescriptions and having adequate food.

ALICE (Asset Limited, Income-Constrained, Employed) refers to individuals who earn more than the Federal Poverty Level but still struggle to cover their basic needs. These households are often forced to make tough choices about how to allocate their limited income, such as sacrificing medical care or prescriptions to pay for rent. In Hillsborough County, a significant proportion of households, 45 percent, are below the ALICE threshold, meaning they face financial struggles despite being employed. This represents a 3.0 percent increase since 2019, indicating a growing need for support.

Poverty and low-income status are linked to various adverse health outcomes, including shorter life expectancy and higher death rates. To address this, VITAS is committed to providing education on hospice and palliative care, as well as preventive healthcare education.

To help mitigate poverty, homelessness, food insecurity, and support ALICE households, VITAS is making the following donations:

- \$90,000 to the United Way Suncoast's Neighborhood Resource Center at Sulphur Springs (or similar organization) to assist impoverished individuals and ALICE households
- \$90,000 to Metropolitan Ministries' NeighborHOPE project (or similar organization) to support high-need communities in Hillsborough County
- \$80,000 to Abe Brown Ministries (or similar organization) to assist the food insecure and homeless
- \$80,000 to Feeding Tampa Bay (or similar organization) to help the food insecure

These donations will help address the needs of impoverished and food-insecure individuals in Hillsborough County and aid ALICE households.

### **SA 6A Veteran Population**

According to the US Census Bureau, approximately 5.9 percent of Hillsborough County's total population is comprised of veterans. As shown in Exhibit 38 on page 115, this significant veteran population will be the focus of VITAS' Veteran program.

To increase access to hospice care for veterans in the designated area, VITAS believes that tailored outreach and availability of right-setting care are crucial. To achieve this, VITAS has developed several veteran outreach programs, including:

- Engagement of a Veterans Liaison
- Participation in the We Honor Veterans program
- Virtual Reality/Honor Flight Visits to DC War Memorials
- Veterans Walls in Area Assisted Living Facilities and Nursing Homes
- VITAS Veterans Benefit Assistance program

VITAS conditions its application on implementing these specialized veteran programs in SA 6A to ensure that veterans have access to hospice services and feel honored, comfortable, and safe during their end-of-life care. VITAS also conditions this application on \$20,000 for Veterans Last Patrol (or a similar organization). Most importantly, VITAS will ensure that veterans receive hospice care in the setting of their choice.

### **Analysis of SA 6A Hospice Services by Referral Source and Setting**

While it is crucial to understand the demographics and socioeconomic status of service area residents to identify underserved populations and develop effective community outreach programs, it is equally important to comprehend how eligible patients are referred to hospice services. Typically, patients are referred to hospice care by their healthcare providers when their condition becomes incurable, and traditional treatment is no longer effective. Referrals to hospice care can come from various clinical sources, including hospitals, nursing homes, and assisted living facilities.

Although physicians play a vital role in referring patients to hospice care, facility-specific data is more readily available than physician-level data for identifying underserved communities in different care settings. Therefore, the analysis below provides detailed information on hospice utilization by referral source and clinical setting in Hillsborough County. This analysis is a crucial step in identifying gaps in referrals to hospice that may contribute to the underutilization of hospice services by certain patient types.

### **Hospital Discharges to Hospice**

The applicant states that there are eight acute care hospitals in SA 6A and using Medicare FFS Claims data from Q3 2022 to Q2 2023 makes the following points (See exhibit 39 on page 117):

- All but two facilities hospice utilization rate is below the state average.
- All but three facilities hospice ALOS are below the state average
- All the facilities 30-day readmission rate is above the state average



The applicant attributes these results to lack of education and support programs. VITAS states that it offers monthly education webinars for healthcare professionals with live presentations for disease-focused education and awareness. It also participates with Physician Advisory Councils in educating physicians. VITAS will target specific outreach efforts to hospitals with low discharge rates to hospice, particularly home hospice.

### **Hospice Services for Patients in Long-Term Care Facilities**

Assisted Living Facilities (ALFs) and nursing homes (or skilled nursing facilities "SNFs") are another referral source for hospice care, and a vast majority of residents in these long-term care facilities are 65 and older. VITAS analyzed the percentage of days by location of care for SA 6A using the 2022 Medicare Claims Data obtained from Hospice Analytics, Report 16. Exhibit 40 on page 118 provides the percentage of hospice care days by patient setting in Hillsborough County and the statewide average. As seen in Exhibit 40, one existing provider, Suncoast, serves a much lower percentage of patients in their homes than the state average. Suncoast serves 50.8 percent of its patients in nursing homes, compared to the state average of 13.8 percent. 75.8 percent of Suncoast's patients are served in various facilities, a significantly higher percent than the state average of 38.6 percent. All three existing providers serve 0.0 percent of their patients in skilled nursing facilities.

In reviewing Trella Health Medicare FFS claims data in SA 6A of the ten largest skilled nursing facilities, seven facilities have higher hospital admission rates than the state average. See Exhibit 41 on page 119. This is an indication that patient care may not be well managed, and that patients may be admitted to the hospital unnecessarily.

VITAS collaborates with nursing home staff and patients to ensure that hospice patients can remain in their preferred setting. The organization provides educational programming to staff to support this goal. VITAS maintains ongoing communication with patients, their families, and caregivers to ensure seamless care.

While home hospice care is ideal, inpatient hospice care may be necessary for patients experiencing a crisis that cannot be managed at home. To meet these needs, VITAS seeks contractual agreements with local healthcare facilities. By partnering with area providers, VITAS increases awareness of and referrals to hospice services.

A hospice inpatient unit within a hospital or nursing home creates opportunities for daily interactions between hospice professionals and healthcare providers. This proximity fosters education on hospice care and end-of-life options, ultimately improving patient outcomes. VITAS is actively engaging with healthcare providers in Hillsborough County to ensure residents have access to inpatient hospice services. A letter of support from St. Joseph's Hospital (Table 43) demonstrates their willingness to partner with VITAS to provide inpatient hospice care.

### **Hospice Timing — Hospitals**

Trella Health defines two categories for patients who were hospitalized up to six months before their death. Those who were admitted to hospice care in the last 30 days of life are classified as "late hospice". Patients who were hospitalized up to six months before death and did not receive any hospice care are categorized as receiving "no hospice". According to Exhibit 41 on page 120, for eight hospitals in Hillsborough County, a significant proportion of patients - 89.6 percent - fell into the "Late Hospice + No Hospice" categories.

### **Hospice Timing — Skilled Nursing Facility**

Using the same criteria as above in Hospital timing the applicant makes the following point. According to Exhibit 43 on page 121, a significant proportion of patients - 85.0 percent or more - at eight skilled nursing facilities in Hillsborough County fell into the "Late Hospice + No Hospice" categories. Furthermore, the average rate for the county's 10 largest skilled nursing facilities was 87.6 percent, highlighting the need to increase awareness of hospice services among patients and staff at these institutions.

Through discussions with healthcare providers in Hillsborough County, VITAS identified a need for enhanced collaboration and communication between SA 6A hospices and healthcare providers. Existing healthcare providers require more education on the hospice benefit, patient prognosis, and care goals. If awarded the certificate of need in Hillsborough County, VITAS will implement its established educational materials and outreach efforts to educate area healthcare providers.

### **Discharge Events and Outcomes by Patient Setting**

As demonstrated in Exhibit 44 on page 122, at least 5,646 patients were discharged from Hillsborough County hospitals to a post-acute care setting other than hospice, only to be re-admitted to the hospital within 30 days. Additionally, at least 1,212 patients were discharged to a non-hospice setting and expired within 30 days of receiving care in their new setting. These statistics indicate a lack of understanding about the hospice benefit among healthcare providers. VITAS' hospice care

programs prioritize patient-centered care, aiming to alleviate the physical, mental, and emotional burdens associated with end-of-life care. By serving all eligible patients, including those with complex needs and those requiring the highest level of continuous care, VITAS' commitment generates cost savings for the healthcare system by reducing hospital readmissions and acute care lengths of stay.

### **Hospice ALOS for Physician Referrals**

In Hillsborough County, physicians are discharging patients to hospice services at a relatively late stage. As shown in Exhibit 45 on page 123, approximately 51 percent of physicians (616) in the county have an average hospice length of stay of less than 30 days. To address this issue, VITAS offers its disease-specific education, Goals of Care Preceptorship Program, and resources like the VITAS app to equip Hillsborough County physicians with the confidence and skills to communicate effectively with patients about prognosis. VITAS provides a range of disease-specific resources, including cardiac, cancer, sepsis, and respiratory-focused resources, to improve hospice access, prognostication, and symptom management for patients in SA 6A.

In addition to patient care programs, VITAS offers educational initiatives that empower clinicians to feel more comfortable discussing prognosis and having difficult conversations with patients and their families. VITAS' highly trained representatives and clinical staff work tirelessly to improve hospice access and end-of-life care. Moreover, as previously discussed, VITAS is well-equipped to serve patients with specific diagnoses that are currently underserved by existing providers. Our comprehensive services cater to patients with cardiac disease, pulmonary disease, and cancer, among other conditions.

At VITAS, patient care is our top priority, demonstrated by our 24/7 availability, superior visit frequency, and willingness to care for high-acuity patients.

### **Mortality Rates Analysis**

VITAS acknowledges the significance of understanding mortality statistics in the service area population to address the unmet hospice care needs. This involves quantifying the number of residents who pass away, identifying the leading causes of mortality, and analyzing hospice service utilization among patients with chronic and often terminal disease conditions. These factors help determine the types and numbers of patients who would benefit from end-of-life care.

### **Mortality Rates in Service Area 6A**

Exhibit 46 on page 124 of the application provides a breakdown of age-adjusted death rates by race and ethnicity in Hillsborough County. In 2022, the overall mortality rate per 100,000 population was 793.3, which is higher than the statewide rate of 738.1. Specifically, the Black population in Hillsborough County had a mortality rate of 938.8, compared to 823.6 in Florida. The high overall mortality rate in Hillsborough County is particularly concerning, given the decline in hospice utilization in SA 6A since 2019. Moreover, the high mortality rate among the Black population is a pressing concern, considering the projected growth of this demographic.

Several factors may contribute to the higher mortality rate among Black residents in Hillsborough County. Research has consistently shown that there is a significant disparity in mortality rates based on socioeconomic factors such as income, education, wealth, occupation, food insecurity, and food quality. Studies have demonstrated a gradual increase in mortality rates as one moves down the socioeconomic hierarchy. Socioeconomic factors prevalent in Hillsborough County likely contribute to the higher mortality rate among residents in the area. In response, VITAS proposes specific programs and community outreach efforts to address the unique needs of this community and provide targeted support to improve end-of-life care access and outcomes.

### **Deaths by Cause**

Understanding mortality rates is just one aspect of a comprehensive approach to identifying unmet needs in a service area. It is crucial to also examine the underlying chronic conditions that contribute to these high mortality rates. This information is essential for both preventing and treating community health issues, as well as designing hospice services that cater to the unique end-of-life care needs of patients with advanced illness. For instance, low socioeconomic status is often linked to malnutrition, which can increase the risk of developing diseases and the likelihood of dying from them. Conversely, poor health can perpetuate circumstances of poverty, creating a vicious cycle known as the health-poverty trap.

Exhibit 47 on pages 125-126 provides the age-adjusted leading causes of death for SA 6A in 2022. Considering these leading causes of death, patients suffering from these conditions require access to hospice services tailored specifically to their needs. Unfortunately, patients with chronic diseases are sometimes discharged from hospitals with high-level care requirements that existing hospice providers are unable to address in the home setting. As a result, these patients are often transferred to inpatient hospice facilities, away from the comfort and support of their loved ones and home environment.

VITAS states it has gained insight into the challenges faced by hospice-eligible patients in Hillsborough County through its communication with residents. Specifically, the applicant has discovered instances where patients were either denied hospice care or experienced delayed care due to the inability of existing providers to meet their complex needs.

The applicant argues that VITAS has demonstrated its capacity to provide high-quality hospice care to these patients by offering a range of services that cater to their complex needs. This includes IV inotropes, sub-Q diuretics, LVADs, ventilation (CPAP and BIPAP), and home vent withdrawals. The applicant emphasizes that these services are provided when medically appropriate, ensuring that patients receive the care they need.

The reviewer notes that the applicant includes a personal anecdote from Hillsborough County resident Kathy Lott, who shares her father's experience with a COPD exacerbation, which led to a recommendation for hospice care. However, the healthcare team also suggested that her father would require Bi-pap therapy at night to manage his condition during the day. Kathy Lott recounts that her father was denied services by multiple hospices in the area, including Suncoast Hospice and Lifepath Hospice, because they deemed Bi-pap therapy as "aggressive care".

#### **Disease-Specific Hospice Needs Analysis**

The applicant analyzes the prevalence of various chronic diseases along with mortality rates to help identify patients who may benefit from end-of-life care. Specifically, it examines the hospice utilization rate among hospitals for chronic diseases that frequently lead to death as this can give insight into how such patients are referred to hospice care services.

#### **Hospital Discharges to Hospice: Cardiac Patients**

Exhibit 48 on page 127 presents data from Medicare FFS Claims Data for patients with cardiac disease and other circulatory diagnoses from SA 6A hospitals. As previously shown in Exhibit 47, heart disease is the leading cause of death in this service area. Despite this, all eight Hillsborough County hospitals use hospice for cardiac patients at a rate lower than the state average. Furthermore, at least two hospitals in the service area have an average hospice length of stay shorter than the state average. Moreover, two hospitals have readmission rates higher than the state average.

VITAS' Cardiac Care Program, which includes educational components for providers, aims to enhance hospice access, improve prognostication, and manage symptoms more effectively. VITAS has made it a condition of

its application that it becomes an American Heart Association-certified provider of palliative and hospice care for patients with heart failure.

**Hospital Discharges to Hospice: Cancer Patients**

Cancer was the second-leading cause of death in SA 6A in 2022. According to Exhibit 49 on page 128, which provides Medicare FFS Claims data for patients with cancer, at least three hospitals in the service area utilized hospice for cancer patients at a rate lower than the state average. Moreover, at least two Hillsborough County hospitals had an average length of stay shorter than the state average, and two hospitals had readmission rates for cancer patients higher than the state average.

To address these disparities, VITAS proposes offering a comprehensive range of cancer-specific resources to enhance hospice access, improve prognostication, and manage symptoms effectively. Notably, some cancer patients can only access hospice services if hospice providers can offer or arrange for palliative services, such as chemotherapy and radiation therapy, to manage pain and symptoms. Unfortunately, not all hospice programs offer this level of care, even when medically necessary. Therefore, VITAS has made it a condition of its application that it provide palliative chemotherapy and radiation therapy to manage patients' pain and symptoms as appropriate.

**Hospital Discharges to Hospice: Respiratory Patients**

Respiratory disease is a leading cause of death in SA 6A. Exhibit 50 on page 128 provides service area hospital data from the Medicare FFS Claims data for Medicare patients with respiratory disease. This data shows that at least three hospitals in Hillsborough County utilize hospice less than the state average. Additionally, at least five hospitals had an average hospice length of stay shorter than the state average.

The provision of hospice care has a substantial positive impact on patients with respiratory diseases, such as chronic obstructive pulmonary disease (COPD). Hospice care can significantly reduce the burden of COPD symptoms, which are comparable to or even worse than those experienced by patients with other chronic conditions like heart failure, HIV, and metastatic cancer. Patients with COPD not only suffer from physical symptoms but also from mental health issues, with anxiety reportedly affecting up to 75 percent of those with severe airflow limitations and depression impacting up to 62 percent of those prescribed domiciliary oxygen.

Research has consistently shown that hospice care can improve the longevity of patients with COPD, reduce symptoms, and decrease Medicare costs. Considering this evidence, VITAS has made it a condition

of this application to offer its Pulmonary Care program in SA 6A. Furthermore, VITAS has also conditioned this application on providing a dedicated respiratory therapist to ensure that patients receive specialized care and support.

**Hospital Discharges to Hospice: Sepsis Patients**

According to Exhibit 51 on page 129, which presents Medicare FFS Claims data for Medicare patients with sepsis, a notable trend emerges in Hillsborough County. Specifically, seven hospitals in the county have a lower utilization rate of hospice services compared to the state average. Furthermore, six hospitals in the area had a shorter average hospice length of stay compared to the state average. Moreover, two hospitals in Hillsborough County had higher readmission rates for sepsis patients compared to the state average. These findings suggest that there may be opportunities for improvement in the delivery of hospice care and sepsis management in SA 6A.

**Summary of Hospice Needs in SA 6A**

SA 6A needs an additional hospice provider to address the significant gap in hospice services. As evident from the data, hospice utilization rates in this area are well below the state average and have been declining since 2019. Through extensive consultations with community members, local organizations, healthcare facilities, and data analysis, VITAS has identified the key shortcomings in hospice services in SA 6A:

- According to AHCA's Hospice Need Projections, there is a pressing need for hospice care for non-cancer patients aged 65 and above.
- Existing hospice providers in SA 6A offer minimal continuous care, which is a crucial component of hospice services that enables patients to receive care in their homes.
- The existing providers do not provide continuous care for patients with complex medical conditions, making it difficult for them to age in place.
- While physical or occupational therapy is available for hospice patients, it is not a standard service offered by existing providers.
- There is a lack of coordination and collaboration between existing hospices and healthcare providers, as well as inadequate after-hours support, which hinders the delivery of comprehensive hospice care.

SA 6A is characterized by its diversity and rapidly growing minority population. With a deep understanding of the unique needs of various Florida communities, VITAS has identified key patient groups, patient types, and clinical settings in Hillsborough County that are underserved or would benefit from improved access to hospice services. Through discussions with community members, local organizations, and

healthcare facilities, as well as data analysis, VITAS has identified the following areas of need:

- The Hispanic population in SA 6A is not receiving hospice benefits at the expected rate, and the county's Black, Hispanic, and minority populations are projected to increase significantly in the future.
- Impoverished, ALICE (Asset Limited, Income Constrained, Employed), food insecure, and homeless communities lack access to education, support, and hospice services.
- Patients with diagnoses such as cardiac disease, pulmonary disease, sepsis, cancer, and Alzheimer's disease may benefit from improved hospice care.
- Hospice patients requiring palliative care, high-acuity patients needing complex services, and those requiring therapies like physical, occupational, pet, massage, and music therapy are underserved.
- A significant number of military veterans reside in Hillsborough County and may require specialized hospice care tailored to their unique needs.

VITAS has developed a wide range of comprehensive outreach, educational, and staff training programs and resources specifically designed to address the gaps in care and unique needs of patients in SA 6A.

The following programs and resources are particularly relevant to the needs of SA 6A and are described in greater detail elsewhere in this application:

- VITAS Cardiac Care Program
- VITAS Pulmonary Care Program
- VITAS Cancer Care Program
- VITAS Sepsis and Post-Sepsis Syndrome Program
- VITAS Alzheimer's and Dementia Program
- VITAS Goals of Care Preceptorship and Certificate Program
- VITAS Solo Agers Program
- Palliative care resources and access to complex and high acuity services
- 24/7 Telecare Program
- Community Healthcare Worker
- Providing a Spanish-speaking representative
- Creation of a multicultural advisory committee
- Outreach and end-of-life education for residents experiencing poverty, ALICE (Asset Limited, Income Constrained, Employed), homelessness, and food insecurity, including advanced care



planning for shelter residents, food assistance, and housing assistance

- Bridging the Gap Program and Medical/Spiritual Tool Kit (outreach and end-of-life education for minority communities)
- Veterans Programs including a dedicated veteran representative
- Education material in different languages
- Clinical education programs for physicians, nurses, chaplains, HHA's, and social workers
- Community education about the hospice benefit and outreach programs to help with access to healthcare
- Partner with Food Insecurity Assistance Programs
- Partner with Housing Assistance Programs and Homeless Shelters
- Certification by the National Institute of Jewish Hospice
- Education and outreach to the LGBTQ+ community
- Partnerships with local organizations and facilities, including:
  - Hospitals
  - Nursing homes
  - Assisted living facilities
  - Clinics

## **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.**

**Affinity Care of Hillsborough, LLC (CON application #10774)**

states it is committed to meeting the needs of all patients and their families in need of end-of-life care in Hillsborough County, Service Area 6A. The Applicant is going to admit patients of all diagnoses. The applicant states having already responded to the underserved populations that it plans to serve (see items E.1.a. of this report.)

**Arc Hospice of Florida, LLC (CON application #10775)**

summarizes its SA 6A need argument noting that further detail is included throughout this application. The applicant summarized the topics covered below:

1. Demographic Trends and Expected Growth
2. Access and Availability of Hospice Services
3. Enhance Access to Disease-Specific Care
4. Enhance Access to Ethnic Community-Specific Care
5. 5- Enhance Access to the Homeless/Low Income Population

6. Enhance Access for the Veteran Population
7. Other Specialized Experience
  - a. Ability to Enhance the Continuum of Care
  - b. Provider with Extensive Palliative Programming
  - c. Ability to Enhance Access to Transportation
  - d. Provider with Extensive Chaplaincy Care Offerings

**Bristol Hospice – West Florida, LLC (CON application #10776)**

maintains that it has conducted a comprehensive community health needs assessment and has identified the following groups who are underserved or expected to be underserved absent approval of an additional hospice program to serve the community:

- An aging population which will affect both the rate of use of hospice services, as well as the type of hospice services required
- Facility-based patients in need of hospice services.
- A significant number of hospice patients in need of support for Alzheimer's, Parkinson's, and other neurological diseases, as well as Cancer and Heart Disease
- Black, Hispanic, and other minority populations for whom access to hospice services is below that of Mite persons.
- Low use rates of hospice services for persons at or near the poverty line
- A large Veteran population

The applicant refers to its E.1.a. response that presents key findings from the community health needs assessment and its Project Summary section of this application that maps the community health needs assessment for specific operational and clinical programming and a description of its commitments that are conditions presented in Schedule C.

**Charis Healthcare Holdings, LLC (CON application #10777)**

responds that it is devoted to catering to populations with underserved needs and has identified multiple underrepresented groups in SA 6A:

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

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

Charis recognizes that as the Hispanic SA population continues to grow at rapid rates the need for hospice education, engagement, and financial assistance also rises. Charis adds that it has historically delivered exceptional care to the Hispanic community and other diverse groups across Florida and the United States will introduce Spanish-speaking representatives to address language challenges and will provide educational and hospice resources in Spanish. Further, SA 6A 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.

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** responds that it will serve the unmet needs of SA 6A through a multichannel strategy of education and outreach efforts that include a team of Healthcare Relations Representatives, Clinical Educators, Community Palliative Care, Community Outreach Coordinators who will work directly in the SA to increase hospice utilization.

Community Hospice contends that it will also utilize digital and physical channels for public relations, advertising, advocacy, which typically include billboards, "bus wraps", newspaper, radio, and social media platforms to distribute resources, guides, and tools for patients and caregivers in order to increase awareness of the unique benefits of hospice care at the end-of-life. The applicant notes that these efforts will focus on reaching people earlier in the disease progression.

The applicant argues that its data analysis identified a general perception of lack of responsiveness and a poor perception of the quality of the hospice services available in the region and notes its efforts to increase awareness and improve the overall perception of hospice care in SA 6A to increase utilization.

**CON Action Numbers: 10774 through 10780**

Community Hospice confirms that it will introduce a variety of programs and services to engage patients and families earlier in disease progression to avoid the introduction of hospice care during a medical emergency which differs from other programs that might focus on the hospitals, it will prioritize efforts in community outreach and pre-acute needs for services.

Additionally, the applicant states that it will introduce comprehensive palliative care, an innovative approach to Advance Care Planning through the Honoring Choices Florida program developed by Community Hospice in North Florida, and a collaborative approach to bereavement support that is not limited to those who have received hospice care adding that its assessment resonated with SA organizations.

The applicant states that it is experienced in North Florida to partner with education, outreach, and specialty care to meet the Veteran need and that the Community Hospice Veterans Partnership is a unique approach to collaboration with military leaders and organizations and we are proud of the support we are already receiving and partners we are meeting.

Community Hospice contends that it has a long history of serving Black residents in Duval County and is committed to outreach, education, partnerships, and collaborations with an advisory council, a partnership with ACTS2 to bring Caregiver Conferences through the faith community, and the introduction of the Centers for Medicare and Medicaid Innovation (CMMI) GUIDE Model that addresses inequities through improved support for dementia patients and caregivers. The applicant confirms that all of these efforts are intended to improve equitable access of hospice care among the Black population which is an unmet need.

The applicant also identified a prevalence of heart and lung disease as top causes of death, but also indications of emergency room visits and hospitalization rates greater than the average in Florida indicating need for a better approach and Community Hospice ensures that it will introduce specialty care programs through its members with the National Partnership for Healthcare and Hospice Innovation (NPHI) to decrease hospitalizations and emergency room visits through its Advanced Cardiac Care Program which was developed in collaboration between NPHI and the American Heart Association, and The Advanced Lung Care Program also developed in collaboration between NPHI, and the American Lung Association. The applicant confirms that it will bring specialized care and caregiver resources to Hillsborough County to meet this

need, patients and caregivers to improve equitable access of hospice care among the Black population which is an unmet need.

The applicant provides that it is part of a larger continuum of innovative care solutions under the umbrella of its Parent organization Alivia Care bringing a number of resources to SA 6A including the GUIDE Model. Further Alivia Care Solutions under its Alivia Supportive Care line of business was approved to start offering this new care program and will extend these services to SA 6A.

The applicant states that the data analysis and interviews during the needs assessment identified long term care facilities as a significant unmet need and opportunity for partnership indicating the unmet need in the lower percentage of nursing home deaths receiving hospice care than the state average as well as the low number of patients reported on the latest Batching Cycle Report (July 2025). Community Hospice confirms that it has a long history of success in partnership with long term care using dedicated interdisciplinary teams, educational sessions, and innovative programs like Comfort Care to ensure no one dies alone and represent the commitment to meet this need. Further, there will be a convergence of many of the initiatives in the long term care setting including the outreach and education campaign, bereavement services for families and facility staff, educational programs specialized for long term care staff, volunteers for activities and visitation to alleviate social isolation, Honoring Choices, the disease specific care programs, military veterans programs for residents, and high quality care which are all intended to improve the perception of hospice and increase access to hospice care to meet this need.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** indicates that the following SA 6A residents are underserved and that it will focus on these populations:

- Elderly patients with non-cancer diagnoses
- African American Patients
- Hispanic Patients
- Rural Patients

For additional information on this, see the applicant's Project Summary response.

**VITAS Healthcare Corporation of Florida (CON application**

**#10780)** states it meets this preference by serving populations with unmet needs in SA 6A. VITAS has identified the underserved populations that would benefit from hospice services, including:

- Patients aged 65+ with non-cancer chronic and terminal illnesses such as heart disease, pulmonary disease, sepsis, and Alzheimer's and dementia
- Patients requiring palliative chemotherapy and other interventions not provided by existing hospices
- Minority populations including Hispanic, Black, LGBTQ+, Jewish, and other minority groups
- Impoverished, food insecure, and homeless populations
- Elderly hospice patients without caregivers
- Patients requiring continuous care and high-acuity services
- Patients who would benefit from earlier admission to hospice

VITAS has extensive experience in providing hospice care to non-cancer patients with chronic and terminal cardiac disease diagnoses, pulmonary diagnoses such as COPD, sepsis, Alzheimer's and dementia, and cancer. To address the unmet needs of these populations, VITAS will:

- Provide educational resources in Spanish to increase awareness and education about the hospice benefit among Hispanic populations
- Offer a Community Healthcare Worker to educate and reach minority populations in Hillsborough County
- Establish a multicultural advisory committee to increase awareness about hospice benefits and ensure that VITAS provides culturally sensitive care to underrepresented groups
- Share culturally sensitive and appropriate hospice materials with the community

VITAS understands that the area's needs will evolve over time and will adapt its outreach, programming, educational materials, and resources accordingly. The organization will also offer existing pediatric programs in SA 6A as needed, including pediatric care, pediatric end-of-life training, and a children's bereavement partnership. As the service area's needs change, VITAS will develop programs to improve outreach and hospice care for various cultural, religious, spiritual communities, and LGBTQ+ residents.

- (2) Preference shall be given to an applicant who proposes to provide the inpatient care component of the hospice program through contractual arrangements with existing health care**

**facilities unless the applicant demonstrates a more cost-efficient alternative.**

**Affinity Care of Hillsborough, LLC (CON application #10774)**

ensures that it has been able to garner a wide array of support and that it will execute agreements with SNFs and hospitals and throughout SA 6A expecting these services to be both routine and inpatient on a scattered bed basis.

**Arc Hospice of Florida, LLC (CON application #10775)** states it will develop relationships with area nursing homes to improve access for high acuity patients along with offering home-based hospice services. Further, it has established a relationship with nursing homes and related facilities throughout the service area adding that the administrator for The Bristol at Tampa Rehabilitation & Care Center has expressed a willingness to provide general inpatient beds at their long-term care facility in the Tampa metropolitan area and quotes a letter of support from Angela Durland its Director of Nursing.

The reviewer notes that the letter does not specifically state that it will enter into contract with the applicant. The applicant also presents excerpts demonstrating their interest in developing a collaborative working relationship with Arc Hospice from Ari Katz, LNHA, CEO/Administrative Consultant, Lion Care Services and Robert S. Bennett, Founder, Angels Senior Living:

**Bristol Hospice – West Florida, LLC (CON application #10776)**

responds that it does not propose to construct a freestanding hospice facility but will contract with existing Medicare and/or Medicaid certified hospitals and skilled nursing facilities to provide inpatient services.

**Charis Healthcare Holdings, LLC (CON application #10777)**

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

**Community Hospice of Northeast Florida, Inc. (CON application #10778) proposes** to provide the inpatient care component of its Hospice program through contractual arrangements with existing health care facilities in SA 6A. Community Hospice confirms that it will provide inpatient care through contractual arrangements with existing health care facilities as has been its practice in the other SAs where it is licensed (3A, 4A). The applicant adds that it has received a letter of support from Lakes at Lutz as a potential partnership with a skilled nursing facility. Community Hospice states that it has demonstrated success in providing general inpatient care in hospitals through a contractual arrangement and provides a listing of existing contracts with SA 3A and SA 4A hospitals for the general inpatient component of its program.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** indicates that the applicant will provide the inpatient care component through contractual arrangements with licensed hospitals, nursing homes, or other qualified providers of inpatient hospice services adding that it will be responsible for:

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

The contracting facility will be responsible for providing:

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

Gulfside contends that it has obtained 10 letters from existing hospitals and nursing homes in SA 6A willing to provide GIP services adding that copies of these letters appear in the application's Appendix L along with the policy and procedure statement of Gulfside Hospice governing the admission of hospice patients to the inpatient care setting. Further, Appendix M Contains the Gulfside admission criteria for inpatient care.



**VITAS Healthcare Corporation of Florida (CON application #10780)** states it meets this preference by providing inpatient care through contractual arrangements with existing healthcare facilities. When a patient requires a higher level of care, VITAS partners with hospitals and nursing homes to provide inpatient or respite care. The organization has already received letters of support from local nursing homes and assisted living facilities (TAB 42).

VITAS aims to enter into inpatient contracts with St. Joseph Hospital South and other area providers. Research has shown that Hillsborough County has a low ratio of Medicare hospice ADC to dedicated inpatient beds, which is why VITAS is committed to exploring viable inpatient opportunities.

To achieve this, VITAS is seeking to establish a new hospice program and is currently working on agreements for general inpatient and inpatient respite care in Florida. The organization is also committed to enhancing the care patients receive in nursing homes and assisted living settings, recognizing that treating patients in these settings is a partnership of care.

VITAS works closely with staff and patients to ensure that hospice patients can remain in their setting of choice, provides educational programming to staff, and maintains ongoing communication with the patient, their family, and the staff of the inpatient setting. This approach is known as the Partnership of Care model (TAB 33).

VITAS prefers contractual agreements with nursing homes, hospitals, and other healthcare providers designed to meet patient needs in Service Area 6A. By partnering with hospitals and nursing homes, VITAS increases awareness of and referrals to hospice, educating healthcare providers about hospice and end-of-life care. The organization is actively communicating with existing providers in Hillsborough County to ensure residents can access inpatient hospice units.

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

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

- *Section 400.6095 (1) Florida Statutes requires hospice programs to make its services available to all terminally ill*

**CON Action Numbers: 10774 through 10780**

*persons and their families without regard to... diagnosis, cost of therapy, ability to pay or life circumstances*

- *Section 400.6095 (5) (a) Florida Statutes requires the hospice to identify the patient's primary care giver, or an alternative plan of care in the absence of the primary care giver, to ensure the patient's needs will be met*
- *Section 400.6095(5) (c) Florida Statutes requires the hospice to assess patient and family needs, identify the services required to meet those needs, and plans for providing those services through the hospice care team, volunteers, contractual providers, and community resources*

**Affinity Care of Hillsborough, LLC (CON #10774)** states it is committed to serving all SA 6A patients including those who do not have primary caregivers at home, the homeless and patients with AIDS.

The applicant notes that it conditions (#10) 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.

**Arc Hospice of Florida, LLC (CON application #10775)** states that it will not discriminate against anyone seeking its services and is committed to serving patients who do not have primary caregivers at home, are homeless, and/or have AIDS/HIV.

Further, it wants every patient to be able to remain in the least restrictive and most emotionally supportive environment possible, which may be within their own home or with relatives. Patients who have no support at home will receive increased support from the hospice staff and volunteers whenever possible and Arc will develop a plan of care that may include the patient's network of friends, family, neighbors, and other members of the community to assist them to remain in their home. may recommend that the patient enter an assisted living facility, nursing home, or inpatient hospice facility. When a patient is unable to care for him/herself and has no caregiver support the applicant may recommend that the patient enter an assisted living facility, nursing home, or inpatient hospice facility where its staff and volunteers will continue to provide hospice care in these settings. Arc plans on entering into contractual agreements with area long-term care facilities to provide inpatient hospice services to SA 6A residents. The applicant confirms it is committed to providing support for patients 24 hours a day. Continuous care is projected to be approximately 0.5 percent of total hospice days.

**Bristol Hospice – West Florida, LLC (CON application #10776)** Confirms that it is committed to serving all patients who qualify for hospice care within the service area, such as homeless persons, persons without primary caregivers, and persons with HIV/AIDS and has established a detailed procedure that proactively enables the identification and response to this population's needs.

The applicant states that for those without a primary caregiver, its staff, case manager and social worker are involved with assessing and implementing its program which reflects its commitment to accessibility and equity in hospice care, ensuring that all patients, regardless of their circumstances, have access to the care and support they need adding that its policy is included in Bristol's Availability of Family/Caregiver, Exhibit 4 of this application.

Similarly, the applicant states it will use the same procedures for the homeless population adding that it will coordinate with local shelters, social services, and other community resources to arrange appropriate care settings for these patients.

Regarding patients with HIV/AIDS, a comprehensive patient assessment will be performed by an interdisciplinary group that will evaluate the needs of the patient then will collaborate to develop a care plan for compassionate and effective care.

**Charis Healthcare Holdings, LLC (CON application #10777)** confirms that its commitment of service is to all who need it, regardless of financial means, race, ethnicity, national origin, gender, or sexual orientation. The applicant states that great emphasis is placed on enabling patients to remain in the least restrictive and most emotionally supportive environment possible.

Charis is committed to providing enhanced care to terminally ill patients without in-home support or who are suffering from AIDS with every effort being made to develop a caregiver network from among neighbors, nearby relatives and friends, faith community members, and hospice volunteers to provide guidance, assistance, and companionship to the patient wherever possible.

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

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

**Community Hospice of Hillsborough, LLC (CON application #10778)** cites that it has a history of care to the homeless and offers examples of the different cases it has addressed. Community Hospice adds that it has assisted patients and families from becoming homeless by paying rent and mortgage assistance from the Emergency Fund and that it is committed to overcoming barriers to care for homeless individuals by working to accommodate patients regardless of housing status.

Regarding patients who do not have a primary caregiver in the home, the care planning includes visits from the interdisciplinary team based on the assessed need, a priority assignment of a volunteer with frequent visits, identifying friend and family as an

additional layer of support, continuous home care if criteria is met, coordinating "sitter services", and the utilization of the Comfort Care program which provides a certified nursing assistant so that "no one dies alone."

Community Hospice confirms that it is committed to honoring every person's culture, values, and wishes by respecting who they are and what matters most to them. Further, Community Hospice does not exclude, deny hospice benefits to, or otherwise discriminate against any person based on race, color, national origin, age, disability, sex, sexual orientation, gender identity, gender expression, religion, diagnosis or medical condition, veteran status, ancestry, marital status, pregnancy, citizenship, source of payment or inability to understand the benefits under any of its programs or activities whether carried out by Community Hospice directly or through a contractor or any other entity with which Community Hospice arranges to carry out its programs and activities.

An excerpt from a letter of support is provided on page 39 of this application from Senator Janet Cruz, Tampa, Florida.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** states that recognizes that while the ideal framework for hospice care often requires the direct involvement of a primary caregiver in a home setting, this may not always be feasible in every circumstance and that the social worker or staff will:

- upon admission conduct a comprehensive assessment of the availability and capabilities of the patient's preferred caregiver, be it family or friend
- investigate alternative solutions, considering the patient's financial circumstances through initiated discussions with other family members, friends, church members, and community resources to seek potential avenues of assistance with the patient's consent
- conduct a comprehensive assessment of the patient's overall health status to determine if the patient can safely remain in their own home
- place patients who cannot safely remain at home in a long-term care or assisted living facility indefinitely or until a caregiver is identified

Gulfside Healthcare Services confirms that it recognizes that care for homeless patients is best provided in as secure and sheltered setting as possible and that the social worker along with the

patient, and other hospice staff will work with local social service agencies that provide housing for the homeless in area shelters, hotels or motels, or with area nursing home and assisted living facilities to identify possible solutions to the situation if allowed or appropriate.

The applicant states the “at Gulfside Healthcare Services, our commitment to compassionate care extends to all individuals, regardless of their medical condition. We firmly uphold a policy of non-discrimination, ensuring that patients diagnosed with AIDS or any other disease receive the same level of respect, dignity, and support as all other patients under our care. We strive to create a safe and supportive space where all patients and their loved ones can feel valued and empowered throughout their journey with us.” Copies of the Gulfside Hospice Policy and Procedures for patients without caregivers appear in Appendix N.

**VITAS Healthcare Corporation of Florida (CON application #10780)** states it is committed to providing hospice care to all residents, regardless of their living situation. The organization will serve patients in their homes, using community and VITAS resources to create a safe and comfortable environment. The primary goal is to enable patients to remain in the least restrictive and most emotionally supportive environment possible.

For patients with no at-home support, VITAS will provide additional attention from the hospice staff. To support these patients, VITAS will develop a caregiver network among neighbors, relatives, friends, faith community members, and hospice volunteers.

VITAS will also provide services to individuals experiencing homelessness. The organization will work with shelter staff to provide end-of-life care, including:

- Visits from social workers to help patients access benefits and resources
- Grief support from chaplains and social workers for residents and shelter staff
- Education on who to contact in case of an emergency or exacerbation
- Coordination with shelter staff to store medication securely
- Advanced care planning education

Given the unique challenges faced by individuals experiencing homelessness, VITAS recognizes the importance of outreach and

education on end-of-life care. The organization will offer advance care planning education programs to all shelter residents, including residents and staff.

VITAS has created easy-to-use guides for filling out advanced care directives and will provide wallet-sized cards indicating the patient's directives. The organization will also make copies of the directives available for healthcare practitioners, hospitals, or family members upon request.

To reach a larger number of shelter residents, VITAS will train shelter staff on how to fill out the forms and leave extra copies with the shelter for distribution. The organization will also offer HIV/AIDS educational programs for healthcare professionals, including symptoms of AIDS and medications used to treat the disease.

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

This criteria is not applicable.

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

**Affinity Care of Hillsborough, LLC (CON application #10774)** 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.

**Arc Hospice of Florida, LLC (CON application #10775)** discusses in detail that it will offer SA 6A a wide range of programs/services for patients who are unable to pay or whose payor source does not cover certain services. The following are described in detail on pages 143-147:

- Community-based bereavement services.
- Spiritual Counseling
- Partnerships with African American community clergy.
- Specialized Program for the Jewish Population
- Palliative Arts Program

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- Vigil Program
- Skilled Nursing Facility/Assisted Living Facility Care Collaboration Program
- We Honor Veterans and Hospice for Veterans, Homeless, and Indigent
- Arc Bridge: Early Integration Program
- Service Intensity Add On Program.

Arc notes that it proposes to provide annual funding of \$20,000 towards the Arc of Life program designated for the end-of-life wishes for Arc Hospice patients and their families beginning in the first year of operation for at least the first five years. Funding for the program is projected to total approximately \$20,185 in year one and \$40,214 in year two.

**Bristol Hospice – West Florida, LLC (CON application #10776)**

proposes to provide a comprehensive set of complementary services not specifically covered by private insurance, Medicaid, or Medicare which include, but are not limited to:

- Sweet Dreams Program: a night-time routine and comfort program to create a nurturing and soothing environment. Services under Sweet Dreams include hand and foot gentle touch technique, aromatherapy / essential oils, sound and/or music therapy, taste therapy, gentle spa approach, and other PM care (face wash, foot soak, nail care, mouth care, etc.). See Condition 11 and Exhibit 11
- Bright Moments: program specifically designed for patients with end-state dementia. It is based on the belief that more can be done for dementia and Alzheimer's patients. Bright Moments provides innovative tools such as weighted blankets, therapeutic companion bears, music devices to help stimulate memories associated with songs, and memory-enhancing aromatherapies. See Condition 10 and Exhibit 11
- Advanced Illness Management Program: program for patients with a palliative care diagnosis who may need specialized symptom management. The AIM team consists of Nurse Practitioners who specialize in providing care for patients with a serious illness, Palliative Care Coordinators who ensure patient scheduling within 48 hours of their request, and Social Workers and Chaplains to provide additional support and expertise- See Condition 12 and Exhibit 13
- We Honor Veterans Program: program to empower hospice professionals and volunteers to meet the unique needs of veterans at the end of life by teaching respectful inquiry,



compassionate listening and grateful acknowledgement with the goal of providing comfort to patients with a history of military service and possible physical or psychological trauma. See Condition 7 and Exhibit 12.

- Virtual Reality Program: program which offers virtual patient-specific platforms which honor the patient's culture and provide cultural experiences not otherwise possible. For example, Veterans unable to participate in the Veteran Honor Flight will be offered a virtual experience, and patients will be offered virtual experiences which honor their cultural history and "travel" to significant sites and experiences throughout the world. See Condition 16.

**Charis Healthcare Holdings, LLC (CON application #10777)**

states that it has instituted a charitable care program designed to afford core hospice services to patients who are not covered by private insurance, Medicaid, or Medicare. The applicant states it provides not traditional or core hospice services which are listed in its first condition of this application. Charis' condition 1 includes "Hospice 101", "When to call hospice", "Overcoming a Patient Saying NO", "HIPPA", "Handwashing 101" etc., which appear to be educational topics.

**Community Hospice of Hillsborough, LLC (CON application**

**#10778)** state that it offers a wide variety of programs and services that are not specifically covered or required by private insurance, Medicaid, or Medicare and will continue to do so in Hillsborough County as described earlier in this application.

**Gulfside Hospice of Hillsborough, LLC (CON application**

**#10779)** provides a detailed response on pages 73-90 of the extensive array of programs and services and their key components that are not reimbursed under private or public health insurance programs. These are:

- The Gift of Time: A Dignified Terminal Extubation Program
- Comfort Quest: A Virtual Reality Patient Care Program
- Home is Where the Heart Is Program: Special Care for the Homeless
- Heritage Appreciation Program
- Honoring Those Who Serve
- Pet Peace Of Mind (PPOM)
- Caregiver Support Services Program
- Lasting Legacy Program
- Children's Bereavement Program
- Last Wishes Program

- Gift of Presence
- Little Hearts Comfort Care Program

**VITAS Healthcare Corporation of Florida (CON application #10780)** states that it has non-core services such as diagnostic specific programs, 'Life Bio', palliative radiation and chemotherapy, We Honor Veterans, aromatherapy, music, massage and pet therapy and children's bereavement programs. (See CON #10780, page 139).

- (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.**

**Affinity Care of Hillsborough, LLC (CON application#10774)** 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 including the Florida Department of Health County Health Department and its sponsored Healthy Hillsborough Collaborative report. The applicant provides a brief description of the report prepared by a Steering Committee adding the county's major health care stakeholders on pages 147-149.

The applicant shares that this policy goal is consistent with Affinity's objectives to enhance access to hospice care for the Black and Hispanic communities, and to provide community education and outreach regarding specific clinical initiatives targeted towards disease processes that have a disproportionate impact on minority communities.

**Arc Hospice of Florida, LLC (CON application #10775)** reiterates that it has received tremendous support for the project (Exhibit C) and provides excerpts from these letters on pages 147-159. Notable excerpts include:

- Ari Katz, LNHA, CEO/Administrative Consultant, Lion Care Services
- Robert S. Bennett, Founder, Angels Senior Living
- Angela Durland, Director of Nursing, The Bristol at Tampa Rehabilitation & Care Center

**Bristol Hospice – West Florida, LLC (CON application #10776)** refers to its Exhibit 2 for its letters of support and provides the summary of these below:

- Assisted Living Facilities
  - Aguila Adult Care Center (Tampa, FL)
  - Allegro Hyde Park (Tampa, FL)
    - Executive Director
    - RN Assistant Resident Services Director
    - Resident Services Director
    - Heritage ALF of Plant City (Plant City, FL)
  - Hyde Park ALF (Tampa, FL)
  - Savannah Court of Brandon (Brandon, FL)
- PACE Center
  - InnovAge (Tampa, FL)
- Skilled Nursing Facilities
  - Aspire at Central Park Healthcare and Rehabilitation Center (Brandon, FL)
  - The Bristol at Tampa Rehabilitation and Nursing Center (Tampa, FL)
    - Admissions Director
    - Admissions Coordinator
- Tampa Lakes Health & Rehabilitation
- Hospitals
  - HCA Florida South Shore Hospital (Sun City Center, FL)
- Referral Organizations
  - Clover Health
- Community Members/Organizations
  - Plant City Community Care Center (Plant City, FL)
  - Alzheimer's Association
  - Michael M. Weston, Former CON Director and Administrator of FL Department of Elder Affairs
  - Michael R. Milner, Read Admiral, Assistant US Surgeon General, US Public Health Service
  - Raymond James, Pastor with East Chelsea Baptist Church

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- Connie Robinson, Pastor/Chaplain with The Open Door to Christ Church
- Hospice Advisors (Michigan Consulting firm)
  - Gregory Grabowski, Partner
  - Kurt A. Kazanowski, Managing Partner

**Charis Healthcare Holdings, LLC (CON application #10777)**

does not respond to this criteria. Charis had few letters of support from organizations in the SA, most of the letters were not in the SA or were from the applicant's personnel.

**Community Hospice of Hillsborough, LLC (CON application #10778)** does not respond to this criteria.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)**

states it has obtained a very large number of letters of support from providers and citizens of Hillsborough County and are presented in Appendix O. The applicant includes an excerpt on pages 91 and 92 from a member of its own staff illustrating the impact that Gulfside's programs specifically for veterans, have on the community but also on the Gulfside staff.

**VITAS Healthcare Corporation of Florida (CON application #10780)**

**confirms that it** has received widespread support from residents, healthcare providers, and institutions for its expansion of hospice services in Hillsborough County. These endorsements are documented in letters provided by these parties. Building on the community analysis presented earlier, VITAS will work directly with residents and healthcare professionals in Hillsborough County to tailor its existing programs to meet the unique needs of the community.

VITAS states that it will focus on addressing the needs of specific populations, including:

- Minority groups such as Hispanic, Black, and other underrepresented communities
- The LGBTQ+ community
- Veterans
- Individuals experiencing poverty, homelessness, and food insecurity
- Jewish residents
- Solo Agers (older adults living alone)
- Patients over 65 with non-cancer diagnoses
- Residents requiring palliative cancer care and other palliative interventions

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- Patients who would benefit from earlier admission and longer stays in hospice care
- Patients appropriate for Continuous Care and wanting to age in place at home rather than in a hospice house or hospital

For elderly, disabled, and low-income individuals, hospice care is mainly reimbursed by Medicare and Medicaid. Since most terminally ill patients are over 65, Medicare covers the costs of hospice care for this population. Low-income individuals are covered by Medicaid. Additionally, VITAS has demonstrated its commitment to serving all patients who meet the criteria for hospice services, regardless of their ability to pay.

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

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

**(a) Proposed staffing, including use of volunteers.**

**Affinity Care of Hillsborough, LLC (CON application #10774)** projects 19.38 FTEs in year one and 64.80 year two FTEs.

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).

**Arc Hospice of Florida, LLC (CON application #10775)** Schedule 6A projects 22.55 FTEs in year one and 37.05 FTEs in year two.

The applicant states that staffing will include a medical director and an administrative director, who will oversee the SA 6A hospice program. Arc adds that hospice services will be delivered by trained members of an interdisciplinary team comprised of nurses, physicians, social workers, chaplains, hospice aides and volunteers. Further, its 6A program will benefit from its the knowledge, skills, and experience from its existing hospice program in Georgia adding that it has an approved but not yet operational program in SA 3E. Arc's Exhibit F includes samples of policies and procedures the SA 6A program will use.

Arc assures that its skilled and proficient in recruiting for all required personnel categories utilizing a variety of methods and processes and does not anticipate difficulties developing, training, and retaining required staff.

The applicant indicates that it will partner with the community's local nursing programs by offering its students opportunities to shadow the hospice program nurse case managers.

Arc confirms that volunteers undergo a comprehensive training program to provide respite, companionship, transportation, supportive visiting, homemaking, sharing of special talents, bereavement support and additional training depending on the tasks they perform. Arc Hospice contends that it has an outstanding track record of recruiting, training, and appropriately utilizing volunteers in hospice services and has already begun developing relationships in SA 6A to support its program.

The applicant notes that volunteers will be supervised by a designated staff member and may be assigned for office work or participate in fundraising activities. Arc Hospice anticipates that at least five percent of its hours of care will be provided by hospice volunteers thus meeting the percent requirement mandated under the Medicare program.

**Bristol Hospice – West Florida, LLC (CON application #10776)**

Schedule 6A projects 20.87 FTEs in year one ending December 31, 2025 and 39.54 FTEs in year two ending December 31, 2026.

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The applicant refers to its Schedule 6 regarding staffing, its Exhibit 6 for a set of job descriptions for the following positions: executive director, social worker, director of patient care, RN, CNA, hospice liaison, bereavement coordinator, spiritual coordinator, and volunteer coordinator, and its list of assumptions and salaries by FTE category and that its Hospice Aide Services Policy is included in Exhibit 4.

Bristol states that its primary goal of a hospice volunteer is to provide empathy and companionship to both the patient and their loved ones during difficult times with duties that can include playing cards, reading books, going on outings, meal preparation, errands, transportation and respite care for the primary caregiver.

**Charis Healthcare Holdings, LLC (CON application #10777):** Schedule 6A projects 29 FTEs in year one and 31 FTEs in year two.

Additional staffing positions and support functions is states as being provided by the existing neighboring Charis operations, including general bookkeeping, accounts payable and financial reporting, education and training, quality assurance, information technology, and human resources, which includes payroll and benefits administration. Further, it “will actively seek to have an active volunteer workforce”.

**Community Hospice of Hillsborough, LLC (CON application #10778)** does not respond to this criteria. Schedule 6A projects 37.9 FTEs in year one (ending October 31, 2025) and 60.3 FTEs in year two (ending October 31, 2025).

**Gulfside Hospice of Hillsborough, LLC (CON application #10779):** Schedule 6A projects 63.5 FTEs in year one and 99.3 FTEs in year two. The applicant indicates that physician and therapist positions will be contracted. Gulfside Hospice projects that it will recruit approximately 100 volunteers in its first year of operations and 180 in its second year adding that its volunteers will provide patient companionship /socialization, caregiver respite/relief, Veteran, first responder and nurse support, pinnings Veterans and first responders)/ honor guard (nurses), Veteran-to-Veteran / first responder to first responder support visits, spiritual care support, Gift of Presence (11<sup>th</sup> Hour Support) and pet support. The applicant forecasts that

it will provide approximately 10,000 hours of volunteer service in Year 1 of the SA 6A program and 18,000 hours of service in Year 2.

**VITAS Healthcare Corporation of Florida (CON application #10780):** Schedule 6A projects 48 FTEs in year one and 31 FTEs in year two.

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

**Affinity Care of Hillsborough, LLC (CON application #10774)** anticipates referrals from area hospitals, physicians, nursing homes, assisted living facilities, and from other healthcare providers, family members and the patients themselves.

The applicant reiterates that it has already garnered support in favor of its application including support from a meaningful representation of the hospitals, physicians, skilled nursing facilities, clinics, assisted living facilities, and so many others in SA 6A.

Affinity Care of Hillsborough includes a detailed list of the support letters it has received on pages 150-153 that are included in their entirety in Tab 5 of this application

**Arc Hospice of Florida, LLC (CON application #10775)** expects patient referrals from physicians, nursing homes, ALFs, hospitals, home health agencies, families and friends, self-referral, insurers, faith communities and community social service organizations, and other services/program affiliates.

**Bristol Hospice – West Florida, LLC (CON application #10776)** indicates it expects referrals from physicians, hospitals, ALFs, nursing homes, homecare agencies and family aging services and offers the following breakdown in Table 17, page 41 of this application.



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Description	Referral %	
	New Start	Maturity
Physician	29%	41%
Hospital	13%	14%
Assisted Living Facility	38%	29%
Nursing Home	12%	7%
Homecare Agency	0%	0%
Family	3%	3%
Aging Services	6%	1%
Clinic	0%	3%
Other	0%	2%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Source: CON application #10776, page 42.

**Charis Healthcare Holdings, LLC (CON application #10777)** indicates it expects referrals from area physicians, hospitals, clergy, social service agencies, disease advocacy groups, nursing homes, homeless advocates, other healthcare providers, family members and the patients themselves as referral networks for the hospice program. Further, it will establish outreach and marketing programs highlighting its core values, vision, and guiding principles that is aimed at community awareness, focusing on advanced care planning, hospice services, pain relief, symptom control, and intensive palliative care. Charis shares that it believes in the tenant "know us before you need us," and will rely heavily on its existing SA 6A liaisons and representatives from health care operations.

**Community Hospice of Hillsborough, LLC (CON application #10778)** does not respond to this criteria.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** anticipates that it will obtain referrals from physicians, hospitals, nursing homes and ALFs, as well as from social workers, family members, clergy, and other social service organizations and professionals.

**VITAS Healthcare Corporation of Florida (CON application #10780)** states that it has a proven track record of successfully establishing new hospice programs, and has been actively engaging with local referral sources, community organizations, and individuals to gather input and recommendations on how to improve access to quality hospice care in SA 6A.

The organization anticipates receiving referrals from a range of sources, including area physicians, hospitals, clergy,

social service agencies, disease advocacy groups, nursing homes, homeless advocates, other healthcare providers, family members, and patients. The letters of support from local organizations and individuals (found in TAB 42) demonstrate the strong backing for VITAS' establishment of a hospice in Service Area 6A.

To facilitate referrals, VITAS has developed a free app that provides a prognostication tool, one-touch dialing to contact VITAS representatives, secure referral submission, and information on hospice criteria. This app is described in more detail in TAB 20.

To promote community education about advanced care planning, hospice services, pain and symptom management, intensive palliative care, and VITAS' mission and objectives, the organization will develop outreach programs and services. VITAS will also introduce its interdisciplinary team to existing healthcare providers and establish relationships with referral sources through budgeted positions. Existing liaisons and representatives from neighboring offices will be able to provide immediate support for the expanded services in Hillsborough County.

**(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.

## CON Action Numbers: 10774 through 10780

### Admissions by Payer Source Years One and Two Compare All 6B Applicants

Year One	Affinity	Arc Hospice	Bristol	CHARIS	Gulfside	Community	VITAS
Medicare	199	274	202	800	498	92%	622
Medicaid	14	10	4	100	30	3%	24
Charity	8	7			54		12
Self-Pay/Ins	6	3	24	50	21	1%	41
Commercial Ins						2%	
Other Mgd Care						2%	
VA Tri-Care				100			
<b>Total</b>	<b>*226</b>	<b>**295</b>	<b>230</b>	<b>1,050</b>	<b>*****604</b>	<b>100%</b>	<b>699</b>
Year Two							
Medicare	590	390	421	1,550	782	92%	783
Medicaid	38	15	9	175	44	3%	30
Charity	22	10			17		15
Self-Pay/ Ins	26			75		1%	51
Commercial Ins						2%	
Other Mgd Care						2%	
VA Tri-Care		4	32	175	31		
<b>Total</b>	<b>*636</b>	<b>419</b>	<b>***463</b>	<b>1,975</b>	<b>874</b>	<b>100%</b>	<b>879</b>

Source: CON application #10774, page 153, CON application #10775,, page 161, CON application #10776, page 42, CON application #10777, CON application #10778, Schedule 7A, CON application #10779, page 94, CON application #10780, page 144, exhibit 56

Note:

\* CON application #10774 Totals for Years 1 and 2 are incorrect- Year 1 correct total is 227 and Year 2 is 666.

\*\*CON application #10775 Total for Year 1 is incorrect- Year 1 correct total is 294.

\*\*\* CON application #10776 Total for Year 1 is incorrect; the correct total is 462

\*\*\*\*CON application #10779, page 54, Total for Year 1 is incorrect- Year 1 correct total is 603

**Community Hospice of Hillsborough, LLC (CON application #10778)** does not respond to this criteria therefore Schedule 7A was used.

**(c) 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 payer source.

## CON Action Numbers: 10774 through 10780

### Admissions by Payer Type of Terminal Illness Compare All 6A Applicants Years One and Two

Year One	Affinity	Arc Hospice	Bristol	Charis	Gulfside	VITAS
Cancer	45	81	50	500	161	172
Non-Cancer	181	213	180	550	443	527
<b>Total</b>	<b>*226</b>	<b>**295</b>	<b>230</b>	<b>1,050</b>	<b>604</b>	<b>699</b>
Year Two						
Cancer	127	116	101	850	234	210
Non-Cancer	508	302	361	1,125	640	663
<b>Total</b>	<b>*635</b>	<b>**419</b>	<b>***463</b>	<b>1,975</b>	<b>874</b>	<b>****879</b>

Sources: CON application #10774, page 154. CON application #10775, page 161, CON application #10776, page 42, CON application #10777, CON application #10778, did not respond, CON application #10779, page 95, CON application #10780, page 144, exhibit 57.  
\*\*\*\*The total is 873.

Note:

\* CON application #10774 totals differ from the applicant's admissions table above.

\*\* CON application #10775: Total for Year 1 is incorrect- Year 1 correct total is 294 and Year 2 is 418.

\*\*\* CON application #10776: Total for Year 2 is incorrect- Year 2 correct total is 462.

\*\*\*\*CON application #10780, page 144, exhibit 57. The total is 873.

**Community Hospice of Hillsborough, LLC (CON application #10778) does not respond to this criteria.**

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

Year One	Affinity	Arc	Bristol	Charis	Gulfside	Vitas
Under 65	23	43	31	263	86	76
65+	203	252	199	494	518	623
<b>Total</b>	<b>226</b>	<b>295</b>	<b>230</b>	<b>1,051</b>	<b>604</b>	<b>699</b>
Year Two						
Under 65	76	61	62	788	125	96
65+	560	358	401	1481	576	783
<b>Total</b>	<b>636</b>	<b>419</b>	<b>463</b>	<b>1,975</b>	<b>749</b>	<b>879</b>

Source: CON application #10774, page 154, CON application #10775, page 161, Source: CON application #10776, page 43, CON application #10777, CON application #10778, CON application #10779, page 95, CON application #10780, page 145, exhibit 58

The following applicants provided additional information in their response:

**Bristol Hospice – West Florida, LLC (CON application #10776)**

**Year One and Year Two – Admissions by Age Cohort**

<b>Age Cohort</b>	<b>Year One Admissions</b>	<b>Year Two Admissions</b>	<b>% of Admissions</b>
Under 65	31	62	13.5%
65 and Older	199	401	86.5%
<b>Total</b>	<b>230</b>	<b>463</b>	<b>100%</b>

Source: CON application #10776, page 43.

**Charis Healthcare Holdings, LLC (CON application #10777)** states that “the reliability of its overall volume projections in this application is supported by actual experience in hospice services throughout the country” and that its ability to achieve and exceed its projections in Florida comes from several factors: (1) a thorough understanding of the community needs; (2) years of experience in hospice and in healthcare services in Florida; (3) Charis can count on assistance from its healthcare operations throughout the state.

**Community Hospice of Hillsborough, LLC (CON application #10778)** does not respond to this criteria.

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

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

- **Section 400.609 (1) (a) & (b) Florida Statutes,** states (a):
  - *The hospice care team shall directly provide the following core services: nursing services, social work services, pastoral or counseling services, dietary counseling, and bereavement counseling services. Physician services may be provided by the hospice directly or through contract. A hospice may also use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients during periods of peak patient loads or under extraordinary circumstances*
- (b):
  - *Each hospice must also provide or arrange for such additional services as are needed to meet the*

*palliative and support needs of the patient and family. These services may include, but are not limited to, physical therapy, occupational therapy, speech therapy, massage therapy, home health aide services, infusion therapy, provision of medical supplies and durable medical equipment, day care, homemaker and chore services, and funeral services*

**Affinity Care of Hillsborough, LLC (CON #application 10774)** 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 Hillsborough 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 Hillsborough staff. The applicant confirms that equine therapy will be provided by a therapist at the contracted stable, supported by Affinity Hillsborough staff who are always present during these therapy sessions.

**Arc Hospice of Florida, LLC (CON application #10775)** indicates that its staff will directly deliver core services which include care/case management, home care, bereavement, respite, after hours triage, nursing, social services, dietary counseling, spiritual counseling/Chaplains, Veterans services, patient intake: evaluation, plan of care, evening and weekend care, infusion, pharmacy, DME/medical supplies, Physician Services/Medical Director, patient and family education/support, volunteer services, hospice inpatient care, quality measurement and reporting, infection control, integrative therapies, professional/community outreach and education, and palliative care (non-Certificate of Need service - hospital-based, community-based).

Arc cites AHS's "extensive array of administrative functions, all provided in-house," and lists 22 of these including, billing and collections, finance, human resources, policies and procedures, etc.

**Bristol Hospice – West Florida, LLC (CON application #10776)** proposes to deliver a broad spectrum of services through a blend of direct care provided by our dedicated staff and volunteers, and through strategic contractual

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partnerships with specialized service providers. The applicant provides a chart on pages 43 and 44 that show the positions of Registered Nurse, Registered Nurse-PRN, Nurse Practitioner, Certified Nursing Assistant (CNA), Executive Director, Director of Patient Care Service, Business/Clerical, Licensed Clinical Social Worker, Spiritual Coordinator (Chaplain), Volunteer Coordinator, Bereavement Coordinator, Hospice Liaison, Medical Director as being hospice employees and Dietary Counselor, Complementary Therapies and Physical, Occupational and Speech therapy as being contracted.

**Charis Healthcare Holdings, LLC (CON application #10777)** 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.

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

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

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** does not respond to this criteria.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** confirms that it will provide most of its services through employed staff or volunteers and will contract for physical, occupational, and speech therapy, laboratory and radiology, inpatient care, and DME (Durable Medical Equipment).

**VITAS Healthcare Corporation of Florida (CON application #10780)** indicates that it will provide a range of core services to patients, including physician services, nursing care, social work support, spiritual counseling, and dietary guidance. The hospice team will also offer additional services such as physical, occupational, and respiratory therapy to address patients' physical needs. Furthermore, VITAS will provide non-traditional therapies like pet visits, massage therapy, and music therapy on an as-needed basis. The availability of these services will depend on factors such as patient demand, staff resources, and patient needs. While VITAS may utilize contracted staff for massage therapy, pet visits and music therapy will be provided by trained volunteers.

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

**Affinity Care of Hillsborough, LLC (CON #10774)** notes it will contract with SA 6A 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 garnered “significant” support and that two nursing homes, Bayshore Pointe Nursing & Rehab Center and Northdale Rehabilitation Center, indicated willingness to enter into inpatient agreements.

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.

**Arc Hospice of Florida, LLC (CON application #10775)** indicates it will have contractual arrangements with SA 6A nursing homes and hospitals for inpatient and respite needs. Further, it has established working relationships in the area, citing that The Bristol at Tampa Rehabilitation & Care Center has expressed a willingness to provide general inpatient beds at their long-term care facility. Arc reiterates



the support letters it has received and that they are located in its Exhibit C on pages 163 and 164.

Further, on Schedule 5, Arc Hospice projects that 1.5 percent of its patient days will be for inpatient services in SA 6A.

**Bristol Hospice – West Florida, LLC (CON application #10776)** states that it is committed to establishing comprehensive inpatient care services for its patients by contracting with local Medicare and/or Medicaid-certified hospitals and skilled nursing facilities that align with its commitment to quality and compassionate care and will be selected based on:

- Capability to provide 24-hour nursing services, including availability of a registered nurse on each shift to provide direct patient care. This is to ensure comprehensive coverage of total patient nursing needs.
- Commitment to following each patient's specific plan of care, which includes treatments, medications, and dietary requirements to maintain patient comfort and safety.
- Implementation of comprehensive disaster preparedness plans and adherence to all applicable health and safety regulations.
- Secure storage and strict accountability for emergency medications, including controlled substances, with established protocols for access, documentation, and disposal.
- Facilities that embody the hospice philosophy of care, including, but not limited to unlimited and private contact with visitors at all times, providing privacy, personalization for the patient's environment, and facilities for family involvement, including overnight stay accommodations.

The applicant briefly describes its process for contracting for inpatient bedding as it related to the negotiations with the facility, the training of its staff and its admissions and discharge procedure and refers to its Exhibit 4, Inpatient Services Policy and its sample inpatient contracts in Exhibit 5 for additional detail.

**Charis Healthcare Holdings, LLC (CON application #10774)** states it proposes to provide inpatient care through contractual arrangements with local health care facilities.

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** does not respond to this criteria.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** states it proposes to provide inpatient care through contractual arrangements with service area hospitals and nursing homes.

**VITAS Healthcare Corporation of Florida (CON application #10780)** responds that it is seeking CON approval to establish a new hospice program in SA 6A. Once approved, VITAS plans to establish relationships with local hospitals and nursing homes to provide inpatient and respite care to patients who require these services. Sample agreements are included in TAB 37. The proposed hospice program will include inpatient service patient days, which are listed in Schedule 5.

VITAS has experience working with hospitals and nursing homes in other areas and has already received letters of support from local facilities that are interested in partnering with VITAS for inpatient care. These letters are included in TAB 42. VITAS will build on this support by developing contracts with local hospitals and nursing homes in SA 6A to ensure that patients receive high-quality hospice care.

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

**Affinity Care of Hillsborough, LLC (CON #10774)** states that it has no plans to construct a freestanding inpatient hospice facility but 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.

**Arc Hospice of Florida, LLC (CON application #10775)** states this is not applicable, and it will contract with existing health care facilities for inpatient beds when needed.

**Bristol Hospice – West Florida, LLC (CON application #10776)** responds that the question is not applicable as it does not propose constructing a freestanding hospice facility but will contract with existing Medicare and/or Medicaid certified hospitals and skilled nursing facilities to provide inpatient services offering its Schedule 7A for the proposed mix by level of care.

**Charis Healthcare Holdings, LLC (CON application #10774)** states it will establish inpatient agreements in the SA and projects 60 inpatient days in Year Two.

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** does not respond to this criteria.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** forecasts approximately 1,957 GIP Medicaid patient days in Year 1 and 3,802 GIP Medicaid patient days in Year 2. These patient day projections translate into need for 5.4 to 10.4 GIP beds, which will be provided in contracted facilities. Schedule 7 indicates 39,139 year one and 76,037 total patient days.

**VITAS Healthcare Corporation of Florida (CON application #10780)** states that it has secured a commitment from St. Joseph's Hospital South to contract for inpatient-level care.

The projected inpatient days for the second year suggest that VITAS expects a moderate level of demand for inpatient services. By contracting with additional beds as needed, VITAS can adapt to changing patient needs while maintaining its financial stability.

The payment structure, where VITAS only pays for bed days used, ensures that the organization does not incur unnecessary expenses and can focus on providing high-quality care to its patients.

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

**Affinity Care of Hillsborough, LLC (CON application #10774)** states that inpatient care will be provided in a contracted hospital or nursing home within SA 6A and will be determined by the interdisciplinary team adding that if an

Affinity Hillsborough patient needs hospitalization for any reason unrelated to the terminal diagnosis, traditional Medicare Part A is utilized and with patients requiring respite care Medicare or Medicaid will be used.

The applicant assures that it will maintain a specific policy focused on communication among team members, hospital /nursing home staff, physicians and others aiming to assure there are no gaps in services, treatment or patient needs through the transitions in levels of care.

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

**Arc Hospice of Florida, LLC (CON application #10775)** states that inpatient hospice care is for short-term care to manage symptoms that cannot be adequately managed at home and is appropriate temporarily for emergency situations when the patients' caregiver is unable to provide needed patient skilled nursing care. Further, Arc may provide inpatient care through contractual arrangements with existing hospitals, skilled nursing homes and assisted living facilities in SA 6A, ensuring that the care options address unique patient and family needs, providing the most appropriate care to a patient throughout the trajectory of their illness.

**Bristol Hospice – West Florida, LLC (CON application #10776)** states that it will provide care that is consistent with the standards established by Medicare, Medicaid, and private insurance hospice benefits and provides the process it uses for establishing admission which it states is based on a case-by-case basis after evaluation by the hospice interdisciplinary group and in consultation with the patient's attending physician.

- A. Pain control that is unable to be managed appropriately in the home setting.
- B. Other Symptoms
  1. Rapid decline related to varied factors, such as bleeding, that are inconsistent with home management.
  2. Fluctuating/deteriorating mental status, psychosis, severe confusion and/or combativeness necessitating titration of medications, change in

environment, or consultation and intervention by psychologist or psychiatrist.

3. Severe shortness of breath or respiratory distress that creates an unmanageable situation for patient and family/caregiver in home care setting.
4. Intractable nausea or vomiting.
5. Open lesions requiring frequent professional care (decubiti, malignant ulcerations, burns, severe abrasions or fistulas—at least b.i.d. dressing changes).
6. Other complicated care—frequent nasotracheal suctioning or GI suctioning, frequent parenteral injections, management of draining fistulas.
7. Need for continued close monitoring of unstable recurring medical conditions, e.g., hemorrhage, severe anemia, severe hypertension, unstable diabetes, recurrent severe electrolyte disturbance, recurrent seizures, rapidly reaccumulating ascites or pleural effusion requiring recurrent tapping, recurrent aspiration.
8. Other presenting problems may be identified and evaluated on an individual basis.

**C. Psychosocial Pathology**

1. Evaluation of disturbed mental status, e.g., hallucinations, delusions, paranoia, excessive agitation, combativeness, requiring intensive monitoring
2. Depression, anxiety in the extreme—suicidal ideation, euthanasia, assisted suicide ideation, extreme withdrawal, including inadequate P.O. intake

**D. Clinical indications for continued stay at the general inpatient level of care:**

1. One or more of the clinical criteria identified above must be present for the patient to be considered appropriate for continued general inpatient care. Decisions for continued inpatient stay will be made on an individual case- by-case basis after evaluation by the interdisciplinary group including the hospice Medical Director and in consultation with the patient's attending physician. Patients will

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not be routinely discharged if they need continued inpatient care.

**Charis Healthcare Holdings, LLC (CON application #10774)** 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.

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** does not respond to this criteria.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** responds that Medicare regulations prescribe the conditions under which a hospice patient may be admitted to an inpatient unit which have been incorporated into Gulfside Hospice's inpatient admission criteria which appear in Appendix M to this Application.

**VITAS Healthcare Corporation of Florida (CON application #10780)** notes that its admission decisions for hospice patients are guided by the patient's physical condition, family caregiving capacity, and personal wishes. Inpatient stays are typically short-term, lasting up to five days, and are usually used for respite care or to manage uncontrolled pain and symptoms. Inpatient care provides a temporary solution to adjust medications and reassess care services, after which the patient can be discharged. Respite episodes allow caregivers to take a break from their caregiving duties.

VITAS' ability to provide Intensive Comfort Care services in the patient's home, available 24 hours a day, allows many patients to avoid inpatient stays and remain at home during their final days. This approach ensures that patients can spend their remaining time in a comfortable and familiar environment.

VITAS has established guidelines for eligibility for facility-based care and works with facilities that meet licensing, regulatory, and certification requirements. These facilities

must provide a comfortable and safe environment, accommodate personalized patient-directed treatment, and involve families in caregiving. Samples of inpatient agreements between VITAS and various provider types are available in TAB 37.

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

**Affinity Care of Hillsborough, LLC (CON #10774)** responds that it has a history of and is committed to serving all patients including those who do not have primary caregivers at home.

The applicant will:

- admit patients to its hospice service even if the patient does not have a caregiver at home
- offer personal emergency response indicator to its patients for as long as they remain in their home under the hospice service
- recommend patients that are not able to care for themselves and have no caregiver support group be placed in an ALF or nursing home, in which the hospice program will be able to provide residential care
- have its social workers assist patients without financial resources to obtain residential care in a hospice unit within an ALF or nursing home, as determined by their medical condition
- establish relationships with area nursing homes and ALFs, either entering into per diem contracts or developing hospice units, as the need arises.

The applicant notes that sample contracts to be used in this effort are included in the Supporting Documents Section of this application.

**Arc Hospice of Florida, LLC (CON application #10775)** assures that its interdisciplinary team will help each patient without a caregiver develop a plan of care that may include the patient's network of friends, family, neighbors, and other members of the community to help assist them and remain in their homes. When a patient is unable to develop a caregiver network or is not physically or mentally able to remain at home and receive hospice services, Arc may recommend that the patient enter an assisted living facility,

nursing home, or inpatient hospice facility, with hospice staff and volunteers continuing to provide hospice care. Arc will work to establish relationships with various area nursing homes, assisted living facilities, and hospitals.

**Bristol Hospice – West Florida, LLC (CON application #10776)** has established a detailed procedure that enables us to identify and respond to the needs of individuals without primary caregivers at home which is designed to assess the patient's situation thoroughly ensuring that the patient remains supported and cared for. The applicant states that its procedure reflects its broader commitment to accessibility and equity in hospice care, ensuring that all patients, regardless of their circumstances, have access to the care and support they need and provides a summary of its Availability of Family/Caregiver policy which it states is included in its Exhibit 4.

- The Hospice Case Manager (or admitting registered nurse) will identify the patient's functional capabilities on the initial assessment visit.
- If the patient is unable to manage independently and/or does not have an adequate family/caregiver, the Hospice Case Manager will determine what the patient has planned for care, if anything. The Hospice Case Manager will explain that the hospice does not provide 24-hour family/caregiver or take 24-hour responsibility for the patient.
- If the patient needs assistance in planning for a family/caregiver, a Hospice Social Worker will visit the patient to address this problem.
- If a problem or potential problem is identified, the Hospice Social Worker will present the patient and family/caregiver with information regarding possible solutions.
- The Hospice Social Worker will assist the patient and family/caregiver in planning and arranging for additional assistance.
- If patient and family/caregiver refuse or are unable (due to financial considerations) to accept the plan for necessary caregiving assistance, the situation will be discussed.

**Charis Healthcare Holdings, LLC (CON application #10774)** responds that it will assist in creating a caregiver network for its patients that do not have one.



**Community Hospice of Northeast Florida, Inc. (CON application #10778)** does not respond to this criteria.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** reiterates its previous response regarding patients without a primary caregiver (Section 2.3.)

**VITAS Healthcare Corporation of Florida (CON application #10780)** responds that it recognizes the challenges faced by patients who live alone or lack caregiver support. By helping in developing a network of caregivers or recommending sitter services, VITAS aims to ensure that these patients receive the support they need to maintain their independence and quality of life. The implementation of the Solo Agers program in SA 6A demonstrates VITAS' commitment to addressing the unique needs of this patient population.

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

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

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

**Affinity Care of Hillsborough, LLC (CON #10774)**

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 Hillsborough 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.

**Arc Hospice of Florida, LLC (CON application #10775)** reiterates much of its previous responses, adding that it offers a range of counseling services to support patients and their families throughout the end-of-life process.

**Bristol Hospice – West Florida, LLC (CON application #10776)** responds that it will provide an organized bereavement program supervised by a qualified Bereavement Coordinator for up to one year following the death of the patient which will be provided by personnel who have received training and have experience in dealing with grief.

Further, the program will provide bereavement services to the families/caregivers of hospice patients both before and after the patient's death according to the care plan to facilitate a normal grieving process and to identify and appropriately refer those persons who may be experiencing pathological grief reactions that may interfere with the eventual resolution and integration of their losses preparing them to function independently of hospice and to identify a support system.

The applicant notes that a bereavement risk assessment will be completed by the hospice social worker at the time of admission to hospice after which a care plan will be developed based on patient and family/caregiver needs,

during the course of care and at the time of the patient's death as part of the comprehensive assessment.

**Charis Healthcare Holdings, LLC (CON application #10774)** indicates its organized bereavement program will be supervised by a qualified Bereavement Coordinator for up to one year following the patient's death. The program will provide services to the families/caregivers of hospice patients both before and after the patient's death in accordance with the plan of care (if appropriate, bereavement services will extend to families/caregivers of SNF/ICR residents) to facilitate a normal grieving process and to identify and refer those persons who may be experiencing pathological grief reactions that may interfere with the eventual resolution and integration of their losses. Services will be coordinated, when possible, with the individual's clergy and other community resources judged to be useful and beneficial to the family/caregiver and will be provided by personnel who have received training and have experience in dealing with grief. Charis states that the duties and responsibilities of the Bereavement Coordinator and Counselors will be specified in their job descriptions.

**Community Hospice of Northeast Florida, Inc (CON application #10778)** does not respond to this criteria.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** states that it will provide bereavement services for the families of its patients and the community for at least a year following the death of the patient and will develop and implement appropriate policies and procedures to govern the provision of bereavement services.

Gulfside Hospice confirms it performs a family bereavement assessment upon admission, provides orientation to the family in accessing the Gulfside Hospice bereavement website and that the bereavement specialists will be responsible for identifying high-risk family members based on its assessment who are provided more intensive interventions and more frequent contact. Further, Gulfside Hospice provides specialized bereavement resources for children and adolescents and young adults as well as specialized programs to address the needs of survivors of a spouse, infants, and adult children.

**VITAS Healthcare Corporation of Florida (CON application #10780)** states its commitment to supporting families and loved ones during the grieving process. By providing 24/7 bereavement support, VITAS acknowledges the importance of addressing the emotional needs of those affected by loss. The availability of trained staff members and the range of bereavement services offered demonstrate VITAS' comprehensive approach to supporting individuals in their time of need.

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

**Affinity Care of Hillsborough, LLC (CON application #10774)** 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, supported by the Chaplains and social workers among other programming staff, will be responsible for engaging in in disease focused programming and further developing relationships throughout the community and coordinate educational sessions, presentations and other outreach activities throughout SA 6A.

Further, they will educate nursing home and assisted living facility residents on the myths and benefits of hospice. The applicant will host hospice educational events at the various synagogues and at Weinberg Village, hospitals, other community organizations for seniors, historically Black organizations, religious affiliated groups, Hispanic organizations, Veterans organizations, health fairs, to educate residents of SA 6A.

Affinity states that it will hire team members who reflect the diversity of Hillsborough 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 healthcare, 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, Jewish, 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.

**Arc Hospice of Florida, LLC (CON application #10775)**

cites it will initiate a comprehensive and ongoing education program targeting other patient referral sources such as social workers, hospital discharge planners, assisted living facility staff, and nursing home staff regarding the benefits of hospice care. Further, it has already begun to develop the relationships in SA 6A, which will allow it to rapidly provide increased access to community education. The applicant bullet points seven discussion topics it may include on page 168.

**Bristol Hospice – West Florida, LLC (CON application #10776)** responds that is dedicated to advocating for the Medicare Hospice benefit and educating both the healthcare community and potential patients about the comprehensive services we offer with a mission of the development of positive relationships with the communities we serve and the existing system of health providers in the area which is vital for our goal of enhancing awareness about hospice care and ensuring that the services we provide are well understood and accessible. The applicant briefly describes the following on page 47 as it relates to its process:

- Community Relationship Development
- Education on Medicare Hospice Conditions and Services
- Providing Presentations
- Responsive Support to Community Needs

**Charis Healthcare Holdings, LLC (CON application #10770)** indicates that upon authorization to serve SA 4B, 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.

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** does not respond to this criteria.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** states that its professional staff will offer a full array of educational programs for the community in its SA 6A which include:

- Care of Specific Diseases and Disorders, including
  - Alzheimer's
  - Kidney Failure
  - Congestive Heart Failure
  - COPD
  - Parkinson/MS
- Differences between palliative and hospice care
- Hospice eligibility
- Managing Hospital Readmissions
- Symptom Management for End-of-Life Patients
- Grief and Loss Workshops
- Advance Directives

**VITAS Healthcare Corporation of Florida (CON application #10780)** responds that it recognizes the importance of building strong relationships with community residents, organizations, and healthcare providers. The organization has already established a presence in the community through educational events and meetings with local hospitals, nursing homes, ALFs, physicians, and community organizations. VITAS plans to continue its community outreach efforts by providing education on hospice services, allocating staff and resources to educate healthcare providers and social services organizations, and participating in various community events.

Specifically, VITAS will:

- Provide education on hospice services through various programs, including Spanish-speaking outreach, Community Healthcare Planner outreach, Advanced Care Planning for homeless residents, Ask the Doctor and Clinician events, and Bridging the Gap Panel Discussion and Toolkit.
- Establish two hospice field offices to facilitate outreach and education.
- Engage in community outreach activities, as demonstrated in its experience in Service Areas 8C and 2A.
- VITAS also has a strong commitment to community affairs programs, which involve volunteer involvement and financial support for community enrichment and improvement. The organization has participated in various projects focused on education, health, civic, and culture/art initiatives.

Additionally, VITAS provides informational materials about hospice care to educate patients and their families about their options and what makes sense for their ongoing care. The organization offers a range of family services, including caregiver education, nurse support, emotional assistance, and bereavement services. VITAS' goal is to comfort both the patient and their family.

**(m) Fundraising activities.**

**Affinity Care of Hillsborough, LLC (CON #10774)** comments that the Continuum Care Hospice Foundation

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(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.

**Arc Hospice of Florida, LLC (CON application #10775)** states SA 6A fundraising activities will be coordinated by Arc and parent company staff and its foundation will raise and manage charitable contributions to support its mission and various patient and family care services. Funds will be reinvested in the local community. Specific fundraising activities were not addressed in this response.

**Bristol Hospice – West Florida, LLC (CON application #10776)** responds that it will forgo donations for the first two years of operations and that prospective donors will be redirected with a list of other nonprofit organizations. A brief description of the Bristol Foundation is provided stating that it is a 501 (c)(3) nonprofit organization that provides education and aid for communities, hospice patients and families. Its mission is to advance the cause of hospice care for the terminally ill through education, engaging activities, and financial assistance. The applicant states that using the acronym CARE, the Foundation strives to improve the quality and availability of hospice services:



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**Communicate** the hospice care benefit and need for hospice care at the end of life.

**Assist** those who are in need of hospice care, but who may be facing financial barriers.

**Reach out**, promote and enhance the availability of hospice care.

**Educate** hospice workers and the general public on the importance of hospice care.

Further, the Bristol Foundation has established several programs, including:

- Educational Programs: Engaging activities and educational programs focused on hospice care.
- Community Support: Aid and support for events impacting the communities we serve.
- Burial Benefits: Assist with burial services for those that cannot afford them.
- Financial Assistance: Help with payment for hospice services for those facing financial hardship and unable to pay.

The applicant contends that in the past two years, the Bristol Hospice Foundation has provided over \$300K in support to 371 families; including burial and cremation funds, as well as travel expenses and other Items associated with last wishes.

**Charis Healthcare Holdings, LLC (CON application #10770)** indicates that SA 6A fundraising endeavors will be orchestrated by its team with the contributions directed to provide a wide spectrum of interdisciplinary services and volunteer opportunities for those patients and families seeking hospice care during their end-of-life journey. The applicant confirms that these resources will be channeled back into the local community through palliative and residential hospice care, training and assistance for caregivers, community awareness, support for families, and grief services.

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** does not respond to this criteria.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** responds that it is a not-for-profit hospice that

relies upon charitable contributions to fund many of its community activities and other services not covered by Government or other third-party reimbursement and provides a detailed description of Gulfside Pasco County hospice's history of related community events and fundraising on pages 97-101 which are categorized as

- Types of Donations - gifts of cash, stock, bonds, clear-titled assets, secured and unsecured pledges, trusts and estates are accepted. Gifts may also be restricted by donors to a specific purpose when they support the mission of Gulfside Healthcare Services, and the restricted purpose is detailed in writing by the donor.
- Fundraising Events Specialty Groups - produces four signature fundraising events on an annual basis
- Specialty Groups
- Donor Recognition
- Special Philanthropy Programs

**VITAS Healthcare Corporation of Florida (CON application #10780)** states its commitment to avoiding commercialization and maintaining the integrity of its hospice services. By redirecting unsolicited donations to its non-profit VITAS Community Connections Foundation. VITAS ensures that any charitable funds received are used for the benefit of the local community. This approach also provides transparency and accountability, as VITAS will provide an annual attestation as part of its CON conditions.

- c. Rule 59-1.0355(8) Florida Administrative Code: Semi-Annual Utilization Reports. Each hospice program shall report utilization information to the Agency or its designee on or before July 20<sup>th</sup> of each year and January 20<sup>th</sup> of the following year.**

All applicants except as noted below directly respond that they will comply with this reporting requirement.

- Affinity Care of Hillsborough, LLC (CON #10774)
- Arc Hospice of Florida, LLC (CON application #10775)
- Bristol Hospice – West Florida, LLC (CON application #10776)
- Gulfside Hospice of Hillsborough, LLC (CON application #10779)

**3. Statutory Review Criteria**

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

As previously stated in item E.1.a. of this report, per Volume 50, Number 23, of the Florida Administrative Register, dated February 2, 2024, need was published for a hospice program Service Area 6A (Hillsborough County) for the July 2025 hospice planning horizon.

SA 6A has 18 hospitals with 4,902 licensed beds, 30 SNFs with 3,947 beds, 250 ALFs with 7,902 licensed beds, and 211 home health agencies.

SA 6A is currently served by:

- Accentcare Hospice & Palliative Care of Hillsborough County (22960114)
- Lifepath Hospice (22910023)
- Suncoast Hospice of Hillsborough, LLC (22960127)

Accentcare Hospice & Palliative Care of Hillsborough County (22960114) has one office location (Tampa) in Hillsborough County.

Lifepath Hospice (22910023) has two offices (Temple Terrace and Ruskin) and two inpatient facilities (Temple Terrace and Ruskin) located in Hillsborough County.

Suncoast Hospice of Hillsborough, LLC (22960127) has one office location (Brandon) in Hillsborough County.

Agency records indicate that for the three-year period ending April 23, 2024, Accentcare Hospice & Palliative Care of Hillsborough County (22960114) and Suncoast Hospice of Hillsborough, LLC (22960127) had no substantiated complaints. Lifepath Hospice (22910023) had one substantiated complaint in the Quality of Care/Treatment category.

**For affiliated programs, Agency records indicate that for the three-year period ending April 23, 2024:**

**Affinity Care of Hillsborough, LLC (CON application #10774)**

Affinity Care of Manatee County, LLC (22960134) had a total of one substantiated complaint one in the Quality of Care/Treatment categories.

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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 category.

Continuum Care of Sarasota (22960126) and Affinity Care of Charlotte & De Soto (22960136) had no substantiated complaints.

**Arc Hospice of Florida, LLC (CON #10775) and Charis Healthcare Holdings, LLC (CON #10777)** do not have operational, licensed Florida hospice programs.

**Bristol Hospice - West Florida, LLC (CON #10776)** - Bristol Hospice - Miami Dade, LLC (22960115) and **Community Hospice of Northeast Florida, Inc. (CON #10778)** - Community Hospice of Northeast Florida Inc (22910030) had no substantiated complaints.

**Community Hospice of Northeast Florida, Inc. (CON #10778)**  
Agency records indicate that for the three-year period ending April 23, 2024, Community Hospice of Northeast Florida, Inc (22910030) had no substantiated complaints.

**Gulfside Hospice of Hillsborough, LLC (CON #10779)**  
Gulfside Hospice, Inc. (22910008) had a total of one substantiated complaint one in the Dietary Services category.

**VITAS Healthcare Corporation of Florida (CON #10780)**

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**

	<b>Resident/ Patient/ Client Rights</b>	<b>Falsification of Records/ Reports</b>	<b>Quality of Care/ Treatment</b>	<b>State Licensure</b>	<b>Administration/ Personnel</b>
22910014 - Miami Lakes	4	1	2	1	1
2960086 - Melbourne	1				
22960083 - Boynton Beach			3		1
<b>Total</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>2</b>

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**

<b>Complaint Category</b>	<b>Number Substantiated</b>
Quality of Care/Treatment	<b>5</b>
Resident/Patient/Client Rights	<b>5</b>
Administration/Personnel	<b>2</b>
Falsification of Records/Reports	<b>1</b>
State Licensure	<b>1</b>

Source: AHCA Substantiated Complaint History

VITAS provides hospice services in SAs 1, 2A, (2B CHOW pending 4/12/24,) 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 8C, 9B, 9C, 10 and 11.

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

**Affinity Care of Hillsborough, LLC (CON #10774)** briefly describes its major need justifications that are responded to in item E.1.a. of this report.

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.

Healthcare Access Criteria is discussed on the application's pages 168-169.

**Arc Hospice of Florida, LLC (CON application #10775)** briefly describes its major need justifications that are responded to in item E.1.a. of this report.

Healthcare Access Criteria is discussed on the application's pages 131-134.

**Bristol Hospice - West Florida, LLC (CON application #10776)** briefly describes its major need justifications that are responded to in item E.1.a. of this report and refers to its Schedule C for how these needs will be addressed by the proposed project. The applicant adds that it has received 22 letters of support from various senior care providers, skilled nursing facilities, hospitals, and community organizations and notes that these are provided in Exhibit 2 of this application.

**Charis Healthcare Holdings, LLC (CON application #10777)** did not respond to this criteria.

**Community Hospice of Northeast Florida, Inc. (CON #10778)** states that need in SA 6A is evidenced by:

- Lack of Availability:  
The Florida Need Projections for Hospice Programs February 2024 Batching Cycle for the July 2025 Hospice Planning Horizon showed a need for one new hospice program in Service Area 6A, Hillsborough County.

Further, the applicant argues that the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey shows that the dominant hospice provider in SA 6A with approximately 70 percent market share of AHCA reported 2023 hospice admissions received only two stars in the most recent available CMS Hospice Compare Quality rating and that the only other existing provider in SA 6A with a Hospice Compare Star Rating received one star.

The applicant reiterates that it has a demonstrated provision of high quality of care in Florida with a CMS Compare Quality rating of four stars adding that there are only six other hospice providers in the state with a CMS Compare Quality rating of four stars and that none of these are in SA 6A - Community Hospice is the only applicant for with this rating.

Under-utilization:

Community argues that based on Medicare Claims data through September 2023, utilization Of hospice services has consistently lagged behind the over utilization in Florida specifically the underutilization by Black residents of SA 6A given the higher death rate and projected population growth rate.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** reiterates its E.1.a. response.

**VITAS Healthcare Corporation of Florida (CON application #10780)** states that its application is in response to a published need for hospice services in SA 6A. The applicant aims to address the comprehensive needs of the terminally ill population in this area, without regard to age, race, ethnicity, gender, disability, or income level. VITAS specifically plans to serve various groups, including patients aged 65 and older with non-cancer diagnoses, minority populations (including Hispanic, Black, LGBTQ+, Jewish, and others), veterans, the homeless, those struggling

with poverty and food insecurity, and high-acuity patients who wish to receive hospice care in their homes.

- 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.**

**Affinity Care of Hillsborough, LLC (CON application #10774)** begins by reiterating its response to section 3.a. and E.1.a. and that its SA 6A 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 Hillsborough 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.

### **National Institute of Jewish Hospice Accreditation**

Affinity Hillsborough confirms that it will incorporate its Shalom Hospice programming into its SA 6A operations. The applicant will address the Jewish end of life needs of Jewish patients by incorporating the National Institute for Jewish Hospice training and education in its regular activities and for all staff members assuring that they are properly trained on the cultural beliefs and sensitivities of the Jewish community.

The applicant notes that even Mr. Stern and the rest of the company's officers (Financial, Compliance, Palliative, etc.), the triage team, on call nurses and compliance team have received training and accreditation by NIJH as part of the home office to enable each of them to be responsive to any patient throughout the Affinity network, including Shalom Hospice once operational.



Affinity includes a brief description of NIJH noting that the training for staff members includes teaching of aspects of Jewish Heritage & Holidays, Jewish Medical Ethics and The Final Journey - Death, Burial and Mourning. Further, NIJH training recipients are given vidui cards, Jewish living wills, explanation of the tahara process and an explanation of the custom to use a plain wooden coffin. The applicant adds that accredited agencies are given many materials like the book Prayer and Hope written Rabbi Lamm with Rabbi Bulka and it will also look to Jewish Ritual, Reality and Response at the End of Life: A Guide for Caring for Jewish Patients and Their Family as an additional valuable resource for patient care at the end of life, as well as its usefulness as an interesting exploration of Judaism's rich traditions.

Affinity states that its NIJH accreditation certificate along with the two affiliates' certificates are included in Supporting Documents of this application.

### **Quality Scores**

Affinity argues that its 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
- National Institute of Jewish Hospice (NIJH)
- 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

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- Volunteer Coordinator<sup>1</sup> 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 Hillsborough 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

Affinity adds that it will also offer doulas, massage therapy, reiki and aroma therapy.

**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 180 of the application.

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 category.

Continuum Care of Sarasota (22960126) and Affinity Care of Charlotte & De Soto (22960136) had no substantiated complaints.

**Arc Hospice of Florida, LLC (CON application #10775)**

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

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

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

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

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

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

Arc's QAPI Committee requirements will include:

- Monthly meetings to review tracked data and outcomes with monitoring progress of the program and performance improvement plans (PIPs)
- The chairperson will select a co-chair to act in their absence and assist with the committee's work

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- Committee members will be required to attend regularly scheduled meetings
- The committee will focus on significant areas of improvement each month, track the progress of PIPs, track and analyze adverse patient events
- Confidentiality will be maintained, only trended information, no patient specific information will be communicated outside of the QAPI committee
- Agency staff will be required to attend the quarterly meetings and will be kept informed of PIPS and involved in the QAPI program, solutions, and outcomes

Further, its QAPI Program will:

- Establish a systematic interdisciplinary mechanism to measure and assess the hospice's ability to provide quality, patient centered care using the elements of performance: appropriateness, dignity and respect, efficiency, effectiveness, timeliness, safety, continuity, and availability of patient care through routine data collection and analysis (such as national trends in patient outcomes, adverse events, internal and external audit results)
- Identify known, suspected, or potential opportunities to improve patient care processes and outcomes and hospice operations, as well as opportunities for further improvement in currently acceptable performance
- Establish ongoing measures to improve patient care processes and outcomes and hospice operations, as well as opportunities for further improvement in currently acceptable performance
- Establish mechanisms to prioritize opportunities for improvement that have the greatest potential impact on patient care outcomes, hospice operations and customer satisfaction
- Monitor the performance of processes that involve high risk, high volume or problem prone areas of care and services
- Track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice
- Take actions aimed at performance improvement and affect palliative outcomes, patient safety, and quality of care
- Ensure coordination and integration of all performance improvement activities by maintaining a QAPI/Safety Committee as the forum for information exchange, collaboration, prioritization, and monitoring
- Compare performance over time with other sources of information and to similar organizations nationally
- Identify the on-going educational needs required to improve patient care processes, outcomes and hospice operations

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- Assign personnel and provide time and information systems to support ongoing quality assessment and performance improvement activities
- Participate as an integral component of the community, working in partnership to continuously improve access to care and the continuity of patient care services; and
- Sustain improved performance

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

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

Arc shares that it is fully confident in its ability to extend AHS' existing high quality hospice program to SA 6A and refers to existing policies and procedures included in Exhibits E and F.

Arc Hospice of Florida, LLC does not have operational, licensed Florida hospice programs.

**Bristol Hospice - West Florida, LLC (CON application #10776)** states that is dedicated to upholding a high standard of care and ensuring patients have access to the necessary skilled services they need and has offered conditions in Schedule C committing to high intensities of care provided through nurses and home health aides in which each patient will have an individual plan of care which allows for five to seven Home Health Aide visits per week and a minimum of two RN visits per week as determined by patient need.

The applicant presents Table 23 on page 51 using an analysis of Medicare's Post-Acute Care and Hospice- by Geography and Provider Public Use Files (PAC PUF) that shows Bristol's average skilled nursing visits per unique beneficiary is between 10-25 percent more than the State and national average during the two most recent years 2020-2021,

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	2020	2021
All Bristol Locations	21.02	21.88
All Florida Providers	18.91	17.95
All U.S. Hospice Providers	18.19	17.69
Bristol as % of FL	111%	122%
Bristol as % of Nation	116%	124%

Source: CON application #10776, Table 23, page 51, Medicare Post-Acute Care and Hospice - by Geography & Provider Public Use Files PAC PUF

**Medicare Quality Measure - Hospice Item Set**

Bristol presents Table 24 on page 51 displaying measures that demonstrate its quality of patient care captured in the Hospice Item Set ("HIS") compiled from CMS Hospice Compare website and corresponding datasets current as of April 10, 2024 comparing the quality scores between Bristol nationwide operations and the national average, as well as Bristol's Miami-Dade program compared to the Florida State average.

**Medicare Quality Measure - Consumer Assessment of Healthcare Providers & Systems (CAHPS)**

The applicant provides Table 25 on page 52 showing the CAHPS measures that are estimates from Bristol's data vendor, SHP for the time period of January 2023-November 2023 for Bristol's Miami-Dade hospice program and the State. The applicant contends that it has outperformed the State average in six of the eight measures during the CY 2023.

The reviewer has partially recreated the notable category below:

	<b>Bristol (Miami- Dade)</b>	<b>State Average</b>	<b>Bristol Miami-Dade Better Than FL State Average?</b>
Willingness to Recommend this Hospice	90.0%	84.1%	Yes

Source: CON application #10776, Table 25, page 52, Estimates from Bristol's data vendor, SHP. 01/23-11/23 Reporting period.

**Medicare Quality Measures — Hospice Care Index**

Bristol provides a brief description of CMS' Hospice Care Index (HCI) for its Hospice Quality Reporting Program (HQRP) contending that it has outperformed the national average in the overall score and that its Miami-Dade program outperformed the state average.

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	<b>Bristol (All) Average</b>	<b>National Average</b>	<b>Bristol Better Than National Average?</b>	<b>Bristol Miami- Dade</b>	<b>State Average</b>	<b>Bristol Miami- Dade Better Than FL State Average?</b>
Hospice Care Index Overall Score	9.4	8.8	Yes	10	9.5	Yes

Source: CON application #10776, Table 26, page 53, CMS Hospice Quality Reporting Program Data on Care Compare. Identifier: 252m-zfp9 (Provider Data), 3xeb-u9wp (National Data), and eda0-92f0 (State Data). Released February 21, 2024. Accessed April 10, 2024.

### Accreditation

Bristol confirms that it has been accredited by Community Health Accreditation Partner (CHAP) in existing operations and commits to having the proposed SA 6A program accredited by CHAP within six months of licensure even though accreditation is not required to operate a hospice program, it states this demonstrates its desire to meet the highest standards.

### Quality Improvement

The applicant refers to its Exhibit 9 for Bristol's policies related to improving organizational performance and a sample Quality Assessment Performance Improvement (QAPI) plan. Bristol Hospice notes that its QAPI provides a strategy for the systematic organization-wide implementation of quality assessment and performance improvement activities which ensures Bristol provides appropriate, high-value, effective and efficient services in accordance with its mission and current standards of practice. Further, through QAPI activities, Bristol provides a mechanism for identification and prioritization of opportunities for problem identification and improvement in care and operations.

The applicant argues that its organizational excellence is evidenced by the patient and family feedback it receives through social media and online adding that its facilities receive "Google Ratings" in the range of 4 out of 5 and above and presents an example on page 53 of this application:

*"The best hospice company even The care that the Miami Dade Bristol provides is without measure the best! I recommend Bristol hospice 100% to anyone, / appreciate all service provide for all staff in special the ED, all the nurse."*

Bristol reiterates that it will focus on these underserved groups, increasing their access to hospice care with its mission being to Embrace a Reverence for Life and will concentrate on individualized patient care, quality hospice service, and accessibility for all.



**Charis Healthcare Holdings, LLC (CON application #10774)** states it is committed to ensuring the best quality and efficiency in its services as possible, taking regular reviews and assessments of its program, services, and personnel to continue to develop a more perfect program. Further, its “leadership team strives to create a work environment where improvement ideas are encouraged and acted upon”. Charis assures that it has established policies for when problems are identified in the provision of hospice services, ensuring that its policy provides the necessary corrective actions, documentation, ongoing monitoring, and revisions of process, where necessary. Further details on Charis’s hospice quality assessment and performance improvement programs or CMS hospice survey measures were not provided.

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

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

Bristol Hospice - Miami Dade, LLC had no substantiated complaints.

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** the applicant begins by stating that it is one of only seven hospice providers in Florida to receive a 4-star CAHPS Hospice Survey rating and provides the ratings of the existing providers below:

	Community	AccentCare	Life Path	National Avg	Florida Avg
5-star scale	****	*	**		
Willing to recommend this hospice	89%	69%	78%	84%	82%

Source: CON application # 10778, page 41 (partially recreated). The current data collection periods for the Family caregiver survey rating are 04/01/2021 through 03/31/2023.

Community Hospice argues that its score exceeds every metric when compared to Accent Care and Life Path Hospice. Further, Community Hospice surpassed both the National Average and the Florida Average Family caregiver survey ratings.

The applicant notes that no CAHPS scores are available for Suncoast Hospice of Hillsborough County although it is a licensed provider and adds that SCH only received three stars and failed to surpass the National and Florida averages in seven of eight categories on the Family caregiver survey ratings.

Ther applicant states that it is best positioned to serve SA 6A with its 45-year history noting that it was the only application they filed and that the other six applicants filed a total of 14 CON applications scattered around the state.

	<b>Community</b>	<b>Vitas Healthcare</b>	<b>Gulfside Hospice</b>	<b>National Avg</b>	<b>Florida Avg</b>
5-star scale	****	**	**		
Willing to recommend this hospice	89%	76%	80%	84%	82%

Source: CON application # 10778, page 42 (partially recreated).

The applicant provides from the data above that Vitas and Gulfside Hospice fall well below Community Hospice and Palliative care in every category, but they also fail to reach any of the National or Florida averages for all hospices.

The applicant cites a prior case that involved Vitas in SA 6A stating: “Serious quality of care questions arose in Vitas Healthcare Group of Florida's previous failed attempt to develop a hospice program in Service Area 6A. The Judge in that case cited:

*‘Complaints substantiated against VITAS demonstrate failures in many areas of patient care, including some of the specific aspects of hospice care at which VITAS claims to excel beyond other providers, such as afterhours care, the provision of continuous care, and care to patients wherever they live, including smaller ALF's.’”*

Community Hospice contends that Charis Healthcare Holdings has no approved Florida hospice programs and made applications for three new hospice programs in Florida in 2023 in which two were denied and one was withdrawn. Additionally:

- Bristol Hospice of West Florida was licensed for a hospice program in Service Area 11 on November 3, 2017; however, the Family

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caregiver survey rating is not available as their number of cases is too small to report Star Rating

- Arc Hospice of Florida was approved for a new hospice program in Service Area 3E in 2023 and a Star Rating is not available
- Affinity Care (Charlotte and De Soto, LLC) was approved for a new hospice program in Service Area 8A - a Star Rating is not available

Community Hospice and Palliative Care confirms that it will continue to provide health care services to Medicaid patients and the medically indigent in SA 6A.

Community Hospice of Northeast Florida Inc. had no substantiated complaints.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)**

provides a detailed discussion of Gulfside Hospice, Inc. on pages 103-115 noting that it has a “long and exemplary” history of providing quality hospice care. The discussion is categorized by the following:

- The Story of Gulfside Healthcare Services
  - Facility/Hospital Units Through the Years
  - Free-Standing Hospice Inpatient Care Centers
- Governance
- Leadership
- Awards
- The Joint Commission Accreditation

The applicants’ quality discussion is provided on pages 115-117 stating that it is committed to compliance with all applicable laws, regulations and statutes, and demonstrates this by maintaining a continuous compliance program and regularly reviews and directly observations policies, procedures and patient care in all care settings. Gulfside Hospice contends that it has not obtained any condition or standard level violations regarding standard surveys more than years.

Gulfside discusses its QAPI(QAUR) Plan/Gulfside MARC (Medication, Assessment, Reconcile the Plan of Care, and Communication) Model - Quality and Compliance Program noting that it focuses on symptom management caregiver training and communication. The applicant notes that it has implemented in all disciplines including physicians, nurse practitioners, nurses, social workers, chaplains and our triage staff and modified to fit for all patient locations including their homes, nursing homes or assisted living facilities, hospitals, and its inpatient units. A copy of the Gulfside Human Resources development and Training Manual Appears in Appendix P.

Gulfside Hospice, Inc. had a total of one substantiated complaint, one in the Dietary Services category.

**VITAS Healthcare Corporation of Florida (CON application #10780)**

cites that it has a long history of providing high-quality care to patients and families and proposes to continue this standard in SA 6A. VITAS complies with federal and state regulations, including the Conditions of Participation for hospice providers. The applicant highlights several factors that contribute to its quality of care, including investing in staff training and education, maintaining high standards, and seeking accreditation from CHAP.

VITAS' quality assurance program is based on continuous monitoring and assessment of care provided, including inpatient, home care, and care under arrangement. The Quality Improvement Program focuses on both the quality of service and patient outcomes, including patient comfort, quality of life, and patient/family satisfaction.

The applicant emphasizes the importance of measuring patients' pain levels and addressing it through medication adjustments. VITAS also highlights its efforts to ensure the competence and quality of administrative and clinical staff through ongoing education and training. The applicant requires its staff to be certified in hospice and palliative care and offers salary increases and reimbursement for testing fees.

VITAS is committed to cultural diversity in its workforce and participates in diversity recruitment events. The applicant also emphasizes its equal employment opportunity policy, which prohibits discrimination based on race, color, religion, national origin, disability, Vietnam-era veteran status, sexual orientation, age, or gender.

The applicant highlights its employee benefits package, which includes paid personal leave, insurance benefits, paid holidays, paid time off, sick leave, tuition reimbursement, an employee assistance program, participation in the 401K retirement plan, and an employee recognition program. VITAS also uses a successful management tool called VITAS CARES to recognize and retain employees.

The applicant emphasizes its commitment to employee satisfaction and development by providing a positive learning environment and promoting a culture of recognition and appreciation. VITAS assesses every patient within 24 hours of admission and provides ongoing education and training to employees.

VITAS serves 17 SAs. Agency records indicate that for the three-year period ending April 24, 2024, VITAS Healthcare Corporation of Florida

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had a total of 12 substantiated complaints. Each substantiated complaint can encompass multiple complaint categories. Below is a table to account for the substantiated complaints by the applicable complaint category.

**VITAS Healthcare Corporation of Florida  
Substantiated Complaint History by Category  
Three-Year Period Ending April 23, 2024**

	<b>Resident/ Patient/ Client Rights</b>	<b>Falsification of Records/ Reports</b>	<b>Quality of Care/ Treatment</b>	<b>State Licensure</b>	<b>Administration/ Personnel</b>
22910014 - Miami Lakes	4	1	2	1	1
2960086 - Melbourne	1				
22960083 - Boynton Beach			3		1
<b>Total</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>2</b>

Source: AHCA Substantiated Complaint History

**VITAS Healthcare Corporation of Florida  
Substantiated Complaint History by Category  
Three-Year Period Ending April 23, 2024**

<b>Complaint Category</b>	<b>Number Substantiated</b>
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 CHOW pending 4/12/24,) 3A, 3C, 3E, 4A, 4B, 6B, 7A, 7B, 7C, 8B, 8C, 9B, 9B, 9C, 10 and 11.

- 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.

**Affinity Care of Hillsborough, LLC (CON application #10774)**

However, the applicant is a developmental stage entity and has \$500,000 in cash but no operations.

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$396,010, which includes this project (\$386,010) 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.

**Arc Hospice of Florida, LLC (CON application #10775)**

However, the applicant is a developmental stage entity and has \$10,000 in cash but no operations.

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$1,590,920, which includes this project (\$378,445), and other CONs (\$1,212,475). The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. The applicant submitted a letter from Flagstar Bank indicating Tunic Capital (an affiliate) has excess of \$2,500,000. With \$2,500,000 in cash, the applicant has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

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**Bristol Hospice - West Florida, LLC (CON application #10776):**

<b>10776 - Bristol Ultimate Holdco, LP &amp; Combined Affiliate</b>		
	<b>Dec-22</b>	<b>Dec-21</b>
Current Assets	\$116,455,518	\$106,120,139
Total Assets	\$519,990,637	\$527,324,095
Current Liabilities	\$53,843,931	\$54,611,067
Total Liabilities	\$435,917,683	\$386,558,439
Net Assets	\$84,072,954	\$140,765,656
Total Revenues	\$385,205,825	\$352,755,572
Excess of Revenues Over Expenses	(\$38,562,059)	(\$14,456,794)
Cash Flow from Operations	(\$44,741,531)	\$4,277,028
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	2.2	1.9
Cash Flow to Current Liabilities (CFO/CL)	-83.09%	7.83%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	454.5%	235.8%
Total Margin (ER/TR)	-10.01%	-4.10%
<b>Measure of Available Funding</b>		
Working Capital	\$62,611,587	\$51,509,072

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$324,656, which includes this project (\$314,656) & capital expenditures (\$10,000). The applicant indicates on Schedule 3 of its application that funding for the project will be by related company financing. While the parent has a relatively weak overall financial position, it has sufficient liquidity to fund this project.

**Conclusion:**

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

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**Charis Healthcare Holdings, LLC (CON application #10777):**

<b>10777 - Charis Healthcare Holdings</b>		
	<b>Dec-22</b>	<b>Dec-21</b>
Current Assets	\$9,331,571	\$8,269,497
Total Assets	\$13,408,351	\$12,239,861
Current Liabilities	\$6,310,798	\$5,042,607
Total Liabilities	\$11,130,749	\$8,477,733
Net Assets	\$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
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.5	1.6
Cash Flow to Current Liabilities (CFO/CL)	-43.19%	59.84%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	211.6%	91.3%
Total Margin (ER/TR)	2.94%	8.58%
<b>Measure of Available Funding</b>		
Working Capital	\$3,020,773	\$3,226,890

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant did not indicate the total of capital projects including the cost on Schedule 1 for this project of \$236,541. However, the applicant has three other CON applications with total project costs of \$709,623 submitted in this batching cycle. The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. Schedule 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.



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**Community Hospice of Northeast Florida, Inc. (CON application #10778):**

<b>10778 - Community Hospice of NE Florida, Inc. &amp; Subs</b>		
	<b>Sep-23</b>	<b>Sep-22</b>
Current Assets	\$38,904,569	\$37,420,523
Total Assets	\$130,001,093	\$119,192,503
Current Liabilities	\$11,358,280	\$10,657,233
Total Liabilities	\$22,167,250	\$13,766,275
Net Assets	<b>\$107,833,843</b>	<b>\$105,426,228</b>
Total Revenues	\$125,237,927	\$114,221,902
Excess of Revenues Over Expenses	<b>(\$8,797,926)</b>	<b>(\$6,324,760)</b>
Cash Flow from Operations	<b>(\$9,093,849)</b>	\$5,590,524
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	3.4	3.5
Cash Flow to Current Liabilities (CFO/CL)	-80.06%	52.46%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	10.0%	2.9%
Total Margin (ER/TR)	-7.02%	-5.54%
<b>Measure of Available Funding</b>		
Working Capital	<b>\$27,546,289</b>	<b>\$26,763,290</b>

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$5,609,683, which includes this project (\$884,683), and other exempt/non-review items (\$4,725,000). The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$14.5 million in cash & cash equivalents, the applicant has sufficient funds to fund this project, and all capital expenditures.

**Conclusion:**

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

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**Gulfside Hospice of Hillsborough, LLC (CON application #10779):**

<b>10779 - Gulfside Healthcare Services, Inc &amp; Subs</b>		
	<b>Jun-23</b>	<b>Jun-22</b>
Current Assets	\$17,166,886	\$20,738,196
Total Assets	\$30,445,853	\$29,377,536
Current Liabilities	\$5,136,783	\$4,571,476
Total Liabilities	\$8,629,754	\$6,218,123
Net Assets	<b>\$21,816,099</b>	<b>\$23,159,413</b>
Total Revenues	\$51,726,019	\$53,445,856
Excess of Revenues Over Expenses	<b>(\$1,427,545)</b>	\$1,820,840
Cash Flow from Operations	\$245,530	\$2,651,463
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	<b>3.3</b>	<b>4.5</b>
Cash Flow to Current Liabilities (CFO/CL)	<b>4.78%</b>	<b>58.00%</b>
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	<b>16.0%</b>	<b>7.1%</b>
Total Margin (ER/TR)	<b>-2.76%</b>	<b>3.41%</b>
<b>Measure of Available Funding</b>		
Working Capital	<b>\$12,030,103</b>	<b>\$16,166,720</b>

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$1,277,296, which includes this project (\$977,296), and other exempt/non-review items (\$250,000). The applicant indicates on Schedule 3 of its application that funding for the project will be by cash on hand. With \$11.5 million in cash & cash equivalents, the applicant has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

**CON Action Numbers: 10774 through 10780**

**VITAS Healthcare Corporation of Florida (CON application #10780):**

<b>10780 - Vitas Healthcare Corporation of Florida</b>		
	<b>Dec-22</b>	<b>Dec-21</b>
Current Assets	\$59,519,798	\$55,386,263
Total Assets	\$370,068,250	\$1,019,895,291
Current Liabilities	\$61,267,643	\$41,976,221
Total Liabilities	\$129,091,206	\$86,019,107
Net Assets	\$240,977,044	\$933,876,184
Total Revenues	\$719,392,644	\$710,744,055
Excess of Revenues Over Expenses	\$128,874,437	\$143,484,721
Cash Flow from Operations	\$82,462,667	\$113,771,448
<b>Short-Term Analysis</b>		
Current Ratio (CA/CL)	1.0	1.3
Cash Flow to Current Liabilities (CFO/CL)	134.59%	271.04%
<b>Long-Term Analysis</b>		
Long-Term Debt to Net Assets (TL-CL/NA)	28.1%	4.7%
Total Margin (ER/TR)	17.91%	20.19%
<b>Measure of Available Funding</b>		
Working Capital	(\$1,747,845)	\$13,410,042

<b>Position</b>	<b>Strong</b>	<b>Good</b>	<b>Adequate</b>	<b>Moderately Weak</b>	<b>Weak</b>
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

**Capital Requirements and Funding:**

On Schedule 2, the applicant indicates capital projects totaling \$17,196,227, which includes this project (\$1,146,736), CON 10773 (\$1,366,639) and current year capex (\$14,682,852). The applicant indicates on Schedule 3 of its application that funding for the project will be by operating cash flows. With \$82 million in cash flows from operations, the applicant has sufficient resources to fund this project and all capital expenditures.

**Conclusion:**

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

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

**Applies to all co-batched applicants:**

The immediate and long-term financial feasibility of the project is tied to expected profitability. Profitability for hospice is driven by two factors, volume of patients and length of stay/condition of the patient. A new

**CON Action Numbers: 10774 through 10780**

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 over statement of revenue and call into question the applicant's profitability assumptions and feasibility. The results of the calculations are summarized below.

**Affinity Care of Hillsborough, LLC (CON application #10774):**

CON 10774	Affinity Care of Hillsborough, LLC				
Hillsborough	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$144.10	0.8791	\$126.68	\$74.23	\$200.91
Routine Home Care 61+ days	\$113.75	0.8791	\$100.00	\$58.60	\$158.60
Continuous Home Care	\$1,177.23	0.8791	\$1,034.90	\$388.23	\$1,423.13
Inpatient Respite	\$309.70	0.8791	\$272.26	\$198.01	\$470.27
General Inpatient	\$727.27	0.8791	\$639.34	\$418.04	\$1,057.38
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.106	\$222.19	\$5,939,798		26,732
Routine Home Care 61+ days	1.106	\$175.40	\$2,009,540		11,457
Continuous Home Care	1.106	\$1,573.91	\$75,972	24	48
Inpatient Respite	1.106	\$520.09	\$80,331		154
General Inpatient	1.106	\$1,169.41	\$180,620		154
		<b>Total</b>	<b>\$8,286,261</b>		<b>38,546</b>
			Days from Schedule 7		41,582
			<b>Difference</b>		<b>3,036</b>
			<b>Percentage Difference</b>		<b>7.30%</b>

**CON Action Numbers: 10774 through 10780**

As such, the applicant's projected patient days are 7.3 percent or 3,036 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 \$562,251 in year one to a net profit of \$552,698 in year two.

**Conclusion:**

This project appears to be financially feasible.

**Arc Hospice of Florida, LLC (CON application #10775):**

CON 10775	Arc Hospice of Florida				
Hillsborough	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.8791	\$126.68	\$74.23	\$200.91
Routine Home Care 61+ days	\$113.75	0.8791	\$100.00	\$58.60	\$158.60
Continuous Home Care	\$1,177.23	0.8791	\$1,034.90	\$388.23	\$1,423.13
Inpatient Respite	\$309.70	0.8791	\$272.26	\$198.01	\$470.27
General Inpatient	\$727.27	0.8791	\$639.34	\$418.04	\$1,057.38
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.114	\$223.77	\$3,283,713		14,674
Routine Home Care 61+ days	1.114	\$176.65	\$1,620,091		9,171
Continuous Home Care	1.114	\$1,585.08	\$145,387	24	92
Inpatient Respite	1.114	\$523.78	\$64,053		122
General Inpatient	1.114	\$1,177.71	\$432,060		367
		<b>Total</b>	<b>\$5,545,304</b>		<b>24,427</b>
			Days from Schedule 7		25,140
			<b>Difference</b>		<b>713</b>
			<b>Percentage Difference</b>		<b>2.84%</b>

As such, the applicant's projected patient days are 2.84 percent or 713 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 \$23,179 in year one to a net profit of \$504,734 in year two.

**Conclusion:**

This project appears to be financially feasible.

**CON Action Numbers: 10774 through 10780**

**Bristol Hospice - West Florida, LLC (CON application #10776):**

CON 10776	Bristol Hospice West Florida, LLC				
Hillsborough	Wage Component	Wage Index	Adjusted Wage Amount	Unadjusted Component	Payment Rate
Base Rate Calculation					
Routine Home Care 1-60 days	\$144.10	0.8791	\$126.68	\$74.23	\$200.91
Routine Home Care 61+ days	\$113.75	0.8791	\$100.00	\$58.60	\$158.60
Continuous Home Care	\$1,177.23	0.8791	\$1,034.90	\$388.23	\$1,423.13
Inpatient Respite	\$309.70	0.8791	\$272.26	\$198.01	\$470.27
General Inpatient	\$727.27	0.8791	\$639.34	\$418.04	\$1,057.38
Year Two Comparison	Inflation Factor Year Two	Inflation Adjusted Payment Rate	Schedule 7 Revenue Year 2	Continuous Service Hours Provided	Calculated Patient Days
Routine Home Care 1-60 days	1.114	\$223.77	\$1,976,160		8,831
Routine Home Care 61+ days	1.114	\$176.65	\$3,276,430		18,548
Continuous Home Care	1.114	\$1,585.08	\$368,874	24	233
Inpatient Respite	1.114	\$523.78	\$291,989		557
General Inpatient	1.114	\$1,177.71	\$409,518		348
		<b>Total</b>	<b>\$6,322,971</b>		<b>28,517</b>
			Days from Schedule 7		30,944
			<b>Difference</b>		<b>2,427</b>
			<b>Percentage Difference</b>		<b>7.84%</b>

As such, the applicant's projected patient days are 7.84 percent or 2,427 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 \$557,986 in year one to a net profit of \$452,908 in year two.

**Conclusion:**

This project appears to be financially feasible.

**CON Action Numbers: 10774 through 10780**

**Charis Healthcare Holdings, LLC (CON application #10777):**

<b>CON 10777</b>	<b>Charis Healthcare Holdings</b>				
<b>Hillsborough</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$144.10	0.8791	\$126.68	\$74.23	\$200.91
Routine Home Care 61+ days	\$113.75	0.8791	\$100.00	\$58.60	\$158.60
Continuous Home Care	\$1,177.23	0.8791	\$1,034.90	\$388.23	\$1,423.13
Inpatient Respite	\$309.70	0.8791	\$272.26	\$198.01	\$470.27
General Inpatient	\$727.27	0.8791	\$639.34	\$418.04	\$1,057.38
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.114	\$223.77	\$2,061,228		9,211
Routine Home Care 61+ days	1.114	\$176.65	\$721,430		4,084
Continuous Home Care	1.114	\$1,585.08	\$0	24	0
Inpatient Respite	1.114	\$523.78	\$0		0
General Inpatient	1.114	\$1,177.71	\$0		0
		<b>Total</b>	<b>\$2,782,658</b>		<b>13,295</b>
			Days from Schedule 7		21,358
			<b>Difference</b>		<b>8,063</b>
			<b>Percentage Difference</b>		<b>37.75%</b>

As such, the applicant's projected patient days are 37.75 percent or 8,063 days more than the number of patient days calculated by staff. Revenues appear to be understated, which is a conservative assumption. Operating profits from this project are expected to increase from a net profit of \$497,940.33 in year one to a net profit of \$728,255 in year two. It should be noted that the applicant is only projecting Routine Home Care and does not include any revenue for Continuous Home Care, Inpatient Respite and General Inpatient. These levels of care are required to be made available and are more costly to deliver. The overall level of profitability percentage would likely be lower if the applicant projected the required other levels of service.

**Conclusion:**

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

**CON Action Numbers: 10774 through 10780**

**Community Hospice of Northeast Florida, Inc. (CON application #10778):**

<b>CON 10778 Hillsborough</b>	<b>Community Hospice of NE Florida, LLC</b>				
<b>Base Rate Calculation</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
Routine Home Care 1-60 days	\$144.10	0.8791	\$126.68	\$74.23	\$200.91
Routine Home Care 61+ days	\$113.75	0.8791	\$100.00	\$58.60	\$158.60
Continuous Home Care	\$1,177.23	0.8791	\$1,034.90	\$388.23	\$1,423.13
Inpatient Respite	\$309.70	0.8791	\$272.26	\$198.01	\$470.27
General Inpatient	\$727.27	0.8791	\$639.34	\$418.04	\$1,057.38
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.109	\$222.72	\$3,277,195		14,714
Routine Home Care 61+ days	1.109	\$175.82	\$6,036,207		34,333
Continuous Home Care	1.109	\$1,577.63	\$31,264	24	20
Inpatient Respite	1.109	\$521.32	\$51,654		99
General Inpatient	1.109	\$1,172.18	\$464,574		396
		<b>Total</b>	<b>\$9,860,894</b>		<b>49,562</b>
			Days from Schedule 7		52,700
			<b>Difference</b>		<b>3,138</b>
			<b>Percentage Difference</b>		<b>5.95%</b>

As such, the applicant's projected patient days are 5.95 percent or 3,138 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 \$8,467 in year one to a net profit of \$1,708,725 in year two.

**Conclusion:**

This project appears to be financially feasible.



**CON Action Numbers: 10774 through 10780**

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)**

<b>CON 10779</b>	<b>Gulfside Hospice of Hillsborough, LLC</b>				
<b>Hillsborough</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$144.10	0.8791	\$126.68	\$74.23	\$200.91
Routine Home Care 61+ days	\$113.75	0.8791	\$100.00	\$58.60	\$158.60
Continuous Home Care	\$1,177.23	0.8791	\$1,034.90	\$388.23	\$1,423.13
Inpatient Respite	\$309.70	0.8791	\$272.26	\$198.01	\$470.27
General Inpatient	\$727.27	0.8791	\$639.34	\$418.04	\$1,057.38
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.114	\$223.77	\$4,634,705		20,712
Routine Home Care 61+ days	1.114	\$176.65	\$10,814,312		61,220
Continuous Home Care	1.114	\$1,585.08	\$287,377	24	181
Inpatient Respite	1.114	\$523.78	\$381,829		729
General Inpatient	1.114	\$1,177.71	\$4,280,508		3,635
		<b>Total</b>	<b>\$20,398,731</b>		<b>86,477</b>
			Days from Schedule 7		76,037
			<b>Difference</b>		<b>-10,440</b>
			<b>Percentage Difference</b>		<b>-13.73%</b>

As such, the applicant's projected patient days are 13.73 percent or 10,440 days less than the number of patient days calculated by staff. It should be noted that the applicant included a sizeable contractual adjustment of roughly 19%. When this is taken into consideration, projected revenues appear reasonable. Operating profits from this project are expected to increase from a net loss of \$590,638 in year one to a net profit of \$1,176,952 in year two.

**Conclusion:**

This project appears to be financially feasible.

**VITAS Healthcare Corporation of Florida (CON application #10780)**

<b>CON 10780</b>	<b>Vitas Healthcare Corporation of Florida</b>				
<b>Hillsborough</b>	<b>Wage Component</b>	<b>Wage Index</b>	<b>Adjusted Wage Amount</b>	<b>Unadjusted Component</b>	<b>Payment Rate</b>
<b>Base Rate Calculation</b>					
Routine Home Care 1-60 days	\$144.10	0.8791	\$126.68	\$74.23	\$200.91
Routine Home Care 61+ days	\$113.75	0.8791	\$100.00	\$58.60	\$158.60
Continuous Home Care	\$1,177.23	0.8791	\$1,034.90	\$388.23	\$1,423.13
Inpatient Respite	\$309.70	0.8791	\$272.26	\$198.01	\$470.27
General Inpatient	\$727.27	0.8791	\$639.34	\$418.04	\$1,057.38
<b>Year Two Comparison</b>	<b>Inflation Factor Year Two</b>	<b>Inflation Adjusted Payment Rate</b>	<b>Schedule 7 Revenue Year 2</b>	<b>Continuous Service Hours Provided</b>	<b>Calculated Patient Days</b>
Routine Home Care 1-60 days	1.106	\$222.19	\$3,985,005		17,935
Routine Home Care 61+ days	1.106	\$175.40	\$8,368,232		47,709
Continuous Home Care	1.106	\$1,573.91	\$439,464	24	279
Inpatient Respite	1.106	\$520.09	\$125,535		241
General Inpatient	1.106	\$1,169.41	\$2,513,672		2,150
		<b>Total</b>	<b>\$15,431,908</b>		<b>68,314</b>
			Days from Schedule 7		69,688
			<b>Difference</b>		<b>1,374</b>
			<b>Percentage Difference</b>		<b>1.97%</b>

As such, the applicant's projected patient days are 1.97 percent or 1,374 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 \$639,453 in year one to a net profit of \$1,841,284 in year two.

**Conclusion:**

This project appears to be financially feasible.

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

**Applies to all co-batched applicants:**

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

None of the co-batched projects, strictly, from a financial perspective, will have a material impact on price-based competition.

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

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

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

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

**Affinity Care of Hillsborough, LLC (CON application #10774)** cites its parent's history of providing services to Medicaid and medically indigent patients, indicating Affinity has provided on average a combined 5.5 percent to Medicaid/charity which it states excludes the Medicaid beneficiaries who receive hospice services under the Medicare benefit.

Schedule 7A indicates Medicaid will be the payer source for 5.99 percent of the project's total annual year one and 5.97 percent year two patient days.

**Arc Hospice of Florida, LLC (CON application #10775)** does not provide financial details of its parent's history of providing health services but reiterates that it will strive to serve the unmet needs of the population in SA 6A.

Schedule 7A indicates Medicaid will be the payer source for 3.5 percent of the project's total annual year one and year two patient days.

**Bristol Hospice – West Florida, LLC (CON application #10776)** cites that is and has historically committed to serving Medicaid patients and

the medically indigent and presents tables showing its and its Miami program exceeding the national and state averages.

Schedule 7A indicates Medicaid will be the payer source for 1.9 percent of the project's total annual year one and 2.0 percent year two patient days.

**Charis Healthcare Holdings, LLC (CON application #10777)** states that it has a history of providing health services to Medicaid patients and the medically indigent. 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.

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** states it has a long history of providing services to Medicaid patients (but is reimbursed at the Medicare) so charity care is "seems to be the larger issue in reference to care for the medically indigent. Community provides a chart showing it provided \$1.6 million in charity care during CY 2023.

Schedule 7A indicates Medicaid will be 3.0 percent of year one and year two total annual patient days. Notes to the schedule indicate charity care will be 1.1 percent of year one and year two revenues.

**Gulfside Hospice of Hillsborough, LLC (application CON #10779)** states during the last five years, it has averaged over five percent of its services annually to Medicaid patients and over two percent to charity care.

Schedule 7A indicates Medicaid will be 5.0 percent of the total annual year one and year two annual patient days. The applicant's Schedule 7A shows its charity care deductions for years one and two.

**VITAS Healthcare Corporation of Florida (CON application #10780)** confirms that it has a lengthy history of providing services to Medicaid patients and proposes to continue serving these patients in SA 6A. VITAS confirms that it has provided approximately \$10 million in charity care to unfunded Florida patients in 2023.

Schedule 7A indicates Medicaid/Medicaid HMO will be the payer source for 2.2 percent of the project's total annual year one and 2.3 percent year two patient days.

**F. SUMMARY**

The applicants projects are in response to the need for an additional hospice in SA 6A.

**Affinity Care of Hillsborough, LLC (CON #10774)** is a for-profit Florida Limited Liability Company, and an affiliate of Continuum Care Hospice and Affinity Health Management. Collectively, the organization operates 21 affiliate hospice programs in 11 states—Affinity has five Florida licensed hospice affiliates serving SAs 6C, 8A, SA 8D, SA 10, and SA 11.

Total project cost is \$386,010 and includes equipment, project development, and start-up costs. Affinity expects issuance of license September 2024, and initiation of service October 2024.

Pursuant to project approval, Affinity Care of Hillsborough, LLC offers a total of 23 Schedule C conditions.

**Arc Hospice of Florida, LLC (CON application #10775)** is a for-profit, Florida Limited Liability Company established on February 21, 2023. Arc's parent company, American Hospice Systems (AHS) owns and operates a hospice in Georgia. Arc Hospice of Florida, LLC has an approved CON (#10740) to establish a new hospice program in SA 3E (Lake and Sumter Counties).

Total project cost is \$378,445 and includes equipment, project development, start-up and equipment costs. Licensure and initiation of service are projected to occur in January 2025.

Pursuant to project approval, Arc Hospice of Florida, LLC offers a total of 11 Schedule C conditions.

**Bristol Hospice - West Florida, LLC (CON application #10776)** is a Florida limited liability company, whose ultimate parent is Bristol Ultimate Holdco, L.P., a hospice provider in 17 states. Its Florida hospice affiliate is Bristol Hospice – South Florida, LLC (Miami-Dade County).

Total project cost is \$314,656 and includes equipment, project development, start-up and equipment costs. Bristol Hospice expects issuance of license on December 31, 2024, and initiation of service January 1, 2025.

Pursuant to project approval, Bristol Hospice - West Florida, LLC offers a total of 16 Schedule C conditions.

**CON Action Numbers: 10774 through 10780**

**Charis Healthcare Holdings, LLC (CON application #10774)** is a for-profit, Florida Limited Liability Company that operates seven private duty nurse registries and eight home health agencies in Florida.

Total project cost is \$236,541.28. Bristol Hospice expects issuance of license in October 2024, and initiation of service in January 2025.

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

**Community Hospice of Northeast Florida, Inc. (CON application #10778)** is a Florida licensed hospice provider serving SAs 3A and 4A.

Total project costs are projected to be \$884,683. Community Hospice expects issuance of license and initiation of service to occur in October 2024.

Pursuant to project approval, Community Hospice of Northeast Florida, Inc. proposes 17 conditions on the application's Schedule C.

**Gulfside Hospice of Hillsborough, LLC (CON application #10779)** is a Florida limited liability company established February 9, 2024 and an affiliate of the not for profit Gulfside Hospice, Inc., a licensed hospice provider serving SA 5A.

Total project cost is \$977,296. The applicant expects issuance of license in December 2024, and initiation of service in January 2025

Pursuant to project approval, Gulfside Hospice of Hillsborough, LLC offers a total of 22 Schedule C conditions.

**VITAS Healthcare Corporation of Florida (CON application #10780)** referred to as VITAS or the applicant is a for-profit entity whose parent company is CHEMMED Corporation, a publicly traded company. 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, 9C, 10 and 11.

Total project cost is \$1,146,736. The applicant expects issuance of license on September 1, 2024, and initiation of service on October 1, 2024.

Pursuant to project approval, VITAS offers a total of 17 Schedule C conditions.

**Need/Access:**

The applicants proposed projects are in response to the fixed need pool for a new hospice program in SA 6A. The applicants specific response to need is contained in responses to Item E. 1. a. (Fixed Need Pool- page 61) and E. 3. 1 (Statutory Review Criteria- page 195) of this report.

**Quality of Care:**

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

**Financial Feasibility/Availability of Funds:**

The co-batched projects, strictly, from a financial perspective, will not have a material impact on price-based competition.

With the exception of Charis Healthcare Holdings, LLC, all applicants appear capable of funding the project and all capital projects.

- **Charis Healthcare Holdings, LLC (CON application #10777):**  
Funding for this project appears achievable. Funding for the entire capital budget is in question.

With the exception of Charis Healthcare Holdings, LLC, all applicants appear to be financially feasible.

- **Charis Healthcare Holdings, LLC (CON application #10777):**  
This project appears to be financially feasible. However, the overall level of profitability is likely overstated.

**Medicaid/Indigent/Charity Care:**

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

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

See the table in item E.3.g. of this report for the applicants proposed service to Medicaid and medically indigent patients.

**G. RECOMMENDATION**

Approve CON #10774 to establish a new hospice program. The project cost is \$386,010.

**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. Jewish Hospice Care Initiative**

- The Applicant will provide a Jewish Hospice Care Initiative to Jewish patients in a manner that recognizes Jewish heritage, history and traditions.



**CON Action Numbers: 10774 through 10780**

- The Applicant will seek accreditation for its Jewish Hospice Services through the National Institute for Jewish Hospice (NIJH). NIJH provides staff training on the cultural beliefs and sensitivities so that the hospice provider can better serve the Jewish terminally ill.
- The Applicant will ascribe to Chayim Aruchim, incorporating their information into its program.
- The Applicant will employ a rabbi to serve as a chaplain on the hospice team.
- The Applicant will work with the various Chabad and other Jewish organizations to sponsor quarterly community education events and workshops at various locations throughout Hillsborough County regarding the benefits of hospice services, including an explanation of the hospice benefit available under Medicare, the interdisciplinary team approach to care for patients in hospice, and the ways in which hospice can meet the physical, emotional, and spiritual needs of Jewish patient and the patient's family at the end of life.
- The Applicant will establish specific protocols for meeting the special needs of the Jewish population including having a focus on the needs and providing recognition and support for holocaust survivors; addressing pain control measures, and providing life sustaining measures in accordance with religious observances; coordinating with and having available support from local Rabbis for spiritual care, guidance and consultation; coordinating with its partners to ensure patient plans of care include recognition of Kosher diet requirements of patients.
- The Applicant will have a Jewish services coordinator on its staff available to respond to needs of Jewish patients, and to be available to respond to any requests from Jewish community organizations for assistance and evaluation of patients, including but not limited to 24/7 triage coverage, physical visits to assess hospice eligibility of patients and admission regardless of ability to pay (charity patients); and availability of palliative care programs for Jewish patients that are in need of support but do not presently meet the requirements for admission to hospice care.

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- The Applicant will develop a bereavement program specifically designed to address the needs of the Jewish patients, families, caregivers and those who are in need of grief support regardless if they are associated with hospice services.
- The Applicant will work with Rendever, its Virtual Reality designer, to coordinate inclusion of the Hillsborough County patients into the specialized virtual reality platform for the Jewish population that honors the history and plight of the Jewish experience and provides "travel" to religiously significant sites and experiences throughout the world.
- The Applicant will collaborate with the local Jewish organizations to identify additional opportunities to improve the delivery of hospice and palliative care to the Jewish population in Hillsborough County.

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 Hillsborough County, including but not limited to VFW Posts, American Legion Posts, MacDill AFB Retired Services, the Hillsborough County Veterans Resource Center, and the Tampa Vet Center (VA).
- 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 Hillsborough County.
- 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 processional 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 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.
- The Applicant will assure its social workers are well trained in the assessment and ongoing interaction with the Veteran.
- 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 will coordinate with Honor Flight West Central Florida to encourage hospice patients to participate in the Honor Flight program for patients physically capable of participating in this important one day event. This community program is described as follows:  
*Honor Flight West Central Florida (HFWCF) is a Tampa, FL based non-profit organization, Our goal is to transport America's Veterans to Washington, D.C. at NO COST, to visit the memorials dedicated to honor their service and sacrifices. Priority is currently given to WWII and Korean Veterans, along with those other Veterans who may be terminally ill. Departure for this one-day trip to Washington, D.C is from the St. Petersburg - Clearwater International Airport (PIE).*
- 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. 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.

- 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 Hillsborough. This should optimize early enrollment in hospice to enhance quality of life for terminal patients while reducing unnecessary rehospitalizations.
- The Applicant will partner with existing community organizations and resources that service 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).

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 Hillsborough County 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 University of South Florida, Byrd Alzheimer's Center and Research Institute; Florida Alzheimer's Association, Florida Gulf Coast Chapter (Tampa Bay Region); Dementia Redefined (Apollo Beach); Caregiver Sanctuary at Hyde Park United Methodist Church (Tampa). 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.

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 6A 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 6A on the importance of hospice care for patients confronted with end stage cardiac disease.
- All Affinity Hillsborough 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. EMS Community Paramedic Program**

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

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

**9. 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**

- 10.** 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.
- 11.** 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.
- 12.** 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.
- 13.** 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.
- 14.** 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.
- 15.** The Applicant will introduce its Wound Care Program to Hillsborough County. 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.
- 16.** The Applicant will implement its Virtual Reality Program upon licensure of its program. It will be made



available to all eligible Affinity Hillsborough patients. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

- 17.** 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 Hillsborough patients. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.
- 18.** The Applicant will implement its Equine Therapy Program upon Medicare certification of its program. It will be made available to all eligible Affinity Hillsborough 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.
- 19.** 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.
- 20.** 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.

- 21.** 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.
- 22.** 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.
- 23.** With its focus on spiritual engagement, the Applicant will ensure that it has contractual arrangements with specific denominations to assure that patients requiring specific end of life rituals will have their needs appropriately met. This will be measured by a signed declaratory statement submitted by the Applicant to AHCA.

Approve CON #10779 to establish a new hospice program. The project cost is \$977,296.

**CONDITIONS:**

- 1. Main Office:** Gulfside Hospice of Hillsborough, Inc. will open its first office on day one of operations in Brandon, Florida. Hillsborough County is a large county, and residents of the southern and eastern sections of the county represent an underserved population. For this reason, Gulfside Hospice intends to establish its main office in Brandon to enhance geographic access to these underserved populations. Lease expense and office start-up costs have been factored into the financial schedules. Gulfside Hospice of Hillsborough County will notify the Agency of the office address.
- 2. Satellite Office:** Six months following the start of operations, Gulfside Hospice Inc. will open its second office in Tampa, Florida. This satellite office is intended to serve residents in central and northern Hillsborough County. Lease expense and office start-up costs have been factored into the financial schedules. Gulfside

Hospice of Hillsborough, Inc. will notify the Agency of the office address.

**3. *Disease-Specific Programs for the Underserved:*** Hillsborough County has identified underserved populations in need of hospice and palliative care services. These residents are disproportionately found to be of African American or Hispanic descent, or to reside in rural areas. Gulfside Healthcare Services will take an active role in serving patients with the following diseases specific to the underserved:

- **Cancer** — African Americans and Hispanics have the overall highest death rates from cancer and have a lower 5-year survival rate than their white counterparts. Gulfside Hospice will provide community education, physician roundtables, partnerships with Hillsborough County Medical Association, hold community health fairs, provide pain-management workshops, and Hospice benefits seminars to this population.
- **Cardiac Disease/Congestive Heart Failure** — Cardiac disease is more prevalent in the African American and Hispanic populations, according to the Florida Dept. of Health. Gulfside Hospice intends to partner with the American Heart Association, Provide CPR courses to citizens of underserved communities, promote oxygen safety awareness, provide dietary education for cardiac patients to assist with disease process, provide outreach to primary care physicians and cardiologists to assist with assessment of patients appropriate for hospice, and provide community presentations.
- **Cerebrovascular Disease/Stroke** — According to the Office of Minority Health, African Americans are 50% more likely to have a cerebrovascular accident (stroke) than their adult White counterparts and Black men are 70% more likely to die from a stroke compared to non-Hispanic whites. Gulfside Hospice will partner with the Tampa Bay Stroke Support and Prevention Group to bring education to medical professionals, survivors, and caregivers. Gulfside will also partner with the Stroke Center at the University of South Florida to identify patients in need of Hospice and to educate patients.
- **Diabetes** — Genetic factors make Hispanic population, along with higher rates of obesity, make diabetes more prevalent compared to other non-Hispanic White adults. Likewise, the prevalence of diabetes is also higher in the African American

population, compared to Whites. Gulfside Hospice intends to partner with the Florida Department of Health's Diabetes Prevention Program and Partner with the University of South Florida's Diabetes and Endocrinology Center to provide patient and professional education, provide Physician roundtable and community education.

By offering specific services to address the diseases and conditions that effect these citizens at a disproportionate rate, we can provide positive impact to the community promoting screening, prevention, and disease management, while also serving Hillsborough County with compassionate symptom management and end of life care. Gulfside will comply with these initiatives by sending quarterly reports to the Agency on care and service provision to these underserved populations.

**Note: A more detailed description of these disease-specific conditions is listed on pages 31 through 40 of the application.**

- 4. *Arrangements for providing inpatient care:*** Gulfside Hospice intends to provide inpatient care through contractual arrangements with hospitals and skilled nursing facilities in Hillsborough County. Gulfside has received 10 GIP letters of support - 5 hospitals and 5 skilled nursing facilities — who will contract with Gulfside for its GIP patients. Letters of support are provided in the appendix. Gulfside will comply with providing the Agency reports on GIP admissions through hospitals and skilled nursing facilities.

In addition, patients from Hillsborough County hospitals have the opportunity to transfer to Gulfside's free-standing inpatient care center, known as The Rucki Care Center, in Zephyrhills, Florida. This care center is approximately 30 miles from central Hillsborough County. Hillsborough County hospitals routinely transfer Hospice patients to the care center, confirmed by the 119 transfers from Hillsborough County hospitals to the Rucki Care Center over the last three years.

- 5. *Opening of a GIP Unit by the end of Year 2:*** Gulfside Hospice commits to opening its own Medicare certified GIP unit within a skilled nursing facility or hospital by the end of year two. The unit will be fully staffed with Gulfside Hospice clinicians around the clock, and the environment will be homelike. Gulfside has had much success in Pasco County 5A in opening many such units

through the years. Gulfside projects \$250,000 in start-up costs that will come from cash through Gulfside's capital reserve fund. Gulfside will comply with providing the Agency reports on GIP admissions, as well as ongoing regulatory compliance and inspections.

- 6. *Apply for Licensure Immediately:*** Gulfside Hospice of Hillsborough County, Inc. will apply for licensure through AHCA within two days of Certificate of Need receipt. Gulfside will comply with AHCA's standard fee schedule for licensure.
- 7. *Providing Free Hospice Care until Medicare Provider Number is Received:*** Given the expressed enthusiasm from our Hillsborough County referral sources, and understanding the urgent Hospice needs, Gulfside Hospice will incur patient costs for patients admitted to Gulfside Hospice while waiting for its Medicare certification. Staffing, patient care and operating expenses for three months are projected at \$931 ,000.00 and will be covered with cash on hand of Gulfside Hospice, Inc. Gulfside will provide detailed reports to the Agency, and all costs will be reflected in our financial audit, cost report and tax returns.
- 8. *Underserved African American Population:*** Because African Americans have special clinical needs based on patterns of illness, Gulfside Hospice commits to providing specialized disease-specific and psycho-social programs to this population. Gulfside Hospice will take an active role in establishing relationships and providing education and outreach to the Hillsborough County NAACP Health Committee, the Hillsborough Medical Association, the Hillsborough Department of Health, African American & Multicultural Outreach. Costs for these programs are factored into the operational costs of outreach. Compliance with this condition will be confirmed by providing the Agency annual reports of this underserved population's participation rate in programs, along with admissions data of this population.
- 9. *Underserved Hispanic Population:*** Outreach, education, patient evaluation platforms, training programs, financial assistance programs, Spanish bereavement programs, Spanish Caregiver Support Groups and patient access will be provided to the Hispanic population in Hillsborough County. Gulfside Hospice will align with The Hispanic Service Council and Brisas del Caribe Assisted Living and Adult Day Care Centers to provide presentations, patient assessments, caregivers assistance and more for this underserved population. Gulfside Clinical Liaisons

will work with Hispanic long-term care facilities to be able to educate staff and residents on the benefits of early Hospice referrals and interdisciplinary Hospice care. Costs for these services are factored into the outreach operational costs.

Compliance with this condition will be confirmed by providing the Agency annual reports of this underserved population's participation rate in programs, along with admissions data of this population.

- 10. *Underserved Veterans Population:*** Gulfside Hospice's compassion and care for Veterans spans over 30 years throughout the Tampa Bay area. Accessing the underserved Veterans in Hillsborough to Hospice Care is an effort Gulfside Hospice looks forward to and can do well. Gulfside commits to the Tampa Skyway Bridge Run that supports Veterans. Many Gulfside employees run this event each year, and Gulfside Hospice is proud to support the event yearly. Gulfside will be involved in the Veterans Action Project, aiding disabled and homeless veterans. Costs associated with Veterans programs will be funded through the Gulfside Hospice Foundation, and operating cash. Annual costs are estimated at \$10,000. Gulfside will comply with all Veteran's outreach and programs by providing the agency with reports as needed.
- 11. *Underserved Low-Income Elderly Population:*** Gulfside Hospice community relations personnel and clinical liaisons will visit low-income senior centers, day care centers, and assisted living facilities to educate and access this frail group to Hospice services. Crafts, workshops, Veterans pinnings, health fairs, and support groups will be offered through building relationships and trust with the centers to assist their patrons. Costs for these programs are factored into the operational cost of Gulfside Hospice. \$5,000 for special materials and supplies will be available from operating cash.

**12. *Medical Fellowship Programs:*** Currently, Gulfside Hospice has physicians with Graduate Medical Education faculty appointments for the Bayonet Point Hospital Hospice and Palliative Medicine Fellowship and the Trinity Hospital Internal Medicine Residency Program. Gulfside serves as the sole hospice experience for the program's Fellows, who do a minimum of 12 weeks rotating with our physicians. Residents are provided with in their 2<sup>nd</sup> and 3<sup>rd</sup> year of residency to allow them to experience the field of Hospice and Palliative Medicine. Gulfside Hospice also has nurse practitioners who serve as clinical preceptors for APRN students from a variety of programs. If granted the CON for Hillsborough County, Gulfside Hospice of Hillsborough will expand the ability to offer rotations and preceptorships to medical and APRN students, residents, and fellows from additional programs, such as University of South Florida, NOVA Southeastern University, and University of Tampa, in order to expand our efforts to train and prepare medical professionals for the future.

**13. *Hospice Internship Programs for Social Workers and Chaplains:*** Gulfside Hospice currently has internship agreements with University of South Florida, St. Leo University, Rasmussen College, and Florida State University. The University of South Florida's campus sits in the middle of Hillsborough County, and therefore we will expand Social Work and Chaplain Internships in Hillsborough County through Gulfside Hospice of Hillsborough. All Internships are unpaid, and the only cost associated with this program is mileage reimbursement at the IRS mileage rate. Gulfside Hospice has successfully precepted hundreds of Social Work Interns and Chaplain Interns, many who have become employed by Gulfside Hospice.

**14. *Create the Gulfside Hospice Foundation:*** Gulfside Hospice commits to creating a Foundation to assist with charity care, emergency relief, education and homeless assistance. In its first year of incorporation, the foundation will support Gulfside Hospice of Hillsborough with \$75,000 dedicated to these programs. The foundation will be positioned as a separate 501 (c) 3, under the parent company Gulfside Healthcare Services, Inc. The Gulfside Hospice Foundation will comply with all regulatory and financial requirements.

**15. *Open an Outpatient Palliative Care Clinic in Year 1:*** Kindred Hospital of Tampa has committed to lease office space within its hospital to Gulfside Palliative Care for an outpatient Palliative Care Clinic. A Gulfside Board Certified Nurse Practitioner and Board-Certified Physician will provide palliative consultations for Hillsborough County residents living anywhere within the county to be able to visit the clinic for palliative services. The cost for start-up is \$15,000 and estimated lease paid for space is \$12,000 per year. Gulfside will comply with this condition by reporting Palliative Care consults, patient records through the electronic health records and by providing the agency with annual reports as needed.

**16. *Children's Bereavement Day Camp:*** Gulfside Hospice of Hillsborough County will create and introduce a Children's Bereavement Day Camp to all bereaved children in Hillsborough County, regardless of if their loved ones received Hospice care through Gulfside. Gulfside's Bereavement programs are open to the community because of the important needs and necessary access to important bereavement during grief and loss of any kind. The annual cost associated with this Children's Bereavement Day Camp is \$10,000 annually and will be funded through operations cash. Gulfside will comply with this condition by documenting bereavement services in patient records, as well as providing the agency with annual reports of participation and program services.

**17. *Technology for Exceptional Patient Care:*** Gulfside Hospice of Hillsborough will implement specialized technology services to advance patient care. Technology programs include:

- Comfort Quest — Virtual Reality for pain and symptom management
- Web Portal for patients and families
- Physician's portal
- Predictive Analytics for Last Days and Clinical AI use
- Patient Home Monitoring

Initial cost of these technologies is \$50,000 and will come from the from Capital Reserve

**18. *Specialty Mental Health Programs:*** The Florida Department of Health notes a significant increase in rates of depression and suicide in seniors. Thus, Hillsborough County's Community Health Improvement Plan for 2020-2025 is supported By Gulfside Hospice. Gulfside will support this focus with expansion and involvement in the Hillsborough organizations, National Alliance on



Mental Illness, and American Foundation for Suicide Prevention. Gulfside's Nursing Academy leaders will participate in community education and outreach regarding mental illness. Gulfside Social Work Leaders are currently participating in training called "L.E.T.S. Save Lives" that focuses on suicide education and prevention specifically for the Tampa Bay Black community. Chaplains and Social Workers will continue involvement and expand services in Hillsborough County. Gulfside Hospice of Hillsborough County commits to contracting with a Psychiatrist or Psychiatric Nurse Practitioner for clinical medical consultations for our Hospice patients needing psychiatric care. The cost associated with the contracted staff and program provision is \$50,000 annually. Compliance with this program will be documented in patients' electronic health records and meet all quality and compliance regulations. Reports will be sent to the agency as required.

**19. *Immigration Program for Undocumented, Non-Citizens:***

Gulfside Hospice of Hillsborough will seek guidance from the two Immigration Law practices that support our CON application to develop programs and assistance for this special population. Access to Hospice care includes this underserved population, and Gulfside Hospice will comply with all requirements to provide Hospice care.

**20. *Community Panel Presentations, Webinars, Caregiver***

***Seminars:*** Gulfside Hospice specializes in providing effective and well-attended community educational programs on various Hospice topics. Professional Panel presentations, community workshops and seminars, webinars and focus groups will be provided throughout Hillsborough County each year, all year long. An average of 60 such programs will be offered annually to build awareness, provide access to Hospice Care, serve the unmet need in Hillsborough and increase utilization throughout Hillsborough County. Costs associated with this outreach is \$30,000 annually through operations cash.

**21. *Gift of Time, Dignified Terminal Extubation Program:***

Collaborating with hospitals to safely transfer intubated patients to the Gulfside Care Center and accommodating families during this difficult stage is an initiative that Gulfside will provide in Hillsborough County. Allowing family members to arrive and stay together to bid farewell when ready has been extremely important and appreciated by patient loved ones and the community. Gulfside currently has contracts with advanced transport

**CON Action Numbers: 10774 through 10780**

companies who partner with our Gulfside Physicians, Respiratory Therapists and Nurse for transport and transition at the care center. When the families are ready, the Gulfside team peacefully removes patients from the ventilator, acknowledging grief and loss and the importance of time. Costs associated with this program include transportation at times. All other costs are factored into daily operations. Compliance with this condition will be done through our compliance and quality initiatives, clinical documentation in the electronic health record, and required agency reporting.

- 22. *Joint Commission Accreditation:*** Gulfside Hospice of Hillsborough intends to seek accreditation through the Joint Commission in the first year of operation. The cost of initial accreditation is \$5,000 and will be funded through operations cash.

Deny CON #10775, 10776, 10777, 10778 and 10780.

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



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